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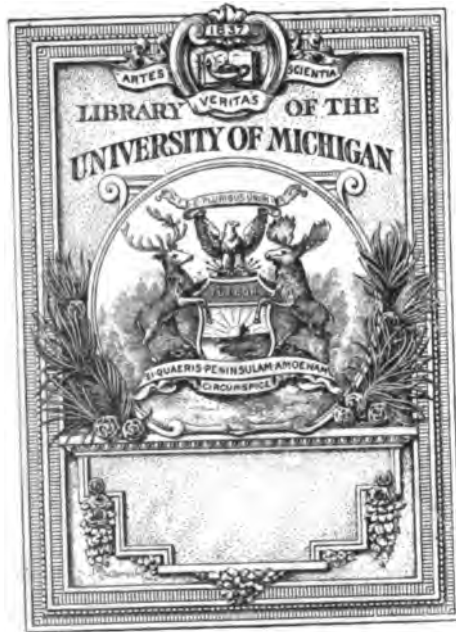
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THE ⁸⁶⁶⁵⁹
United States Journal of Homœopathy.

FEBRUARY, 1860.

INTRODUCTION.

To the Medical Profession of the United States.

In presenting a new Quarterly Journal of Homœopathy for their approbation and support, it is proper to indicate briefly the general objects and scope of the publication.

It is now more than thirty years since the standard of homœopathy was first planted in this country. At that time, nearly every man, woman, and child was wedded to the medical doctrines and practice which had been handed down from generation to generation for centuries; and it was a bold and startling innovation to announce a medical creed and practice not in accordance with the received opinions of the day. At the period alluded to, public opinion, education, and prejudice were all ranged on the side of allopathy, when a solitary pioneer made his appearance in New York City, and proclaimed a new law of cure—a new mode of treating diseases, and the superiority of this law and the practice founded thereon over all other medical systems. At first, the announcement of Dr. Gram was received by the faculty with derision and contempt. His pretensions were pronounced visionary, and he personally was the subject of calumny and ridicule. But, one by one, patients consulted him: rapid cures followed; the news gradually extended; and after the lapse of a few years, a foundation was laid for the establish-

ment of the new school of medicine in America. Under such adverse circumstances, and with such an array of interests opposed, a stout heart and an abiding confidence in the system espoused, were requisite to ensure success. But even with these principal requisites alone, Dr. Gram could never have sustained himself. His talisman and secret of success resided in the therapeutic law discovered and presented to the world by Samuel Hahnemann. Guided by this fundamental principle, he was able to accomplish therapeutic results of so favorable a character as to arrest the attention and command the respect of those who happened to be cognizant of them. Thus, from a minute nucleus, the practice of medicine founded on *similia similibus curantur* commenced, and it has steadily and rapidly extended until its practitioners in the United States may be numbered by thousands, and its lay-disciples and patrons by hundreds of thousands.

It will be observed, as an interesting and instructive fact, that our doctrines have always been presented to the public quietly, unheralded, and resting solely upon their intrinsic merits and truthfulness. Other medical systems have been ushered into existence with all the advantages of social and professional position, learning, and political influence on the part of their founders. So also have many of the dogmas of the old school been retained, and the proposed practical innovations been quite limited in extent. Thus, the prejudices and the interests of our brethren of the ancient school have been but slightly disturbed, and their opposition has been proportionately less. But, notwithstanding these favorable circumstances, theory after theory has appeared with temporary brilliancy, and after the lapse of a few years, been plunged again into obscurity and oblivion. Founded in error, they were unable to withstand the touch-stone of practical experience, and so were doomed to decay.

Not so, however, with the system founded by Hahnemann. Although his doctrines, in the main, were diametrically opposed to that of allopathy and antipathy, and the practical development of them was in the highest degree detrimental to

the pecuniary interests of a large and influential class, the apothecaries, yet their inherent truthfulness, and the numerous and excellent cures effected in accordance with them, have had the effect to establish homœopathy upon a permanent foundation, and to create for the illustrious founder a glorious and imperishable reputation.

As year after year passes away, and new discoveries are made in chemistry, physiology, materia medica, and other collateral sciences, our law of cure becomes more and more developed, and its universal applicability in all curable maladies becomes clearly demonstrated. Like all other truths founded in nature, all new discoveries and advancements in science tend to confirm and verify them, and to expand their usefulness.

It is manifestly the imperative duty of every one who professes to be a homœopathist, to do what he is able to advance the usefulness of the cause he advocates, to bring together all physiological and clinical facts likely to advance the interests of his school, and thus to add something to the sum of medical knowledge. Let each one remember that men of profound learning and gigantic intellects have laid the foundations of our system on the everlasting basis of truth, and that it is the duty of the disciple to contribute something which shall tend to embellish and perfect the grand medical superstructure.

This journal recognizes only one therapeutic law, and will labor diligently and earnestly in maintaining the universal applicability of this law in all curable diseases. Under no circumstances will it admit that *similia similibus curantur* is only *one* of *several* laws of cure—for the eclectic, and even the most ultra-allopathist, often concedes this! Such an admission would entitle us to the appellation sometimes bestowed on us by our opponents, of *imposters*. A man who professes and calls himself a homœopathist before the public, while at heart he believes in several laws of cure and practices accordingly, is a false pretender and a hypocrite: so a journal which professes to be an organ and an exponent of a particular school, while it teaches clandestinely, and by subterfuges, several modes of

practice, carries falsehood on its face, and is worthy only of contempt and condemnation. The scriptures teach us that "a man cannot serve two masters," and "that a house divided against itself cannot stand." Neither can a medical journal consistently advocate several directly opposite medical doctrines; for, if one of them be true, the others must of necessity be erroneous and false.

"Observation, reflection and experience have unfolded to me that, in opposition to the old allopathic method, the best and true method of cure is founded on the principle, *similia similibus curantur*. To cure in a mild, prompt, safe, and durable manner, it is necessary to choose, in each case, a medicine that will excite an affection similar (*omoion pathos*) to that against which it is employed."—(*Hahnemann's Organon*, p. 43.)

Similia similibus curantur, then, is our platform of medical faith. *Omoion Pathos* is the creed for which we contend, and the editors of the *United States Journal of Homœopathy* will exert themselves faithfully to accumulate facts from all collateral branches of science, to develope, to elucidate, and advance the usefulness of this creed. With this fundamental principle of nature always in view as our guiding star, we shall aim to be progressive. Mooted points respecting the comparative value of high, medium, and low dilutions, and other questions, which must always be subsidiary to the grand pivotal law, will receive ample attention, and be discussed with entire freedom. But as homœopaths, and editors of a journal who profess to represent homœopathy in the United States, we shall advocate the superiority of our fundamental principles over all other medical systems and methods of practice. Even if our tenets are erroneous, as our opponents claim, we are in honor bound to sustain them honestly, earnestly, and faithfully, so long as we profess them. We shall work and write from the homœopathic stand-point; and although, under the general record, we shall present our readers with everything novel or interesting from the periodicals of other schools, we shall not endorse them as editors, but give them as items of intelligence.

With these preliminary observations, we shall briefly notice the general arrangement and design of our periodical.

1. ORIGINAL AND TRANSLATED PAPERS.

In this department, we shall endeavor to enlist some of the best intellects, and some of the ablest pens, in our school. It is deemed important that this portion of the journal should be eminently practical, and include articles upon various topics relating directly to our art, and such as shall be of general interest to the profession. The periodical homœopathic literature of Germany and France will likewise be constantly subjected to critical examinations by competent gentlemen, and such papers selected for translation as may be found most important and instructive. By far the greater portion of the original and translated matter will pertain to the nature and homœopathic treatment of various maladies; but the important subjects of *Materia Medica*, Physiology, Chemistry, Pathology, Epidemiology, Hygiene, &c., in connection with their relations towards the homœopathic theory and practice of medicine, will not be neglected.

2. GENERAL RECORD OF MEDICAL SCIENCE.

Under this head will be included brief clinical records, fragmentary provings of drugs, new discoveries in chemistry, anatomy, physiology, pathology, surgery, and other branches pertaining to the healing art. There are many facts connected with all of these collateral sciences, which are of common interest and utility to every school of medicine. Thus, a knowledge of the anatomy and physiology of the human organism, of the causes, nature, and effects of diseases, of the pathogeneses of drugs upon the healthy, of the influence of climate, occupation, and hygiene in health and disease, is indispensable to the medical man. Such information will be sought for from every reliable source, to be made subservient to the development and expansion of our great central law of cure — *similia similibus curantur*.

3. BIBLIOGRAPHICAL NOTICES.

Recently published books and magazines, pertaining to medicine and its auxiliary branches, will be briefly noticed; and, when deemed of sufficient importance, subjected to critical examination and review. The object will be to direct the attention of the occupied practitioner to the current medical literature of the day, and by short descriptions and passing notices, enable him to form some opinion respecting the value of the works presented. Among our editors are several who are familiar with the standard German, French, and English homœopathic literature. These gentlemen will aim to present to the profession everything of interest and novelty pertaining to the publications of these countries; while our own books and periodicals will receive a just and impartial appreciation, and unbiased notices, at the hands of competent reviewers. In this, as in every other department of the magazine, simple and exact justice will be rendered to all men.

4. MISCELLANEOUS ITEMS—AMERICAN AND FOREIGN.

In this department will be found items of medical intelligence from the journals and books of all schools and of all nations, proceedings of medical societies, reports of homœopathic hospitals, dispensaries, and colleges, and various other papers of general interest to our school.

5. MATERIA MEDICA.

As occasions offer, we shall publish, under this head, such papers on *Materia Medica* as will be most likely to interest our medical men, and to enhance the usefulness of this important branch of our art. All new provings of new drugs, and all re-provings of old ones, will receive prompt and careful attention. The editors earnestly invite the attention of every homœopathic physician in America to the importance of adding to and perfecting our *materia medica*, by instituting provings upon themselves and their friends, with a view of developing

new and valuable pathogenetic facts. Such experiments, carefully conducted and published, cannot fail to contribute greatly to the advancement of our cause, and to the crushing out of the empirical charlatanism which now curses our school. It is to be hoped that the sneers, the falsehoods, and the attempted ridicule of our enemies, will not deter the real friends of homœopathy from prosecuting these highly important labors. Let them remember that the provings of Hahnemann; Bœnninghausen, Roth, Mure, and others, have been sneered at as visionary and unreliable by the corrupt Judases of our own, as well as by the more open opponents of the other school.

Separate corps have been selected from the editorial staff to preside over the several departments of theory and practice; materia medica, obstetrics, surgery, pathology, foreign literature, etc., and these gentlemen will be expected to keep the Journal well supplied with material for their portion of the publication. They are not, however, limited to these specialties, but will often contribute other papers of general interest. This division of labor constitutes an important feature of the work, and will afford an opportunity for a general interchange of thought and expression, and a variety of subject, so essential to a scientific periodical.

In conclusion, the proprietor and the editors of this Journal desire and intend that it shall be a fair and consistent representative of homœopathy in the United States. They intend that it shall belong equally to the homœopathic physicians of every section of the Union, and that it shall be devoted and pledged, both now and hereafter, to the interests of the entire school. They are firmly resolved that no individual, family, or petty clique shall ever usurp, or in any way use, the Journal for the purpose of advancing their own private ends, or of venting their slanderous spite against respectable members of the profession. Personal puffery, arrogant assumptions of professional superiority, and vindictive calumnies against individuals, are peculiar to the charlatan publications of the day; but should never find a place in a respectable scientific

magazine. The medical egotist and slanderer may for a brief space gain a little cheap notoriety, perhaps at the expense of his unfortunate publisher ; but his motives are readily understood and appreciated by the great mass of the profession, and whenever and wherever it speaks out, his doom is sealed. Should it ever be deemed expedient to present to the profession and the public a portraiture of one of those medical literary charlatans, it can easily and efficiently be done without contaminating the pages of a scientific magazine.

The cause we profess is a glorious one ; and it is proper that its advocacy should always be characterized by dignity, truthfulness, consistency, and an earnest and unselfish devotion to its interests. Frequent temptations will doubtless be presented to make use of the columns which should be devoted to science for the gratification of private animosities ; but such a course would degrade the Journal, insult its readers, and meanly impose upon its proprietor, who has agreed to publish a *Homœopathic*, not a *private* and personal magazine.

With these few introductory observations, the editors and the proprietor beg leave to tender their grateful acknowledgments to the numerous physicians of our school who have so promptly and cordially responded to the present enterprise. With their continued patronage and literary aid, we shall establish a permanent national organ and exponent of Homœopathy.

ON THE HOMŒOPATHIC LAW:

ITS UNIVERSALITY AND REQUIREMENTS.

BY J. P. DAKE, M. D. PITTSBURGH.

*About diff schools
about empirical*

At no time in the history of Homœopathia, and in no place in its periodical literature, has it seemed more important to have issued a calm, yet earnest, vindication of its fundamental law, than now and here.

When its votaries were few, and the number of lives staked upon its practice small, the eyes of the whole world were not scrutinizing its features, nor the fingers of science searching for its foundation principles. But now that its thousand victories are won—that, side by side with empirical and theoretical dogmas, it has, more successfully than they, met and conquered such fell destroyers as Asiatic cholera and yellow fever—and especially, as everywhere in its spread, its practical superiority has brought to its standard people the most enlightened and influential—it becomes necessary that its internal character shall be more fully revealed, and its claims to a higher grade among the sciences than hitherto assigned to medicine, more strenuously advocated. Many who have enjoyed its healing influences, and are daily bearing witness to its practical advantages, confess their inability to see any reason in its doctrines. Its interior, to them, is full of darkness and mystery—a very Sibyl's cave, toward which they look with awe and reverence, while never hoping to see or understand what lies within. And some, who venture forth under its colors to heal the sick, regard its principles as “sublime abstractions,” good rather to talk about than to practice by; while, on every hand, the votaries of empirical and theoretical medicine cease not to call it “transcendental humbug.”

We know full well that any attempt here to abate the wilful misrepresentations of Homœopathia would be useless; for they are the weapons which error has always employed, and against which facts and logic have in vain reared their bul-

warks. No cause has been so good, no facts so indisputable, and no truths so transcendent, as not to be, at some time and in some way, misrepresented.

Much of the mysticism which, to the world, has seemed to clothe and characterize the system of Hahnemann, has been thrown around it by his too enthusiastic, too finely theorizing and metaphysical followers. In phrases suited better to theological topics, it has been set forth as a direct revelation from heaven—a grand catholicon for all spiritual woes; and again, its doings, and abilities to do, have been represented as springing from chemical affinities, galvanic currents, magnetic polarities, or other intangible and more incomprehensible sources. Too often have the opinions of the world regarding its character been formed from a glimpse of some wild theory, some *ignis fatuus*, that has blazed and disappeared, leaving only greater darkness around the beholder.

What is needed now, and what has been attempted by a few of our writers, is an exhibition of facts and principles, from which, as premises, the law “*similia*” follows as a logical sequence. Shunning all vain attempts to penetrate the mysteries in which God purposely hides his hand, all fruitless researches after the *prima causa*, it must be our aim to look upon the phenomena of health, of disease, and of medicinal influences, as they exist before us, as so many facts, from which by deduction to learn the everlasting principles which govern in the sphere of medicine. We stand among those who believe that in such manner Hahnemann discovered the law “*similia*” to be paramount to all others in that sphere; to be not simply a *law*, but **THE LAW**.

We believe that, as the law requiring terrestrial bodies, when left unobstructed, to move invariably toward the centre of the earth, is immutable—and as the laws requiring rays of light always to proceed in straight lines is without exception—so that which permits a medicine to cure only a disease, the image of which it is able to produce in the healthy, is immutable and without exception.

Before proceeding to the grounds of our belief or proposi

tion, some explanation is necessary, showing the extent of meaning we have attached to the term *disease*. It is designed to cover all those interruptions of health which may and can be successfully treated *only by a direct appeal to the vital forces*. Affections arising from mechanical or toxical causes, such as require mechanical or chemical remedies, and all those, in fine, in which the necessary curative measures are to govern external circumstances, or to remove the *causa morbi*, without appeal to *vitality*, do not come within its limits. In other words, we may say, that in all cases where hygienic measures, or mechanical or chemical means are employed, hygiene, mechanics, or chemistry must govern; while, in the employment of medicinal means, we are authorized to obey none but the laws of *medicine*.

Since the rise of chemistry, and especially since its attentions to animal tissues and products, medical practitioners have gone quite crazy in the use of its means. To lessen this element of the body or to increase that, to hasten one function or to retard another, it has been considered necessary only to add this or that chemical ingredient to the great human compound.

Attempts have been made to explain everything in the body and around it, everything in *Materia Medica* and pertaining to it, upon *chemical* theories, till, if permitted, we doubt not the scions of Liebig, with vandal sweeps, would clear away the last vestige of medicine, except as governed by laws which recognize and respect no *vitality*, no *volition*, and no *sensibility*.

We honor the name of Dr. William Hunter, who, years ago, said, "Gentlemen, physiologists will have it that the stomach is a mill; others, that is is a fermenting-vat; others again, that it is a stew-pan; but, in my view of the matter, it is neither a mill, a fermenting-vat, nor a stew-pan — but a *stomach*, gentlemen — a *stomach*."

But we have to complain, not only that outsiders try to trespass upon our grounds, but also that they falsely charge us with seeking to occupy theirs.

Where has it not been told that, as homœopaths, we profess to furnish good air, set broken bones, antidote all poisons, and even to raise the dead, with our "powders"?

We will now, briefly, further illustrate our term *disease*, and thus the proper sphere of medicine, and then hasten with our argument.

When there is an evident interruption of health, the following inquiries concerning it should be well considered before any steps are taken in medical treatment.

a. Does it arise from some cause yet operating, and that can be avoided by change of place, air, diet, clothing, business, habits, or other things, under the direction of enlightened hygiene?

b. Does it arise from some mechanical or toxical cause—some foreign or poisonous material—so tangible as to be reached and removed by surgical or chemical means?

c. Is it at such a stage, that a simple removal of the immediate cause or causes can arrest its progress, and repair the injury already done?

d. Is it at such a stage, that no appeal to *vitality* can meet with a response, or in any way call out a curative reaction?

If an affirmative answer to any one of these questions is obtained, the affection to be treated is not one coming under a medicinal law, or requiring the exhibition of any medicinal means whatever.

It is the intent of our proposition, then, to say that there is no way ordained by which medicinal forces can remove disease, or by which any case of disease can be cured, which depends upon a direct appeal to the vital forces, except in obedience to the law "*similia*."

In proceeding to the proofs of this proposition, we will first present some facts or truths that are generally acknowledged, or so self-evident as to require only a statement here.

1. To every organ or pair of organs in the human body a distinct office is assigned. As the ear sees not for the eye, and the nose tastes not for the tongue, so not one organ in the whole body can take up and perform the duties of another.

All theories of "compensation" and "vicarious action" must have regard to this truth.

2. Every organ performs its functions by virtue of certain peculiar forces, which never act in or through other organs. These forces are the mechanics of the great human workshop, each doing his own work in his own place, yet all under one directorship, laboring for a common object — the continuance of life and health.

3. When an organ is the subject or seat of disease, the regular action of its forces is in some way disturbed, and other organs suffer thereby, in proportion as they are dependent upon it.

4. As the forces of one organ never perform the ordinary duties of another, so they cannot perform the extraordinary — cannot, for a moment, leave their posts to fight its battles.

5. While the forces of contiguous or sympathizing organs, acting how they may, cannot do the remedial work of one diseased, they can lend assistance by a simultaneous effort in the direction of general health.

6. The power of an organ to resist or overcome disease is therefore very much dependent upon the condition of the organism as a whole, and especially upon the action of the organs most nearly connected with it.

7. All medicines exert their influence in the human system by virtue of certain indwelling and peculiar forces.

8. These forces are distinct from and independent of all other forces which dwell in matter. A drug mass is possessed of mechanical, chemical, and electrical properties or powers; yet, knowing these, we cannot tell its medicinal, or how the drug will influence the human system.

9. Medicines, actuated by their respective forces, operate in obedience to certain fixed laws, and never at random. Hence they produce positive and uniform effects; and hence, also, no two exert exactly the same influence over the organism.

10. All medicines are inimical to life, and, as far as they are able, will exert an influence for its destruction. Hence they are all *pathogenetic*, or disease-begetting. Actuated by

hostility to the harmony and health of the organism, they are nearly allied to the disease-bearing influences called morbid causes, and instead of directly combating these when introduced, invariably fall upon the vital forces. The idea that a medicine will act against disease, as an alkali against an acid, or as foeman against foeman, is the grossest of all absurdities—a rank impossibility.

11. Medicines are employed to make direct impressions upon certain organs or tissues, or, in other words, to induce a condition of disease which shall supersede that already existing, and then itself yield to the recuperative efforts of nature.

Inasmuch as our statement, in the last section, is all important in the course of argument we intend to pursue, it will not be amiss to have its sentiment, as represented by so distinguished a medical philosopher as Dr. Martyn Payne.

He says: "It is an element of the properties of the vital principle, that they possess an inherent tendency to return from their morbid to their natural states. The object of art in the treatment of disease, is to place those properties in a condition which will enable them most readily to obey this natural tendency. By this method, therefore, we forcibly institute those new pathological conditions which are most conducive to the salutary efforts of nature."

Many physicians, witnessing the sad effects of their heroic efforts in the establishment of a "new pathological condition," have come to believe that many patients are killed by art, who, left to the *vis naturæ* alone, would recover. And hence the profession is divided into two general schools, the *Expectant* and the *Active*.

Those of the former school confine themselves to "watching," and to the regulation of the patient's circumstances, while kind nature performs the cure; and those of the latter, with more confidence in themselves and less in nature, strive to institute an artificial disease that shall in some way decoy and kill the old one, or that shall give tardy nature a jog in the direction of health. In passing, we may remark it as a very significant fact, that the expectant school is made up almost

entirely of men who have gone the rounds of medical practice for twenty, thirty, or forty years, have seen and felt much of the pretension and much of the failure of art in the treatment of disease, till, like Dr. Radcliffe, each has been ready to say— “When I was young, I possessed at least twenty remedies for every disease; but when advanced in age, I found twenty diseases without a single remedy.”

Seeing, now, that medical art, or special therapeutics, is able to remove a disease only by the production of a new one, and keeping in view the truths we have set forth concerning the properties of vital and of medicinal forces, we ask, *what must be the relationship of the new to the old disease?*

It will be seen at a glance that the solution of this question decides grave issues. If that relationship, in all cases, must be the same, then, in finding it, are we led to a *general law* in medicine. If, on the other hand, that relationship must vary, be different under different circumstances, then are we compelled to acknowledge that no such law can exist. Again, if the new disease is to be directly opposed to the old one, their relationship, and the method of cure constructed upon it, are properly represented in the terms, “*Contraria contrariis curantur.*”

If the new disease is to be unlike, though not directly opposed to the old, their relationship and the system built upon it should properly be called *Allopathia*. But if, on the other hand, the new is to be like, or similar, to the old disease, their relationship and the consequent practice must be termed *Homœopathia*.

We now urge our question, with the expressed hope that in the answers that may be given, no vain efforts at microscopic within-gazing, no exhibition of fancied internal or “essential” relationships may appear, but rather the fruits of a faithful comparison of symptoms, such as the eye of observation may scan and the tests of reason thoroughly prove.

The first response comes from the oldest of all medical schools,—

THE EMPIRICAL.

“We know not what must be the relationship between the condition we institute, and that to be removed ; nor do we concern ourselves about it. It is our endeavor, from observation and experience, to learn what remedies have been efficient in curing certain diseases ; and our only rule, in practice, is to employ those remedies to the exclusion of all others. We strive not to speculate about the nature of disease, or of its remedy, but, relying upon the correctness of the principle, that like causes must produce like results, are content to follow where *experience* guides us.”

The medical philosopher, looking through Empiricism now for an answer to our question, for anything like a general principle that may be a sufficient therapeutic guide, will not find the shadow of one. Boasted *experience* has, in all ages, been the prolific mother of quackery always too near-sighted to discern objects lying beyond the point of her nose, and too grovelling in her ignorant and lazy marches to combat any but the most slothful and familiar-faced of human diseases. Were all the “ills that flesh is heir to” gathered, classified and stereotyped, so that no new ones, or complications of old ones, could ever occur, and were the measures best adapted to the cure of those stereotyped forms fully known, empiricism would offer a very simple, yet all-sufficient therapeutic guide, and there would be no occasion for such an inquiry as we are now pressing.

The next response to our question comes from that school which, beginning with Pythagoras, was greatly built up by Hippocrates and Galen, and now has been predominant for more than two thousand years,—

THE ANTIPATHIC.

“We believe that the disease or pathological condition to be instituted by art, must be opposite to that which it is designed to remove. For constipation of the bowels, we would institute an artificial diarrhœa ; for sthenia, asthenia —for hyperæmia anæmia— and *vice versa*.”

We observe that, in some cases, it may not be difficult to determine what condition would be opposite to the morbid one existing; but in more than ninety cases in every hundred, it would be entirely beyond the genius or the learning of the profession to approach it. It may be easy to say, inflammation requires refrigerants—fever, sedatives—and constipation cathartics; but what pathological condition is opposite to a neuralgic pain—to intermittent fever, scarlatina, or Asiatic cholera?

It requires but a glance at the panorama of diseases, and a moment's reflection, to satisfy any one that the principle "contraria," though we might know how to follow it in some cases, does not mark out an invariable relationship between the new and the old disease, and is therefore without the semblance of universality, or any just claim to be regarded as a general or safe therapeutic guide.

It not only falls short of a general principle, but fails of success as a special one. Even in the cases where we seem able to apply it, practice fails to speak in its favor. In constipation of the bowels, for instance, there is wanting a sufficient motive or expulsive power, for which "contraria" recommends a brisk cathartic. This brisk cathartic, by its excessive draught upon the alimentary canal, exhausts its motive power, and renders it unable to meet the daily demands of its never-ceasing burdens, and a more prolonged constipation is the result.

Does not the daily experience of the world testify to the correctness of what we say of cathartics? And what is true of them, is true of all other antipathic measures. When they have any effect, they either palliate or increase the existing disease.

The next response to our question comes from the hybrid school—

THE ALLOPATHIC.

"We believe that the disease to be instituted by art must be *different* from that to be overcome, either in kind or location;

that it should sometimes be an opposite, sometimes a similar, only differently located, and sometimes of a nondescript character, such as may excite a favorable reaction by a general and decisive impression upon the forces of life."

We have already seen how impossible it is to determine, in the vast majority of cases, what pathological state would be opposite to the one existing. And how are we to know what special condition to induce, that shall have the effect to divert disease from a vital to a less important part, where nature may be able more safely and effectually to overcome it?

We are gravely told to imitate nature. Looking, then, after the economy of nature, we find that, at times, when the lungs are the seat of suppurative disease, glandular abscesses and various cutaneous sores appear in remote parts of the body, during the continuance of which there is evident lessening of cough and expectoration.

Without waiting to learn the sequel, how, in spite of this apparent diversion, death, sooner or later—often *sooner*—takes the victim by his original hold, we are urged, by way of imitation, to employ, in every case of lung disease, epispastics, moxas, setons, or issues.

But, thanks to "*experience*"—near-sighted and grovelling though she is—these barbarous measures are now nearly abandoned.

Looking again at nature's economy, we find that in fevers, when a certain point or period, generally termed a *crisis*, is reached, there occurs a very copious perspiration, or flow of urine, or alvine evacuation, or hæmorrhage, after which there is no more fever, but a gradual recovery of health. Upon the logic of *post, ergo propter, hoc*, we are exhorted to profit by nature's kind example, and in every case of fever to employ sudorifics, diuretics, brisk cathartics, or blood-letting. We reply that, in nature's case, the copious evacuations are an *effect*, not the *cause*, of convalescence. As well might our gardener, seeing that his potatoes are ripe when the leaves and stalks are dead, conclude that all he has to do, to secure

ripe potatoes in early summer, is to kill the green tops by some artificial means.

But allopathia has another plan,—that of instituting a pathological condition so general and sudden as to call into reaction the main, if not all, the forces of life, so as to overcome the existing disease.

Practitioners, following this plan under the guidance of various theories, have employed powerful emetics and cathartics, various kinds of baths, or blood-letting, in almost every form of acute disease. We shall, in another connection, take occasion to show how these general agents, so blindly chosen and employed, do at times prove curative, and how such partial success has prevented their entire abandonment.

But our view has already been sufficient to convince any one that from allopathia there comes no satisfactory answer to our question.

Searching through the domain of medicine, as represented by empiricism, antipathia and allopathia, ever so long or well, we can find no general law of cure—no principle expressive of the relationship between a disease and the pathological condition to be instituted for its removal. At the present time, the opinion is entertained by all medical philosophers outside the homœopathic school, that no such law or principle is known, or can, in the very nature of things, ever be discovered.

As might be expected from the prevalence of such an opinion, the most learned of those philosophers discard all *systems*, and teach that the highest duty of the practitioner is to study well the structure and functions of the human organism, its diseases, as far as known, together with the remedies most efficient in controlling them; to learn the properties of drugs, the influence of various hygienic, mechanical and chemical measures; and then, in every case, to follow the treatment suggested by his *knowledge and best judgment*. He is expected, in a truly eclectic manner, to employ, in some cases, means that are chemical, and in others, those which are

mechanical ; to be, by turns, an Antipathist, an Allopathist, and even a Homœopathist. Our powers of description fail us here, in the attempt to describe the *beau idéal* of this modern eclecticism,—the physician, *par excellence*, who shall be so completely panoplied, so ready, and so irresistible in his charges upon disease. We have seen, on canvas, the work of creative imagination, where, grouped together, were the choicest objects and scenery of climes and zones wide apart, all beautifully blended in one grand landscape ; and from this gorgeous picture we have seen all beauty fade, all harmony vanish, and felt our admiration turn to a contemptuous loathing, as the master's hand has pointed out the mountain flower beside the water lily, the tropical plant beside the Iceland shrub, the palm beside the oak, the glacier near the burning desert, and shown us, in fine, how the whole is but a tissue of strange incongruities and contradictions—a very falsehood.

Such we conceive to be a fair, though faint, representation of the man who, following not the line of truth, seeks to be the embodiment of all creeds, systems, doctrines and whims in medicine, and then claims for himself more of the admiration and patronage of the world than should be given to him who has patiently winnowed the gatherings from the great medical field, thrown the chaff away, and is offering the golden grain to those who need it.

As a result of the prevailing eclecticism, we behold physicians, equally well educated, perhaps holding diplomas from the same college, differing among themselves in practice, one from another, as far as the north pole is from the south. One bleeds where another would stimulate ; one prescribes a cathartic where another would give only an opiate ; and one exhibits calomel where another would as soon sign the patient's death-warrant. Let a traveller, about visiting a locality where Asiatic cholera is prevailing, call upon ten of the most experienced of these physicians in New York, and ask for a prescription upon which he can rely in case of an attack from that dreaded disease, and he will get no two prescriptions contain-

ing exactly the same ingredients ; yet each sage physician has declared his recipe the best which science and experience can afford.

How sad a comment is this upon "regular medicine"!

Look where we will, there is not an art, even among the humblest, that is not guided by surer principles, and attended with more certain results, than that of healing the sick as commonly practiced.

Important discoveries have been made in anatomy, physiology and chemistry, and great improvements in surgery, hygiene, and the prevention of small-pox ; but in special therapeutics, or what we have termed the true sphere of medicine, little if any progress has been made for two thousand years, till since the advent of Hahnemann.

In closing our article, and to further prove the correctness of our statements, we propose to introduce some witnesses, whom all must admit to be fully competent, and in no wise prejudiced in favor of homœopathia.

"Medicine is a science which hath been more professed than labored, and yet more labored than advanced ; this labor having been, in my judgment, rather in circle than progression. For I find much iteration, but small addition."—*Bacon.*

"That which is called medicine is indeed rather the art of prating and telling stories, than the art of healing."—*Sydenham.*

"The practice of physic has been more improved by the casual experiments of illiterate nations and the rash ones of vagabond quacks, than by all the once celebrated professors of it, and the theoretic teachers in the several schools of Europe—very few of whom have furnished us with one new medicine; or have taught us better to use our old ones, or have in any one instance at all improved the art of curing disease."—*Heberden.*

To save space, we omit quoting the opinions of various distinguished writers, from the times of Bacon, Sydenham, and Heberden, showing the stationary condition of medicine.

and close with some testimony from *Sir John Forbes*, at present physician to the household of *Queen Victoria*.

“And such in truth do we believe to be literally the condition of physic at this moment. Things have arrived at such a pitch that they cannot be worse. They must mend or end.”

“This comparative powerlessness and positive *uncertainty* of medicine is also exhibited in a striking light when we come to trace the history and fortunes of particular remedies and modes of treatment, and observe the *notions* of practitioners at different times respecting their position or relative value. What difference of opinion—what an array of alleged facts, directly at variance with each other! What contradictions, what opposite results of a like experience, what ups and downs, what glorification and degradation of the same remedy! What confidence now—what despair now, in encountering the same disease with the very same weapons! What horror and intolerance at one time of the very opinions and practices which previously and subsequently are cherished and admired!”

And finally, says the noble writer:—

“In a considerable proportion of diseases it would fare as well or better with patients, in the actual condition of the medical art, as more generally practiced, if all remedies—at least all active remedies, especially *drugs*—were abandoned.”



ON DYSPEPSIA; OR, FUNCTIONAL DISEASE OF
THE STOMACH.

BY F. W. HUNT, M.D., OF NEW YORK.

Dyspepsia, as we ordinarily meet with it, may be defined as an affection in which one or more of the several processes by which aliment is converted into blood, &c., are imperfectly performed; but in attempting to cure it, we find that we have to deal with an enemy that has taken possession of "the throne and citadel of life," and has command of all the telegraphic wires of communication with the most distant outposts of the physical as well as mental organism. In a plain and simple case, of recent origin, a contest of brief duration only may be hoped for, as the complications may not be very extensive, and a single prescription or two, based upon a fair review of "the totality of the symptoms," may be successful; but we are to meet with cases in which these symptoms are extremely numerous, ranging over every organ of the digestive system, and ramifying through all the structures and tissues united with them by endless chains of sympathies and reflex actions. These anomalous forms of disease, in which a perfect *similimum* for all the symptoms cannot be found, must be encountered and cured under the *homœopathic law*. We believe that this can always be done when actual disorganization has not already progressed too far. But time and patience will be necessary. The confidence of the patient and friends must be secured. And this can only be done by a physician who has faith in himself—in his science—in his remedies. He must acquire a definite view of the true pathology of the case. His diagnosis must be clear, and its accuracy will soon be tested by the fulfilment or failure of his predictions. We proceed to consider—

I. *Imperfect digestion, or Dyspepsia from deficient secretion of the gastric juice, with inordinate sensibility of the nerves of the stomach.*

II. *Dyspepsia, with fermentation of the contents of the stomach.*

III. *Dyspepsia—fermentation in the contents of the stomach, with development of sarcinae.*

I. DYSPEPSIA FROM DEFICIENT SECRETION OF GASTRIC JUICE.—GENERAL REMARKS.

In health, the stomach contains no gastric juice, except at those times when food has been taken into the gastric cavity, and, by its contact with the surface of the mucous membrane, excites the secreting organs to pour out the gastric fluid in the needed quantity. The process by which this mysterious secretion is thus called into existence at the very time and in the quantity wanted, displays a beautiful physiological phenomenon, and points to the solution of practical problems of the highest importance. The impression made by the food on the organs of taste, and on the surface of the stomach, is first transmitted by the nerves to the central part of the nervous system, and thence reflected to the secreting apparatus, upon which devolves the duty of forming the gastric juice. If this secreting apparatus is in a healthy state, the quantity of the fluid poured out may be just sufficient for complete and easy digestion. When the secreting apparatus is not in a healthy state, the gastric juice secreted may be either deficient or excessive in quantity, or vitiated in quality.

I. *Causes of deficient gastric secretion.*

1. The experiments of Wilson Philip on rabbits show that when the eighth pair of nerves are divided in the neck, food taken into the stomach remains undigested ; also, that after death, the coats of the stomach are not found dissolved by the gastric juice, as they often are when death suddenly occurs at a time when the stomach contains a large quantity of the gastric fluid. It is therefore proved that the division of the nerves, together with the general injury and shock given by the operation, arrests the secretion of gastric juice for the time.

2. Long-continued watchfulness, excessive fatigue, great mental excitement, as that of delirium tremens, the depressing passions of fear and anger, anxiety of mind in men who overstrain the intellect in the pursuit of wealth, all lead to febleness of digestion. The man whose labors are

mental rather than physical, who has passed from the bright days of childhood,

“When life itself was new,
And the heart promised what the fancy drew,”

from the arena of school-room rivalries and struggles for pre-eminence, and has returned victorious from every field, encounters on the battle field of business a sterner enemy. In the conflict of intellect with capital, he becomes acquainted with that new and destructive element—*CARE*. When business becomes his only pleasure, and weary, anxious thought his only recreation, he learns to read in his own wrinkled features the symptoms of that “*WEAR AND TEAR MALADY*,” that embitters life to so many mental laborers in every walk of city life.

3. Congestion of the gastric mucous membrane, or even inflammation, in a slight degree—as well as inflammation of any other organ, exciting general fever.

4. Indolent sedentary habits.

5. Habitual indulgence in eating too much. In some conditions, the wants of the system are large, as in day laborers and nursing women. In diabetes, though the stomach has sometimes an increased power of dissolving food, a large part of it undergoes only imperfect digestion; and instead of being converted into healthy chyle, it is only changed into the low form of saccharine matter, which passes off by the urine, without nourishing the body. This leaves the different organs of the body but poorly nourished, though the mucous membrane of the stomach may become hypertrophied from the constant irritation of its contents; and the hunger of the system is expressed in a craving for food, which all the nutriment swallowed cannot satisfy. But whether the quantity of nutritive matter taken into the stomach be that which health demands, or amounts to an excessive craving for food, the stomach can only dissolve, in the process of healthy digestion, a certain amount of food. The gastric fluid then becomes saturated and can dissolve no more.

6. The stomach is in some persons constitutionally weak, or has been rendered so by the intemperate use of stimulants, the abuse of irritating drugs, the effects of epidemic cholera, or of other diseases. In all these cases, as well as in those forms of atrophy of the gland-structure of the stomach, elucidated by the microscopic researches of Dr. Handfield Jones, the supply of gastric fluid is generally deficient.—(“ On the Morbid Conditions of the Stomach.”)

Such are a few of the ordinary cases of imperfect digestion ; but the stomach is so intimately associated with almost every other organ of the body, that its condition is influenced by disorder located in any one of them. Spallanzani excited his own stomach to secrete gastric juice by irritating or tickling the fauces in the morning, when it was entirely empty. He then excited it to expel the pure digestive fluid by vomiting, and found that this fluid had the power to dissolve meat and prevent its putrefaction. The mode by which this secretory action of the stomach was excited is now understood, and enables us to account for the various sympathetic affections in which the stomach sympathizes with other organs, and also transmits to distant parts the morbid influences that originate in its own diseased conditions. The doctrine of the reflex functions of the spinal marrow, and the excito-motor physiology of the nervous system, was discovered by Dr. Marshall Hall. While engaged in investigations on the circulation of the blood, he had decapitated a triton. The headless body was divided into three portions : one consisted of the anterior extremities, another of the posterior, and a third of the tail. On irritating the last with a probe, it moved and coiled upwards ; and similar phenomena occurred with the other segments of the body. In endeavoring to trace out the origin of this motor power, he established the important fact in physiology that the various parts of the nervous system resolve themselves into three great classes : the cerebral, or sentient voluntary—the true spinal, or excito-motor—and the ganglionic. Upon this important discovery of the true ideas of a nervous centre, all the ideas of centric and eccentric and

reflex action employed in explaining the physiology of the nervous system are based.—("Hall on the Spinal Cord and the Excito-Motor System of Nerves.")

We can now understand, from the exposition of the reflex nervous action by Dr. Hall, how irritation in some distant organ may lead, through reflected influence, to *sympathetic vomiting*. And in these cases, the matters vomited are often acid, showing that the reflex influence excites not merely the act of vomiting, but also the secretion of gastric juice. It is a common thing in whooping-cough to see vomiting excited by irritation in the lungs, when there has been no previous nausea, loss of digestive power, or pain in the stomach.

Diagnosis.—The intimate relation existing between the stomach and other organs concerned in the process of digestion and assimilation, through reflex nervous action, renders every form of indigestion a complicated disease. The liver and the stomach react upon each other; the gastric fluid and the secretion of the liver become deficient in quantity or vitiated in character, and become additional agents of irritation; and in every functional derangement of any of the digestive organs, a "disordered condition of the gastric and intestinal nerves" is gradually developed, in which all "natural sensibilities are changed, becoming morbidly acute, obtuse, torpid, or perverted." This condition is never absent in dyspepsia when fully established, and it forms the connecting link between the disorders of the stomach, and of other and far distant parts.

Symptoms characteristic of this combination of gastric and hepatic disorder.—Appetite ravenous, annihilated or whimsical; unpleasant feelings after eating; pain in the stomach; pain in the stomach and duodenum, imperfectly relieved by the action of purgatives, which always ultimately increase the bad symptoms. We have had much discussion on the subject of accumulations of solid and irritating matters in the large intestines, and on their probable effects. But we may safely admit the facts, as presented by Dr. Johnson, to be true: "Even during the action of successive daily cathartics, scibala

may long remain in the cells of the colon. Substances eaten two, three months ago, sometimes come away in round balls, enveloped with layers of inspissated secretions. These scibala keep up a degree of irritation, generally without pain, but producing, in distant parts, the most strange and anomalous sensations. It might be supposed that repeated cathartics had carried off every vestige of the contents of the large intestines ; but this is never accomplished by purgatives, however frequently administered." A passage of small calibre, says Dr. Ware, (on Purgatives,) is indeed generally kept open, and through it, small quantities of fæces, partially fluid, may almost daily find their way. But these matters are generally composed of the substances more recently taken into the stomach, and mixed with unhealthy secretions. Very often the hardened accumulations of months continue to distend the cells of the colon, irritating the nerves, which convey morbid impressions to remote parts, and they furnish "the most vitiated materials to the absorbent vessels, which pour their contents into the portal circulation for the secretory function of the liver." All this we recognise as true, and we repudiate the purgatives usually depended on as remedies for this state of things, because they can give but transient relief, and afterwards increase the disease—and also because we possess better resources.

Liver.—Always irregular in its action, generally torpid, as manifested by paleness or want of the characteristic color of bile in the evacuations. In some cases, the liver occasionally pours out a quantity of tenacious viscid bile, which adheres to the inner surface of the bowels, keeping up a high degree of irritation of the intestinal nerves, and causing various uneasy sensations in various parts of the body, with fits of irritability and despondency of mind, which surpasses in hopeless wretchedness all physical sufferings. When the irritation falls upon the physical sensibilities, bilious colic and excruciating pains and spasms of the stomach and bowels are caused by it. When the nervous system has been much harassed by great mental anxiety and other real misfortunes,

the mind, instead of the body, may be the principal sufferer. "It becomes," says Dr. Johnson, "suddenly overcast as with a cloud: some dreadful imaginary or *real* evil is magnified into terrific magnitude, with a train of disastrous consequences from which the soul turns with dismay. This state of utter misery may continue for twenty-four, thirty-six, or forty-eight hours, when a change is effected by a discharge of viscid acrid bile, with the most horrible fœtor, and the passing off of the poisonous secretion from the sentient extremities of the intestinal nerves at once dissolves a spell, which has power to weigh down the strongest mind to earth." It is under the influence of such paroxysms of despair as this, that the most melancholy suicides occur. In many of these we know there is no *moral* cause for weariness of life; the real cause for temporary hallucination of mind is a *physical* one, operating on the mind through its sympathy with the organs of digestion.

Tongue.—Furred in the middle, and at its root; when the stomach and duodenum are irritated by food undergoing slow and imperfect digestion, the papillæ are elevated, the edges and tip red, and there is a peculiar constriction at the base of the tongue, arising from sympathy with the stomach. When the mucous membrane is highly irritated, or in some degree inflamed, the tongue resembles beef-steak or cleanly dissected muscle. *Eyes.*—Sometimes tinged with yellow, muddy or "lack-lustre" expression of languor or irritability. Vision is sometimes remarkably good in dyspeptics who have reached the age of declining sight. *Urine.*—Turbid, scanty, high-colored, depositing a thick or white sediment; sometimes limpid and clear, though exciting more irritation in the bladder and urethra than when highly coloured.

Skin.—Dry, contracted; occasional partial perspirations, alternating with chilliness followed by heat, especially of the palms of the hands and soles of the feet; complexion sallow, dark, or yellowish, commonly described as "bilious," showing the reflex nervous influence of the stomach, liver, and alimentary canal on the surface of the body. *Emaciation* is a marked

feature of dyspepsia, progressing most rapidly when the disease of the liver is extensive.

Loss of strength.—This is nearly proportioned to the degree of nervous disorder or irritation in the sentient nerves of the stomach and bowels. It is a distressing *feeling* of debility, rather than *actual* debility. The slightest muscular exertion, made while digestion is going on, depresses the spirits and produces an intolerable feeling of exhaustion and utter feebleness. The same amount of exercise may be taken at another hour without such depressing results, showing that the debility is a sympathetic suffering from irritation of the alimentary canal ; and it is always aggravated by the use of stimulants and tonics.

Tenderness of the epigastrium.—This exists, in some degree, in every case, and is no evidence of organic disease, as the tenderness is greater in functional disease of the stomach and duodenum, than in actual scirrhus ; it is increased by anti-phlogistic measures, and is often diminished by good diet, and even by tonics.

Pain in the stomach.—This is common, and varies in degree from the slightest uneasiness to the most excruciating gastralgia, and is always most severe when gastritis is not present.

Fulness of the epigastrium.—This, when it exists, depends more frequently on flatulence than organic enlargement. Permanent enlargement and hardness are often caused by chronic disease of the liver. *The pulse.*—This may vary with almost every emotion of thought. It is generally more variable in dyspepsia, and even more rapid, than in cases of actual inflammation of the same mucous surfaces. The action of the heart is so much under the influence of the stomach, that little dependence can be placed upon its frequency. In dyspepsia, it is usually quicker during digestion, and also during the passage of the chyle along the intestines. The pulse may be eighty or ninety per minute during the day ; and later in the evening, if the patient has not eaten recently, it may be reduced to sixty or less. Persons of an intellectual, but physically feeble constitution, have the pulse generally quicker

in the evening, whatever be their relative state of health. The real dyspeptic always feels worse for some hours after eating; and a late supper renders him miserable for the night and the early part of the next day.

The brain is affected in this disease through the reflex action transmitted by the nerves of the stomach; as a result of this sympathy, confusion of thought, unsteadiness and irritability of temper, are more common than pain in the head, dimness of sight, or vertigo. The former often rise to temporary alienation, and sometimes terminate in suicide. Besides these symptoms, neuralgic pains in every form and situation may be induced by this morbid sensibility of the stomach and bowels, and the irritability of nerves to which it gives rise.

General summary of diagnostic symptoms.—Defective secretion of the gastric juice produces—1. Slowness of digestion. The food remains too long in the stomach. Instead of being perfectly dissolved and passed forward into the duodenum at the end of two or three hours, it sometimes lies imperfectly digested for ten, twelve, or even twenty-four hours. While thus remaining in the cavity of the stomach, the partially digested mass produces a sense of weight or uneasiness at the pit of the stomach, and this only subsides as the task of digestion is completed, and the dissolved mass passes out of the stomach. Sometimes a portion of some solid article remains undigested, and excites distressing spasmodic pain at the pyloric orifice of the stomach several hours after eating. In this case, the pyloric orifice is too irritable to permit any solid to pass, and closes spasmodically when its inner surface is irritated. This spasmodic action was witnessed by Dr. Beaumont when, on attempting to ascertain the temperature of St. Martin's stomach, he permitted the bulb of his thermometer to pass into the pylorus. He instantly perceived a forcible contraction on the instrument, attended by severe pain and distress. After several trials of the experiment, a sense of soreness remained till the next day. The same kind of soreness is often caused by hard or imperfectly digested portions of solid food remaining many hours in the stomach :

they irritate its lining membrane, causing headache, furred tongue, depraved gastric secretion, sallow complexion, and imperfect sleep.

2. Imperfect digestion, when it continues long, causes imperfection in the process of nutrition in all parts of the body. The blood becomes deficient in globules, the circulation is feeble, the extremities are frequently cold, the spirits depressed, and all the vital powers decline, till the patient becomes incapable of any great mental or physical exertion.

One of the most difficult problems presented to the mind of the practitioner consists in distinguishing dyspepsia, or chronic functional derangement of the digestive organs, from malignant structural or cancerous disease. To render this more clear, we will attempt to compress into parallel columns the most important characteristics of these two diseases.

DIAGNOSIS—DISTINCTION BETWEEN FUNCTIONAL AND STRUCTURAL DISEASES.

FUNCTIONAL DYSPEPSIA.

MALIGNANT STRUCTURAL DISEASES.

Complexion and General Appearance.

Color of the skin yellowish from an irritated state of the gastric and duodenal mucous membrane.

The countenance "pinched," and expressive of dissatisfaction rather than of thought and anxiety.

Dingy, sallow, exsanguine, but opaque appearance of the skin.

The eyes sunken, adnata pearly; the countenance expresses care and depression, not dissatisfaction, but introverted thought and peevishness.

Emaciation and Loss of Strength.

Loss of flesh is not great, and is speedily followed by restoration, with increased strength when the more distressing symptoms subside.

In structural disease of the cardia and œsophagus, emaciation proceeds to a degree not seen in any other disease, while the loss of strength is not in proportion to the loss of flesh. When cancerous disease exists in any other situation, the emaciation is seen, but not to the same extreme degree. When in the stomach, or external to it, the prostration of strength is greater than would be expected from the violence of the other symptoms.

[FUNCTIONAL DYSPEPSIA].

Much pain; diffused, intermitting, and better or worse, according to the stage of digestion; but seldom of that extreme, lancinating character that belongs to cancer, and is relieved by alkalis in solution.

The cause of the vomiting is generally obvious: The stomach contains food of bad quality, imperfectly digested, vitiated secretions; and is always a manageable symptom.

The fluids ejected in functional disease never possess this peculiar dark color.

Constipation generally consisting of large collections in the arch of the colon; the relief obtained by purgatives, though only temporary, for the time is accepted as satisfactory.

Tongue foul and covered with fur; there are no aphthæ, but the acid eructations from the stomach cause occasional slight ulcerations.

In functional disease, flatulence is a common symptom; but it is less oppressive, and its escape gives relief.

Pain.

[MALIGNANT STRUCTURAL DISEASES].

Pain not always present, at least in the early stages, even when disorganizing action is insidiously progressing, but it becomes severe in latter stages, is of a peculiar lancinating, grinding kind, and usually confined to a particular spot. In the strictural form, pain is more acute and more defined than in the areolar or colloid.

Vomiting.

This usually occurs in some stage of structural disease. In the latter stages, the action of the muscular coat becomes imperfect, and the act of vomiting is a mere regurgitation.

The Fluids Vomited.

The fluid is usually dark colored, having much the appearance of venous blood.

Constipation.

This is always present in structural disease. When in the latter stages, the disease spreads to the colon, dysenteric symptoms supervene. The discharges are colored with blood, or resemble the washings of flesh. When the seat of the collections is the cæcum, relief from purgatives is very transient.

Tongue.

It generally continues clean to an advanced period of the disease, when there may be aphthæ on its surface, caused always by failure of power, as in other chronic diseases.

Flatulence.

In structural disease, the gas is constantly rising, and is fœtid in character.

Appetite.

[FUNCTIONAL DYSPEPSIA].

The appetite is imperfect, but animal food is generally more easily digested than that which is usually regarded as lighter.

[MALIGNANT STRUCTURAL DISEASES].

Always imperfect, and the patient can only take farinaceous and vegetable food.

Examination by the Touch.

In dyspepsia, the slightest pressure anywhere over the stomach and upper part of the abdomen produces pain, and the patient feels a dread of being touched. As the pain is chiefly caused by the inflation of the stomach and by gases, carefully made percussion gives evidence of its nature. It is nearly always dependent on morbid sensibility of gastric and enteric nerves.

Examination by touch gives no pain except when pressure is made upon the precise seat of the carcinomatous deposit, when severe and lasting pain is produced, though it is confined to that particular spot. When this is within the stomach, the pain resembles that which precedes vomiting; when the liver is the seat of disease, the pain is felt on pressure, unless the tumors be raised above the convex surface and are vascular, in which case, when the patient is thin, they can be felt through the parietes.

Progress of the Disease.

In functional disease, symptoms of the derangement of the digestive organs force themselves very early on the attention of the patient. He regards his symptoms as evidence of important and extensive disease, and dwells minutely on the circumstances of his case.

The disease comes on gradually and insidiously, and its history from its commencement is imperfectly ascertained; indeed, considerable disorganization often takes place before any train of appreciable symptoms can be observed.

Treatment.—The treatment of dyspepsia in every form must be commenced by regulating the diet, restricting it to a moderate quantity of nutritious but easily digested food. Every dyspeptic should avoid new bread, as *commonly made*, tough meats, all alcoholic or fermented liquors, extreme bodily fatigue, and nervous exhaustion from all other causes. But he should take much active exercise in the open air, and should keep the mind habitually and cheerfully employed. When the due amount of exercise has been long neglected, the nervous system becomes enfeebled and irritable; the

muscles lose their tone and become more slender and flabby, and all the functions of assimilation and nutrition are imperfectly performed. When the muscles remain too long inactive physical energy is lost; the calibre of the capillary vessels is diminished, a deficiency of exhalation in the synovial membranes causes rigidity and finally immobility of the joints; obstructions of the capillary circulation lead to organic disease, and inactivity of the absorbents causes the accumulation of fat, so common in indolent persons. This condition requires other measures than treatment by drugs, as these can never, unaided, restore to healthy action the organs that have long remained in a state of inertia from deficient exercise.

Dietetic management of Dyspepsia.—This subject is too extensive to be properly treated in the present article; but the most important of the results of modern observation may be compressed within our limited space. The gastric juice has the power of dissolving all articles suited for food, and reducing them into a homogeneous pultaceous mass, called chyme. This mixture is a true chemical compound of gastric juice and aliment; and gastric juice is only capable of dissolving a definite quantity of food at a time, or that quantity which is sufficient to saturate it. To enable it to act efficiently, it is necessary that the food should be minutely divided, and should also possess a high degree of tenderness of fibre. The first object is attained by full mastication, and the second by making a judicious selection from articles already tested by past experience. Among the most digestible of meats are enumerated venison, and other wild animals, or fowl; but the fibres of young animals, as veal, young chickens, etc., are found to be more tough. Of all vegetable products, those capable of the most minute division are the best,—sago being the most easily digested and least irritating of any. Dr. Beaumont found potatoes well boiled to be easily dissolved in the stomach; but a piece of raw potatoe resisted the digestive powers of a healthy stomach which had

digested various other substances in from one to three or four hours.

In general, vegetables are digested more slowly than meats and farinaceous substances, and solid food is more easily disposed of than fluid. Some dyspeptics are more comfortable when living on solid than on liquid food ; but certainly this is far from being generally true. In some cases, the stomach is oppressed by oily food, as oil or fat meat is too much concentrated, and needs to be farther diluted by the addition of bread or farinaceous articles, as bulk is nearly as necessary to articles of diet as the nutrient principle. But there are other cases, usually complicated by biliary derangements, in which fat bacon is digested with perfect ease ; though in a state of health, bile is never found in the stomach, except perhaps when under the influence of anger. It has long been believed that the influence of ill temper causes bile to enter the stomach, —an opinion confirmed by Dr. Beaumont's experiments.

Experience has shown that man needs considerable variety of food in a state of health, and this is equally true in disease. "The philosopher," says Dr. Epps, "looking at the facts of human existence—viewing the human intestinal structure—viewing man living in various latitudes and exposed to varying contingencies—is compelled to allow that all kinds of food are suitable to the human being ; and further to acknowledge, that while the natives of the vast plains of India live on rice, and live well, the Esquimaux, influenced by the necessities imposed by climate as well as by their circumstances," consume large quantities of fish, whale and sea blubber, animal oil, and flesh, and enjoy an equal degree of health.

It has been fully proved that quite as much depends on the quantity of food taken as on its quality. "There appears," says Dr. Beaumont, "to be a sense of perfect intelligence conveyed from the stomach to the brain centre, which, in health, invariably decides what quantity of aliment (responding to the sense of hunger and to its due satisfaction), is

naturally required for the purposes of life, which, if noticed and properly attended to after thorough mastication and moderate and slow deglutition, would prove the most salutary monitor of health." It is not the sense of satiety, for this is beyond the point of healthful indulgence, and is nature's earliest indication of an abuse and over-burden of her powers to replenish the system. It occurs immediately previous to this, and may be known by the pleasurable sensation of perfect satisfaction, ease and quiescence of body and mind. The quantity of food required by a person in full health, varies according to the perfection of the digestive power, and also to the degree of exercise taken, and to the age and habits of the individual. Dr. Southwood Smith weighed eight men engaged in feeding the fires of a London gas company, and found that in one hour one of the men lost 2 lbs. 8 oz., and another lost 4 lbs. 3 oz., by perspiration. The general result was, that the men employed in that work lost from 2 lbs. to 5 lbs. weight twice a day by perspiration alone.—(*Philos. of Health*, p. 393, vol. 2). It is plain that those who exercise little must perspire less, and consequently need less food.

As hunger depends on disease of the brain, its impulses are not always correct. In the treatment of dyspepsia, a higher degree of practical skill is required than in most other diseases. A voracious appetite is often a precursor of fever; and in a state of debility the stomach may crave a large amount of food, which, instead of being digested, is frequently retained twenty-four hours or more, causing the most distressing symptoms, particularly among children, amounting in some cases to convulsions, and even death.—(Beaumont, p. 61.) In febrile diseases, little or no gastric fluid is secreted. Dr. Beaumont examined the stomach of St. Martin at one time when the villous membrane was red and dry. He complained of headache, pain and distress at the pit of the stomach, lassitude and loss of appetite. On making the effort to extract gastric juice from the stomach in this state, nothing could be obtained but a little acrid and frothy mucous, showing why food cannot promote strength in fever; and it has been

proved that undigested portions of food remaining in the stomach produce all the phenomena of fever. The gastric fluid not being able to act on the undigested food, the stomach is irritated, just as if food had been introduced into the stomach when the system was in a febrile state. The further consideration of this part of our subject is deferred for the present.

MEDICAL TREATMENT.

Nux Vomica.—Defective or capricious appetite in persons subject to hæmorrhoids ; craving for stimulants or acid drinks ; sour or bitter taste in the mouth, insipidity of food ; nausea, sour eructations, regurgitation, water-brash, accumulation of water or mucous in the mouth. Vomiting of food ; drinks, especially acids, cause suffering ; griping, aching pain in the stomach ; colic, pinching contractions, bewilderment or distraction of mind, headache, vertigo, general uneasiness or hypochondriacal tendencies ; oppression of breathing, chills, lassitude, indolence, drowsiness, feeling of fatigue and sleep ; heaviness of the head, unfitness for intellectual labor in an impaired constitution ; vertigo, anxiety, paroxysms of fainting. Epigastrium distended ; it feels tense and excessively tender, and burning when touched ; and the clothes feel too tight. When there is general gastric derangement, the tongue is dry and white, or yellowish towards the root ; there is no thirst, and too little water is habitually taken ; at other times, there is burning thirst and heartburn, or cardialgia.

Heat and flushings of the face, common in persons who have been intemperate ; plethoric habit ; general disposition restless, choleric, irascible, irritable, disposed to dispute or command ; violent passion, paroxysms of suffering caused by late hours ; complexion yellowish, earthy ; deficiency of the secretions generally ; bilious constitution ; bowels constipated, evacuations hard and expelled with difficulty ; disease caused by sedentary habits or intense study.

Bryonia.—Dyspepsia occurring in, or worse, in hot or in damp warm weather. Loss of appetite and great aversion to

food, alternating with morbid craving for improper articles, as wine, strong coffee, and acids; eructations of wind when the stomach is empty; or, after eating, the eructations are sour or bitter; feeling of pressure and distension of the epigastrium; regurgitation or vomiting of food; water-brash; the epigastrium is tender to the touch; bowels constipated; the temper restless and irascible.

Bilious derangements, skin yellowish, dry, hot at intervals, particularly the palms of the hands and soles of the feet; slight perspiration towards morning; strength variable, easily exhausted.

Sulphur.—In most cases of chronic dyspepsia, at the beginning of the treatment; in persons addicted to alcoholic drinks, and debilitated, nervous and irritable persons. Acid, putrid, or sweetish taste in the mouth; nausea, water-brash; smell from the mouth acid or foetid, especially on rising in the morning; vomiting of food; taste chiefly acid or bitter; insipidity or too salt taste of food; repugnance to meat, bread, fat, and milk, and craving for acids and wine; feeling of trembling within the body; restlessness, such as makes long sitting very uncomfortable.

Slight exertion in conversation causes prostration; fatigue causes dyspnoea; the patient is melancholy, despairing, and feels disgusted with life; sad, hypochondriacal, morose, irascible humor; abdomen tender on pressure, as if the whole inner surface was raw.

Headache, thirst, chest oppressed, chiefly after a meal; disposition to an over secretion of mucous in the principal organs; inertia, and a feeling of constriction in the abdomen, as from incarcerated flatus; worse toward morning, and in the left side; difficulty in digesting animal food; milk sours in the stomach; unpleasant effects from acids, or farinaceous food sweetened; pains in the stomach, regurgitation or vomiting of food, lassitude, shivering, and frequent eructations after a meal; eyes slightly sore, as if from sand in them.

Sense of great fatigue, shivering, confusion and pain in the

head ; heat in the face ; burning heat in the hands ; flow of water from the mouth.

Pulsatilla.—Particularly suitable for females and persons of mild disposition, lymphatic temperament, pale complexion, blue eyes, light hair, who weep easily, are innocent, affectionate, peevish, and much disposed to seek for sympathy ; with disposition to an over secretion of mucous, or to heartburn. Dyspepsia originating in the abuse of mercury, cinchona, fat pork, wine ; also in fright.

The tongue feels as if burned, is covered with a thick greyish, whitish or yellowish coating ; the taste of meat is putrid, sweetish or bitter in the mouth ; want of appetite ; or greediness, with gnawing pain in the stomach ; repugnance to hot food, with craving for acids and highly-seasoned things, wine, spirits ; want of thirst ; thirst deficient or extreme, longing for spirituous, spiced, or acidulated drinks.

Pulsations in the epigastrium ; vomiting of greenish, slimy or bilious, bitter or acid, substances ; vomiting of food or blood, with dyspnoea ; sadness and melancholy after eating ; sufferings from eating bread ; bitter or sour eructations, tasting of the food recently taken, sensation of burning in the throat and œsophagus ; water-brash, hiccough ; borborygmi and colic ; cramps in the stomach and præcordial region after a meal ; melancholy, great anxiety and anguish ; temper excitable ; dread of death or of apoplexy ; buzzing in the ears ; head easily fatigued by intellectual toil ; dyspepsia, alternating with diarrhoea, from exposure to cold and dampness.

Calcareæ Carbonicæ.—Lymphatic or scrofulous constitution, feeble in body or mind, precocious or morbidly active ; wide awake to suspect ill motives in others.

The head feels as if compressed in a vice ; pulsative or shooting pains in the head, with sensation of coldness ; pain increased by alcoholic drinks or mental exertion, extending to the cheeks ; nausea, eructations, or expectoration of acid secretions ; vesicles in the mouth and on the tongue ; bitter, sour, or metallic taste in the morning ; clamminess or dryness of the

mouth; want of appetite, and occasional hunger after a meal; heat or swelling of the abdomen, with constant thirst, with little appetite; craving of wine or acid stimulant drinks; flow of water from the mouth, water-brash after every meal; acid regurgitations; pinching, cutting pains in the epigastrium; tension of the hypochondria; sour regurgitations after drinking milk; inclination to sleep after eating. Constipation; stools hard, small, often consisting of undigested matter passed only the second, third, or fourth day; urine blood red or brown; general debility in a plethoric, full constitution.

Hepar.—Chronic dyspepsia, following the abuse of mercury; paroxysms of indigestion provoked by slight causes, with craving for wine, or sharp, acid and stimulating things; nausea in the morning; eructations, or vomiting of sour bilious or mucous substances; much mucous in the throat; pain in the abdomen; hard, dry and difficult evacuations; pressure, distension and heaviness in the epigastrium; bitter taste in the mouth, and of food while eating; aversion to fat; great thirst; pressure on the abdomen gives uneasiness.

[To be continued.]

CLINICAL CONTRIBUTIONS.

BY A. LEON, M.D. OF NEW YORK.

CASE I.—CARCINOMA UTERI.

Mrs. M., aged forty years, of a nervous bilious temperament, had been confined to her bed nine months under allopathic treatment when I first saw her. The physicians who were attending her pronounced her case to be *Carcinoma Uteri*.

The symptoms were: violent burning pain and tenderness

in the hypogastric region; constant discharge of blood, at times amounting to actual flooding, when the blood would assume a bright red color; no appetite; tongue thickly coated with a white fur; nausea, vomiting; bowels torpid; restlessness and want of sleep at night; general appearance haggard; sallow complexion; great emaciation. These were the prominent symptoms noted at my first visit. A few days afterward, I examined her with the speculum, and found hypertrophy of the *os*, about the size of an English walnut, and on the posterior lip, a spot about the size of a bean, of a bluish color, extremely tender to the touch, and from which a violent, burning pain originated. As before observed, she had not been able to leave her couch for nine months. I undertook the case rather reluctantly, as her attending physicians had predicted that she could not recover. I commenced the treatment with *arsenicum*, 3d trituration, a dose night and morning for one week; and then *conium*, 3d dilution, one drop every night and morning for one week. These two remedies were continued every week, in rotation, for about four months, with an occasional dose of *china* whenever the hæmorrhage was very violent. At the expiration of this period she was cured. She was quite able to attend to all of her household duties, was much improved in flesh, her complexion had assumed a healthy hue, and all her functions were normally performed. I examined her again with the speculum, at the expiration of four months, and found the *os* nearly normal, and not a vestige of the blue spot. I saw her three years afterward, and she continued well. I think I can safely say she was cured.

CASE III.—ARTICULAR RHEUMATISM OF THE KNEE, WITH
EFFUSION INTO THE JOINT.

Mr. E., of this city, aged forty years, of a nervous-sanguine temperament, sent for me to attend him for an inflammatory affection of the left knee joint. I found the joint much swollen and red, considerable fever, hot skin, red urine, and a

great deal of pain in the affected part, especially when he attempted to move it. Other symptoms were:—restlessness and sleeplessness at night, bitter taste, with a yellow-coated tongue, no appetite, but much thirst. I prescribed *aconite* and *bryonia*, third dilution, four drops of each to a tumbler-full of water, a tablespoonful every two hours, alternately, until all inflammatory symptoms were subdued. For a slight bruised pain, which remained in the joint, *arnica* 3d was given every four hours.

In two weeks, all inflammatory symptoms had yielded. The only remaining difficulty (to him a source of much solicitude) was the enlarged joint.

He informed me that he had had a similar attack some two years before, and that six months elapsed before the two allopathic physicians who attended him succeeded in reducing it. They pronounced the malady *Hydrarthrus*, or dropsy of the joint.

In addition to the other medicines employed, these gentlemen created an issue in the joint, and after a lapse of four months, the swelling disappeared.

I prescribed *tinct. sulph.*, two drops in a tumbler of water, a tablespoonful three times daily. In two weeks the swelling was completely reduced, much to the astonishment and gratification of the patient.

CASE III.—MALIGNANT WARTS CURED BY ARSENICUM.

Mrs. N., aged thirty years, of a nervo-bilious temperament, consulted me, when practising in New Orleans, for painful warts on the back of her right hand, which prevented her from obtaining any rest at night. I found six in number, of the size of a pea, very red, and angry looking. The pains in them were of a burning and pulsating character, extending up the arm as far as the axilla, and rendering the arm useless from their severity. I gave her six globules of *arsenicum* 6th, dry on the tongue. On the second day after taking the remedy all pains had ceased, and on the fifth day the warts began to assume a blackish aspect, and shrivel up. On the tenth day,

they all fell off, and left a perfectly healthy surface. I saw this lady a year afterwards, and she had experienced no return of the complaint.

CASE IV.—DIARRHŒA.

Mrs. G., aged forty-five years, of a lymphatic temperament, was taken suddenly with a severe diarrhœa. The evacuations were neither copious nor watery, but of a thin yellowish consistency, amounting to about a gill at each discharge. A peculiar feature in the case was, that after each movement of the bowels she *fainted entirely away*. These evacuations occurred every two hours. After having prescribed several remedies without effect, I administered *nux moschata* 1st dilution, two drops to half a tumbler of water, and a dessert spoonful at a dose, every two hours. After the first dose, the patient remarked that she felt the remedy pervade her whole system, and that its influence was especially perceptible at the seat of the disease. She had no more evacuations or faintness after taking the remedy, and was quite well the next day.

(Hahnemann, in his *Organon*, page 49, alludes to the homœopathicity of the *nutmeg* in maladies accompanied by *fainting fits*.—EDS.)

CASE V.—SUPPURATION OF THE BRONCHIAL GLANDS.

Judge L., of N. O., aged thirty-five, of a nervo-bilious temperament, consulted me for the following symptoms, with which he had been affected for more than a year.

Constant, hacking, hoarse cough, with profuse sanguineo-purulent expectoration; night sweats; disturbed sleep, on account of the cough; great loss of flesh; moderate appetite, but food did not seem to give him strength; exercise fatigued him, and easily threw him into a perspiration.

I examined his throat, and found the follicles red and enlarged, but the bloody sputa did not come from them.

The chest was examined, but no abnormal sounds could be detected, either by percussion or auscultation.

Judging from the sensations of the patient, the character of the expectoration, the hoarseness, and the evident locality of the malady, I diagnosed suppuration of the glands of the bronchiæ.

I commenced the treatment with *mercurius vivus* of the 3d trituration, and prescribed one grain at a dose, three times a day, for three weeks.

He steadily improved under this remedy. The expectoration gradually diminished, his night sweats disappeared, his strength returned, and his whole appearance had changed for the better.

For the slight hoarseness and cough which remained, I gave *carbo vegetabilis*, 3d trituration, one grain at a dose, night and morning. At the expiration of three weeks more, all abnormal symptoms had vanished, and the Judge was able to attend to his professional duties without experiencing any return of his complaint.

CASE VI.—YELLOW FEVER.

I was sent for during the epidemic of 1853, in New Orleans, to visit a negro child, aged about one year, of a rickety constitution, with the following symptoms. Hot, dry skin; pulse 160 per minute, conjunctiva injected, gums congested and spongy, and bleeding readily to the touch; tongue red and dry; child desires the breast constantly; moans, urine scanty and infrequent, constant jactitation. I prescribed *aconitum*, 3d dilution, 2 drops in half a tumbler of water, a tea-spoonful every hour. On my second visit, during the evening, I found the child in convulsions, for which the 3d attenuation of *belladonna*, in pellets, was administered every hour. On the next morning (third day), at 9 o'clock, I found no improvement, but an addition of the following symptoms: Head hot, eyes very red and watery. Cold applications were made to the head, and *stramonium* 3d, in pellets, was prescribed every hour. On the following evening, the convulsions had ceased, but left the patient in a comatose state, for

which I gave *opium* 3d, in pellets, at intervals of one hour. At the expiration of 24 hours, consciousness had returned, but the child was vomiting a greenish, watery substance; there was tenderness over the epigastric region and bowels; redness and dryness of the tongue, and great restlessness and uneasiness. Prescribed *arsenicum* 3d, in pellets, every hour. Twenty-four hours afterwards, vomiting occurred only at long intervals; but the bowels were quite loose, the evacuations dark brown, and watery, with considerable tenderness of the abdomen on pressure. I gave *veratrum*, 3d attenuation, for the above group of symptoms, in alternation with *arsenicum* 3d, in pellets, every hour, until the diarrhoea and abdominal tenderness had disappeared. This was the sixth day of the treatment, and all the symptoms were much improved: conjunctiva and tongue natural; thirst much less; pulse 100; urine more profuse and normal in appearance. The only symptom remaining was debility, for which I gave *china*, one drop in a wine-glassful of water, a teaspoonful three times a day.

We detail the above case to illustrate the efficacy of homœopathic treatment, even under the most unfavorable circumstances. It will be observed that the patient was a feeble, rickety child, that he was attacked with the malady in its severest form, and that, for more than 36 hours, he suffered from convulsions. By meeting group after group of symptoms, as they occurred, with appropriate homœopathic remedies, the disorder was finally overcome, and the patient restored to his usual health. The physician may be proud of his system of practice, when he is able to cure a strong and vigorous subject when attacked with the most violent form of this dreadful disease; but he may be doubly proud when he can grapple successfully with it in the frame of a puny and sickly child.

AFFECTION OF THE OPTIC NERVE, ACCOMPANIED WITH
NYCTALOPIA.

BY J. R. CLARK, M.D. OF LOUISVILLE, KY.

Mr. B——, aged 52 years; occupation, *night watchman*; came to me, stating that about five months since he had experienced a peculiar sensation just below the left frontal protuberance, resembling at first that of a fine, delicate rapping with the end of the finger for an instant, then ceasing for a few minutes, then again returning, but slightly increased, and with it a slight pain, but so slight at first, as to be almost imperceptible.

These singular sensations continued to return in this way for two or three days, and with them a slight increase of pain. The pain did not cease when the sensations of rapping ceased, but continued to increase from week to week in *severity, extending* into the left eye, and whole left side of the head. As the pain in the head increased, so the sight of the left eye failed. The dimness of sight was accompanied with black specks before the sight most of the time; also frequent, keen, sharp darting pains through that eye into the head; also, frequent scintillations and flashes like lightning, so that he would start, thinking it a *flash of lightning*, although it might be under the pleasant light of a mid-day sun; yet, for the instant it appeared to him to be more intense than the light of the sun. The external appearance of that eye was as perfect all the time as that of the other eye, which was quite healthy. The power of seeing with the left eye was entirely gone in the *day time*; but he could see in the *night*, especially by *moonlight*. For instance, he could see to read quite distinctly with that eye a large gilt sign at night, when a bright moon was shining upon it; but in the *day time*, was not able to see the *building* on which the sign was placed. He was in all other respects well.

As I did not expect to see him again soon, I put up six powders, each containing five or six pellets of *belladonna* 200,

which I directed him to take on the tongue, one every week, until better.

I did not see him again until he had taken them all ; at which time, he stated that, immediately after taking the first powder, he felt relief from pain in the head, and commenced feeling better in every respect ; and even before he had taken all of his powders, the headache was entirely removed and his sight perfectly restored ; but he thought he would make a sure thing, and so took all his powders.

This was the first and only time I prescribed for that difficulty, until three years after, when he came to me with the same affection coming on in the same manner as before, and in the same eye. A single dose again of *belladonna* 200, was sufficient to cure him entirely.

CASE I.—IMPOTENCE CURED BY PHOSPHORUS.

By Dr. Ed. Speck, of Bucharest.

TRANSLATED FROM THE GERMAN BY C. E. BLUMENTHAL, M.D. OF NEW YORK.

A gentleman resident in Krajowa, about thirty years of age, of delicate frame and a dark complexion, had been treated for *pthisis pulmonalis*. He had indulged in promiscuous intercourse, from his fourteenth until now, his twenty-fifth year. He had contracted, several times, blennorrhœa and syphilis. He had married a girl of seventeen, of a passionate temperament, and with her he had indulged so freely, that in a few years after his marriage, he found himself perfectly impotent. Every prescription from his medical advisers, as well as the use of various mineral baths, proved of no avail.

He then sought aid from homœopathy, and came under my treatment. His symptoms were—extreme debility of all the functions, dry short cough, pains in the chest, the entire muscular system enfeebled and the nervous system much excited, no appetite, severe pain in the lumbar vertebræ, and very copious alvine evacuations ; while a thin slimy colorless fluid oozed constantly from the urethra.

I gave him *phosphorus* 30, six pellets every eighth day, for six weeks, and had the satisfaction to send him back perfectly restored, and free from all the tormenting symptoms which marked his disease when he came under my treatment.

CASE II.—GASTRALGIA, WITH SPINAL COMPLICATIONS, RESULTING FROM SELF-ABUSE. CURED WITH NUX VOMICA.

By DR. KAFKA, of Prague.

An unmarried woman, aged thirty-three, with a robust constitution, had been troubled in childhood with pudendal itching, which led to the usual bad consequences. At her twenty-fifth year she became a mother, since when she has lived secluded, following her occupation as a cook. Her work was frequently interrupted by indispositions connected with genic irritation. She at last became convinced that her health was being undermined. Her stomach and limbs had become much enfeebled, and in this state she came under my treatment.

She was then neither pale nor emaciated. Two or three times during the day, while at work, she had attacks, characterized by pressure in the stomach, frequent eructations, a shaking sensation, great flow of saliva, and puffiness of the abdomen. These symptoms were soon followed by red cheeks, heat and pressure in the head, and morbid excitement. Cold applications to the head and pudenda gave no relief. Fully conscious of the mischief she was doing herself, she persisted in it. Her appetite had diminished, the tongue was covered with a yellowish fur, and the bowels became costive. On examination, I found nothing abnormal, except that the clitoris was rather large, with a slight vaginal blennorrhœa. The spine was very sensitive in the region of the second, third and fourth lumbar vertebræ, and the least pressure or mere friction upon them would call forth the whole series of symptoms affecting the stomach, head, and genitals. Menstruation was regular and normal. She complained of great weakness in her knees, and want of memory.

I gave her, twice a day, *nux vomica* 3, a drop on a little *lac. sacch.* With this alone, I cured her in about four weeks ; but after having been perfectly well for three months, she returned, complaining of her old troubles. Eight doses of *nux vomica* again restored her ; she has been ever since perfectly well, and has no inclination to resume her old habits.

This case is presented in order to show the marked effects of *nux vomica* upon the neuroses of the stomach, and abnormal excitement of the sexual organs. It is true, this is not wholly new to the homœopathic practitioner, for Hahnemann has already directed our attention to *nux vomica* as an anaphrodisiac.

Trousseau and Pidoux (*Traité de Therapeut.*, vol. 1,) who have made many interesting experiments with *nux vomica*, in allopathic doses ; direct attention, in particular, to the marked increase of sexual excitement produced by the drug, which may be cited as an additional proof that the homœopathic law is the only sure guide when selecting our remedies, even in the most difficult and complicated cases.

ACTION OF ACONITE ON AN INFLAMED JOINT.

BY D. D. SMITH, M.D., OF NEW YORK.

A little son of Mr. P., residing in Third street, New York, was taken suddenly ill with a severe pain in the right knee joint. One hour after he first felt the pain, the joint commenced swelling, and before the expiration of the third hour, was enormously large, very red, extremely hot, and so sensitive and painful to the touch, that the patient could not bear the weight of the bed clothes.

In great alarm, the father came for me in the evening, at seven o'clock, when, on visiting the patient, I found, in addition to the symptoms above described, a quick pulse, hot dry skin, pains in the head and back, with a slight tendency to coma.

I put four drops of *aconite* in a glass of water, and directed a teaspoonful to be given every half hour, until the symptoms

lessened in violence. I ordered the knee bathed with the same, and covered with oiled silk; and instructed the mother to send for me if the little patient grew worse.

I returned to my office, apprehending a call in the night, but my fears were not realized.

On visiting my patient the next morning, I found him playing in the hall! Every symptom of the disease had disappeared; and, with the exception of a little pallor and weakness, he was, to my great surprise, entirely well. The inflammation did not return. What was the nature of this inflammation? Was it erysipelas? I think it was. But what was the specific action of the medicine, and how this wonderful change was effected, I leave for wiser heads to explain.

I have one more strange case to record to the credit of that most potent member of the materia medica, *aconite*; and here it is:

SPEEDY AND EFFECTIVE ACTION OF ACONITE IN SCARLET FEVER.

In the winter of 1856, four cases of scarlet fever occurred in the family occupying the house 35 Bond street. Two of the four terminated fatally—two recovered. One patient was a small Irish servant boy, employed about the house, and in the laboratory of S. C. Putnam, the dentist.

I was called to this lad early in the morning. The eruption covered his entire body and extremities, presenting a continued sheet of redness. The pulse was quick and full, the throat enlarged externally, the tonsils inflamed, the tongue dry, deglutition difficult, skin hot, and the thirst unquenchable.

I gave him *aconite*, as the drug most effectually covering the totality of the symptoms. Strength—eight drops in a pint of water. Dose—a teaspoonful every hour, for six consecutive hours. And for the thirst, a weak infusion of the *ulmus fulva*.

I called to see him between two and three o'clock in the afternoon, and found him in the laboratory, doing his accustomed work, apparently well!

Astonished at the wonderful rapidity of the cure, I questioned him carefully, and learned the following :

A little confused in his recollection of my instructions, and suffering from intense thirst, he drank the whole of the medicine at the second dose. It produced a burning and stinging sensation over his whole body, made him sweat profusely and sleep profoundly, until one o'clock, when, rousing from a dreamless slumber, feeling well, and thoroughly rested, he dressed himself, and went to his work as usual.

What is the explanation? Was the medicine given at exactly the right moment, so that nature, always ready to avail herself of any proper aid that may be at hand, resolved herself into a normal condition, without waiting for the ordinarily tedious process of cure?

Does this fact suggest a more active use of our remedies in the first stages of these eruptive diseases?

HYPERTROPHY OF THE LIVER.

Translated from the Journal de la Société Gallicane, July, 1859.

M. L., a rich proprietor of Péroune, aged forty-five, dark complexion, consulted me on the 5th of May, 1853. He has undergone divers treatments, long continued, for the affection of which these are the symptoms :

Weight in the right side of the abdomen; from time to time, a sharp pain is felt in this region,—quick, darting, and alternating with a similar pain in the upper arm; obstinate constipation; urine scanty, colorless during the first hours, then turbid, with brick-red sediment; little appetite; deep sadness; discouragement; desire of death, and inclination to suicide, notwithstanding the open profession of religious ideas.

The right hypochondrium gives considerable resistance on palpation. In pressing the palm of the hand under the false ribs, from in front backwards, I perfectly appreciate three hard lumps, belonging to the thin edge of the liver. Such pressure causes sharp pains, and much difficulty of breathing.

The left side is sound from the umbilicus. No disturbance in the circulatory system. The malady dates back ten years.

Prescription—*Aurum* 6th, a drop in 120 grammes of water; a teaspoonful in the evening. The diet to be exclusively composed of white meats, fish, and fresh vegetables. Abstain from milk in its different forms, and from fermented drinks.

May 13th.—No change. *Sacch. lact.* until the 22d.

May 22d.—Regular stools; normal urine. The patient feels less heavy, less sad, more confident. Same physical symptoms of the right hypochondrium; pressure still develops pain. *Aurum* 30°, four globules to 120 grammes of water. General advice as above.

May 30th.—The second dose of gold has ameliorated the whole condition. The stools are free; the appetite returns. M. L. is calmer, and no longer tormented by ideas of suicide. The pain of the right hypochondrium is still capable of being excited, but there are no more dartings in the shoulder.

June 20th.—The amelioration continues. *Magn. mur.* 6°, one drop in 120 grammes of water.

July 1st.—M. L. returns to me delighted; he says he has never felt better. The appetite and stools are normal. Cheerfulness. No pains. On careful examination of the hepatic region, I can hardly circumscribe by the manœuvre above cited the thin edge of the liver, which is nearly even. Pressure no longer excites pains or oppression, as it did two months ago. *Magn. mur.* 6°, one drop, *ut supra*.

July 20.—M. L. is quite well. I have seen him nearly every day. No relapse since May 17th.

The medicines pre-cited have often succeeded with me in curing hypertrophy of the liver. The efficacy of *aurum* is especially remarkable when to the local symptoms of the organic affection are added those intellectual troubles, deep sadness and desire for death, which so often accompany liver diseases. The presence of its moral indications seems to me indispensable to the success of gold. I have now under my care a priest, the left lobe of whose liver is enormously

hypertrophied, and who presents the corporeal, but not the moral reactions above cited. *Aurum* 6° and 30° were continued during three months without effect. *Nux vomica* and *magn. mur.* succeeded no better. He had already been drinking the Vichy waters several years. Within the last two months, the engorgement has considerably diminished under *sulphur* 30°, alternated every fortnight with *lycopodium* 30°.

LEDUM IN INFLAMMATION OF THE EYE.

In the official account of the statements made at the Provers' Union, at Vienna, we find the following :

A baker, fifty-two years old, took a severe cold, which terminated in an inflammation of the left eye, attended with photophobia, a burning sensation in the eye, and copious watery discharges from the nose. *Aconite* relieved him a little ; but a fresh cold soon aggravated the troublesome symptoms. *Mercurius* 30, continued for three days, afforded relief, and improved his health. But he thought the cure too slow, and went to an oculist, who prescribed *chin. sulph.* and leeches, which afforded not the least relief to his sufferings. He therefore returned again to the homœopathic treatment, and *ledum* 15 $\frac{1}{16}$ dil., which was administered by the advice of Dr. Wurmb, wrought a complete cure in four days.

Ledum has also also proved itself very efficacious in scrofulous inflammations of the eye.

CHOROIDITIS : IPECACUANHA 12° and 6°.

By Dr. HERNIEL, of Paris.—Translated from *L'Art Médicale*.

Mme. Leray, æt. forty-seven, January, 1858. Evolution: Lancinations excessively painful in the optic globes. Copious flow of tears when she tries to look steadily at any object. Blue and red aureoles surround the flame of a candle. Pupil

normal and mobile; no external inflammation or lesions, but slight injection of the palpebral conjunctiva. No antecedents or causes appreciable; general health very good. These symptoms so strongly resembled those apparently occasioned by the dust of *ippecac.*, observed in a man who pounded it in a pharmacy, that, according to the law of similitude, we prescribed, Jan. 15th, *ippecac.* 12, 2 globules in water, a spoonful thrice a day for six days.

Jan. 22d.—Amelioration of the pre-cited symptoms, besides which, the stools, which had been difficult, have become easy. ℞ *ippecac.* 6°, 2 globules.

Jan. 29th.—Amelioration advances; she can read and sew in daylight. The left eye, which had been first affected, remains more painful than the right, but the lancinations are only occasional and slight. Loose stools in the morning. ℞ *ippecac.* 12°. The patient has not returned to the dispensary.

It is to be regretted that the above diagnosis should not have been anatomically elucidated by the ophthalmoscope; in default of which, such cases cannot take the rank in classic medicine which their importance deserves. Has *ippecac.* been tried in glaucoma, after the characteristic stony hardness of the eyeball has been felt? Does it palliate or remove the co-incident neuralgia?

AFFECTIONS OF THE EYES AND SKIN.

Conjunctivitis, by extension of Strumous eczema. Futile Allopathic Treatment during 9 months. Cured in three weeks under Graphites.

By DR. HIRSCHL, of Dresden.

M—, aged 8; son of an employé of the ministry. Antecedents: scrofula in his family; good health previous to present malady. *Evolution:* An exanthem appears upon the face, which it rapidly covers, the forehead excepted; secretions of lymph and pus, with blood from capillary lesions, form crusts over a suppurating surface, which incessantly renews them; the head and face swell; the eyes are concealed by œdema of

the lids; conjunctival injection, with papillary granulations; matinal agglutination of the tarsi; photophobia excessive, with lachrymation, the globe remaining sound. Sleep, nutrition, and other functions, normal. *Morale*: the boy, who had been bright, becomes at once stupid and irritable; frets, quarrels, and makes himself generally insufferable. Under the care of an oculist, during nine months, varied means, external and internal, were in vain resorted to; among them *conium*, *rhus*, *mercurials*, and *quinine*. The family summered in the country; our patient took the measles, which ran its course without influencing the local affection. The *iodide of iron* prescribed by the oculist, on his return to Dresden, excited a febrile state and restlessness at night. The case was at this juncture confided to homœopathy. *Graphites* 2°, 1 gr. m. et n. On the 8th day, the crusts began to drop, and soon left a clean, smooth skin. Light became every day more tolerable. On the 17th day, inflammation had vanished; on the 21st, only a slight tumefaction remained. To prevent relapses, by modifying the constitution of the child, I prescribed, during six weeks in the fall, a glass daily of the Kreuznach waters (Elizabeth Spring), of which *bromine* is regarded as the active principle. A relapse did, however, occur in the winter, but promptly yielded to *graphites*. A year has since elapsed, during which the boy has been at school, and freely exposed to the weather. A slightly swollen appearance of the face has been gradually dissipated, and the only tendency to relapse, has been an apyretic erysipelas, slight and fugitive, due to occasional perturbations by fright. *Graphites* presents, in a high degree, the following ophthalmic pathogenesis: *acrid heat in the eyes; painful swelling and redness of the lids, and burning itching at their angles, with muco-purulent secretion agglutinating the lids; also, dry irritation of their margin; the light is insupportable.*

Hautlaub has remarked the adaptation of *graphites* to the prescribed symptoms evolved from a strumous diathesis.

The facial eczema of *graphites* is mirrored by that above described. It corresponds to lymphatic swellings, especially

in subjects of light hair, pale complexion, and morale deeply perverted.

In the papular scrofulides, acne and sycosis, I owe grateful mention to *clematis*, but have found it less equal to its reputation in vesicular eruptions, in eczema, impetigo, bullæ and ecthyma.

CASE I.—MUCOUS TUBERCLES, CURED BY A SINGLE DOSE
OF THUJA.

BY GEORGE KELLOGG, M.D. OF TROY, N. Y.

G—, forty years of age, came to my office with a pediculated sycotic excrescence, about one-third of an inch in length, on the verge of the anus, secreting a foetid mucus, so much so as to require the changing of his clothes during the day, and the necessity for frequent ablutions. From its protrusion, it was a great source of irritation and annoyance. I immediately concluded to exsiccate and cauterize it; but the case presented such a marked indication for *thuja*, not only in the topical affection, but in a general sycotic diathesis, exhibited in several small excrescences of a similar character on other parts of the body, that I determined to give him the benefit of the constitutional effects of that remedy. I administered one drop of the tincture, and requested him to call again in a few days. Some days elapsed before I saw him, when he called to tell me that the fungus on the anus had entirely disappeared,—when, or how, he could not tell, as he had been very much occupied, and had not experienced any annoyance from it. His engagement with me had been forgotten; but on its recurring to him, he was led to make the discovery so gratifying to him. The sycotic development was undoubtedly the result of an hereditary taint in this case; for upon inquiring into his antecedents, I was informed by him that his mother was subject to tumors, which I inferred, from his description, were fatty tumors, originating in the same morbid idiosyn-

crasy. The relief of a palpable disease—one, too, where a spontaneous cure never occurs—and with a single dose of an isolated remedy, is one of the most tangible evidences that *similia similibus* has rendered the practice of medicine an exact science.

CASE II.—CASE OF SUPPRESSED MENSTRUATION, WITH ACUTE METRITIS AND PERITONITIS.

Mrs. H., forty-seven years of age, of a bilious temperament, in consequence of her house taking fire at night, was compelled to leave it without time to protect herself against exposure. She stood some time barefooted in the snow, while menstruating. The discharge was immediately suppressed, and on the day after acute metritis supervened. I was called the day following, and found her in an alarming state of collapse, followed, upon reaction taking place, by convulsions, and symptoms of peritonitis developing themselves rapidly. I gave *belladonna*, frequently repeated—every half hour; as the symptoms abated, I lessened in frequency the dose. As a collateral treatment, I applied hot bran poultices. The inflammatory symptoms yielded the third day; but the hysterical condition was persistent till the next menstrual period, when all the functions of the uterus became normal, and an entire cessation of all the sympathetic difficulties took place. This case is interesting from the fact that the aspect of the disease was very grave, and yet it yielded to a single remedy.

CASE III.—AMENORRHOEA WITH ENDO-UTERITIS.

Miss A. H., aged seventeen, daughter of the lady whose case is above reported, was also menstruating at the time of the fire. Suppression occurred; no acute symptoms immediately supervened upon the exposure; but on the return of the menstrual period, she suffered from intense metralgia, the discharge scanty, in clots, which contained large quantities of membranous shreds. This was followed by a sanio-purulent secretion. Her skin rapidly assumed a chlorotic appearance.

The more urgent symptoms were relieved by *chamomilla* 3°. During the interval, between the menstrual periods, I gave *pulsatilla* 3° every morning for seven consecutive mornings, then a dose of *sepia*. One week antecedent to the next period, repeated *pulsatilla* the same as before. The menstrual discharge was normal at the next period, but attended by some metralgia. This yielded to a few doses of *nux vomica*, the indications for which were a constipated state of the bowels, the paroxysmal character of the pains, and some slight tenesmus vesicæ.

LACHESIS IN GANGRENE.

BY D. M. DAKE, M.D., OF PITTSBURG.

It is not for the purpose of inducing others to think as I think, or do as I do, that I offer for publication a few cases of gangrene, consequent upon mechanical injuries, successfully treated with the single remedy, *lachesis*.

The waning reputation of this remedy in some quarters, has induced me in this way to vindicate its claims to the confidence of the profession as a therapeutic agent, so far as the simple statement of facts, thrice observed, can serve the purpose.

CASE 1.—Boy, nine or ten years of age; severe injury from the explosion of a pistol, held in the clenched hand. Small finger with its metacarpal bone blown from the hand, and left hanging at the wrist by a small bundle of flesh, skin and tendons. The soft parts in the palm of the hand loosened from the bones, allowing my finger to pass through to the thumb border of the hand, as into a pocket. Dressed the

hand; applied *arnica* and water; gave *arnica* internally. Dressed with a view of saving the little finger. Inflammation followed, and the whole hand much swollen and painful. On the 5th day, removed the dressings; union by the first intention had taken place in some portions of the wound, in others granulation was proceeding finely; but at the junction of the finger with the hand, on the lower part of the palm, there was a spot nearly the size of a twenty-five cent piece, puffed up, of an ash-grey color, emitting an exceedingly offensive odor. Gangrene had commenced. One dose of *lachesis* 6^o, arrested the process in a few hours. The dead portion sloughed off shortly after, and the healing process went on uninterruptedly to a favorable termination. The cure was complete, and the finger saved.

CASE 2.—Young man, age 22; ankle badly injured by being caught under a large grindstone; tibia and fibula both broken, about three inches above the ankle joint; severe contusions of parts, which were also much lacerated, leaving openings down the tibia (compound-fracture). Adjusted the parts, dressed and applied *arnica*, as usual in such cases; gave *arnica* internally. All things went on well, seemingly, until the 7th day, when, on entering the room, my attention was arrested by an exceedingly offensive fetor; I recognized it as an indication of gangrene, and exposure of the parts confirmed my suspicion. For some distance around the borders of the flesh wounds, appeared bluish purple vesicles, covering a dirty-looking ash-gray ground; and it really appeared as if amputation would be forced upon me as the only rule of practice. An experienced physician, who saw it at the time, with me, said as much; but I determined upon trying *lachesis*, and gave one dose of the 6th, which acted as if by magic. In six hours, the nature of the case was entirely changed; in twenty-four, the blisters had disappeared and the swelling gone down, and two days later the dead portions sloughed off, bringing to view a healthy granulating surface. The wounds henceforth healed kindly, and in due time, the cure was complete and a foot saved, which but for *lachesis*, would, in all probability have been sacrificed.

CASE 3.—This case, though supervening upon one of the severest burns or scalds I have ever witnessed, bears a very close resemblance to the foregoing, so far as relates to the group of symptoms and the remedy. Boy, 17 years old, fell, with one leg, into a kettle of boiling soap, destroying the skin and nearly all the adipose covering of the foot and the leg up to the body. Dressing as usual; air excluded; dressings left on until the ninth day, when they were removed, and the dead portions, so far as partially loose, dissected away, exposing in many places the fascia. The discharge of pus was profuse; muscles became exceedingly irritable, so that spasmodic jerkings of them were very troublesome with every change in the position of the limb. On the 12th day, the dead portions had entirely separated; and then appeared, at different points on the exposed fascia, suspicious looking spots, emitting an intolerable stench. The fascia was puffed up, presenting a purplish brown appearance, and discharging a bloody sanies. There could be no doubt in the case, gangrene was there, and was arrested in its course by one dose of *lachesis*, 6°. Three days later, the fascia sloughed away, leaving healthy looking ulcers which healed kindly. In the progress of the case, other parts assumed something of the same appearance, requiring the repetition of *lachesis*. The patient recovered; the cure was complete, with the exception of a permanent flexion of the leg upon the thigh, which, owing to the extent of the scald, and under the circumstances, could not be prevented.

That gangrene was present in all the above cases, no doubt was left on my mind; that the *lachesis* in each, arrested it, was equally obvious.

If the reader will examine the similitude between the *syndrome* and *pathogenesis*, he will find, not only in the foregoing statement of its curative action, but in a wide range of facts, ample evidence of the curative power and value of *lachesis*—evidence which must clearly and fully vindicate its claims to his confidence as an indispensable constituent of the *Materia Medica*.

That efforts have been made to invalidate its claims, I know, and by those who would have their word taken for authority ; but facts must outweigh the *ipse dixit* of any man. The two extremes should be avoided, and due value placed upon each thoroughly tested drug. Other and a vast amount of evidence might be adduced, showing the claims of *lachesis* to our confidence, as a therapeutic agent in a wide range of morbid states *Lachesis* will not long stand alone. We shall find that, as the confidence of men in potentized drugs declines, under the influence of a *gross materialism*, others will be declared inert, and fare as badly in the hands and esteem of such men. But what is true and supported by facts to-day, will, with the well-balanced mind, be the same to-morrow and forever, despite the caprices of human opinion.



FOLLICULAR ENTERITIS ; OR, SUMMER COMPLAINT.

BY W. P. BAIRD M.D. EVANSVILLE, INDIANA.

During the excessively warm weather of last July and a portion of August, summer complaint prevailed in the city of Evansville to a much greater extent than in any previous year. Owing to the malarious character of the locality, perhaps, and the oppressive condition of the atmosphere, which prevailed uninterruptedly for several weeks, this disease assumed a more rapid and formidable type than usual, and required a greater degree of vigilance and promptness on the part of the practitioner.

The symptoms of the disease, as it appeared in this locality

last season, did not differ materially from those ordinarily characteristic of summer complaint, if we except a greater tendency to the development of cerebral symptoms. The disease, however, was, of a most active and decided character, and it manifested generally a disposition to pass rapidly to a fatal termination, if not arrested by the administration of appropriate remedies. In most of the cases which came under our observation, erethism of the brain was an early symptom, and demanded prompt attention.

Of the symptomatology of this disease, it is not our purpose at this time to speak, taking it for granted that physicians are already familiar with its diagnostic signs, as they may develop themselves in its various stages.

The causes of summer complaint may be stated, in general terms, to be whatever agencies will predispose to or excite an irritation of the cerebro-spinal or ganglionic nervous centers. The chief of these are the warmth of summer, the process of dentition, and the use of improper food. It may be well to remark in this connection, that the nervous centers of children, being in process of rapid development, are exceedingly susceptible to the operation of irritating influences—and the more so during the warm weather of summer, when the confined atmosphere, in our large cities, becomes contaminated with the effluvia resulting from animal and vegetable decomposition. Under these circumstances, the disease will often be brought on without the co-operation of any more direct and appreciable sources of irritation.

Is the cerebro-spinal nervous centre primarily or sympathetically involved in cases not dependent on local irritation, or consequent upon dentition? In summer complaint, resulting apparently from dental irritation, the brain is predisposed to erethism; it is *sympathetically* affected: the irritation of the terminal branches of the second and third divisions of the fifth pair is transmitted to the cerebro-spinal centre, and is thence reflected through the pneumo-gastric and sympathetic system of nerves, on the organs of assimilation, giving rise to the various symptoms characteristic of this disease. But it is

highly probable that cases do occur in which the brain is *primarily* affected, giving rise to precisely analogous symptoms. The fever, vomiting and diarrhœa, together with the general *malaise*, which are among the first symptoms, seem to point unequivocally to derangement of the nervous centres as the cause of impaired assimilation; for these symptoms always originate from a brain lesion, either induced by agencies operating *primarily* upon the tissue of the brain, or secondarily from irritation elsewhere. Vomiting is emphatically a sympathetic phenomenon, which never would occur if the nerves leading to the stomach were divided. The same is true of the restlessness, the *malaise*, the fever, diarrhœa, &c. An able writer in the *Homœopathic Review* attributes them to the propagation of irritation from the inflamed gum, in dentition, along the continuous tract of mucous membrane.

But with due deference to the views of Dr. Hunt, the irritation of teething is transmitted to the brain, and produces irritation there, thence reflected to the ganglionic centres, and to all parts of the system, favored by the extreme susceptibilities of tender age. Our treatment of this disease is simple, and entirely satisfactory in its results. The physician should always have in view the irritation of the brain present at the commencement of *all cases*. He should direct his treatment, not so much to the sympathetic affection of the stomach and bowels, as to the organ primarily involved—the *brain*. If the gums are red and swollen, they should be lanced until the investing membrane of the tooth is perforated by the instrument.

We have generally alternated *aconite* and *belladonna* at intervals, in the commencement of the disease, of from twelve to twenty-four hours, to be then followed by *tart. emetic* 3°, in alternation with *bryonia* 3°, a dose every two or three hours. If much fever, restlessness, or heat of head occur; *aconite*, *belladonna*, or *coffea*, are given, as the symptoms might indicate. A compress, wet with water at the ordinary temperature, is applied to the head of the child *from the first*, to be renewed every ten or thirty minutes, as occasion

demands. If the head be very hot, especially at the nucha, the compress is kept wet with ice water, and renewed at stated times, otherwise it might do more harm than good; it should be so applied as to extend over the whole head, including the occipital region. The use of the wet compress could generally be dispensed with, but we prefer always to use it from the commencement of the treatment, inasmuch as it is agreeable to the feelings of the little patient, and greatly facilitates the cure.

Out of about forty cases treated by us last summer, only four proved fatal. One of them had been treated by an allopathic physician for *worms*, without his having seen the patient; it was so far gone when it came under our care, and so saturated with medicine, that resuscitation was impossible. The other fatal cases were, by the sheer carelessness of the nurses, suffered to relapse, and perished by intestinal gangrene.

The little patient must be watched until it is entirely restored. In each of the three fatal cases above, the appearance of favorable symptoms induced the nurse to think that the child would recover of itself.

Of the sequelæ and complications of this disease, we shall speak in a subsequent paper.

COLITIS.

BY R. E. W. ADAMS, M.D. OF ST. LOUIS, MO.

Prof. of Theory and Practice in the Homœopathic Medical College of Missouri.

I propose to present, briefly, a few suggestions in reference to a derangement of the intestinal canal, very common, especially along the course of the Mississippi river. This is colitis, a disorder which occasions much suffering, attended with not

a little danger, if permitted to progress without check, on its tendency to destroy the parts implicated. We have remarked its tendency to pass rapidly into a chronic or sub-acute condition.

Individuals from distant parts of the country, on first arriving on the banks of the Mississippi, are the most common sufferers. Every age and condition are more or less liable to its invasion. But it may be assumed that those suffering from debility or derangement of the digestive apparatus, are most liable to suffer from attacks of colitis; and also that the disease exhibits, under such circumstances, a much most intractable character. In some of these cases, we find a remarkable stubbornness. As it manifests itself in unacclimated individuals, its intensity and peculiar symptoms are highly varied. From this circumstance, the disease has received different names, dependent upon the peculiar symptoms manifested in given cases. Thus, it is designated *mucons diarrhæa* when the discharges are composed entirely or mostly of gelatinous mucus; *serous diarrhæa*, when the discharge is either a clear or dirty muddy water; *bilious diarrhæa*, consisting of evacuations more or less tinged with bile; *lientery*, in which the passages consist mostly of undigested substances and when the food or drink passes off undigested soon after being taken into the stomach; *purulent diarrhæa*, when the evacuations consist of pus, or pus intermixed with other substances. All these different forms are met with in our region, although the cases seldom maintain a distinct character, but combine the characteristics of nearly all the different varieties in their progress. Blood is seldom passed with the evacuations, although the tormina and tenesmus are distressing and exhaustive. The discharges are mostly of a pale gray color, often mixed with more or less mucus or white slimy substance and not unfrequently with portions of undigested food; this latter symptom seldom being absent in the cases of children. Sometimes they consist of a full discharge of paste-like brown matters, in a state of fermentation. Frequently they

are frothy, with a light pale gray appearance, like chalk and beer. In moderate attacks of colitis, the pain in the region of the colon is felt only just before the alvine evacuations, which do not usually occur oftener than six or eight times in twenty-four hours. The stool is attended with much rumbling, uneasiness and weakness. During the existence of these symptoms, the appetite is excellent, often craving and morbid. In more severe cases, the stools reach the number of fifteen or twenty during the day and night; for the sufferer is called out of bed generally many times during the night time. In these cases, they also become more liquid and often involuntary and the attendant pain much more severe. In some cases it becomes so excruciating as to occasion fainting.

Although in these severe cases of colitis, emaciation and debility rapidly supervene, the patient rarely suffers from fever, except in those cases in which extensive disease of the mesenteric glands has resulted. In such cases, we often find fever of a well marked hectic character. The abdomen is generally flat, inelastic, and retracted; sometimes, however, it is found tympanitic. The skin is usually dry, shrivelled and desquamating, and of a sallow hue. In many cases of chronic colitis, we find the cæcum interested, and the sufferer complains of dull *aching pain*, as it is often described, at a fixed point over the region of the cæcum. Sometimes this pain comes on suddenly, and is rather acute; and after a longer or shorter period, passes off suddenly; but during the continuance of the anguish, the patient becomes sad and dejected, and altogether despairing—all of which feelings pass off with the discontinuance of the pain. It is not often troublesome, while in a horizontal position, except on pressure. This distressing symptom is relieved for a time by partaking of food. It returns, however, a few hours after eating. Exercising violently, or riding on horseback or in a rough carriage, often excite it. It is often reproduced by excitement or anger. While the patient exercises the most determined vigilance over his diet, exercise and temper,

the diarrhoea is less troublesome; but all of the violent symptoms recur as soon as imprudence or carelessness cause a relaxation of the strictest rules of regimen. It is well for the physician to bear in mind the possibility of inflammation and disorganization of the cœcum in connection with chronic colitis. When this complication does occur, we generally observe, in from ten to fifteen days after the attack, a considerable enlargement in the right iliac region, accompanied with but slight pain, especially of the part affected; and unless the physician habitually and carefully examines the abdomen, he will be liable to miss having his attention directed to the swelling over the cœcum, until his patient shall have passed beyond all hope of recovery. The rounded doughy inelastic tumefaction of the cœcum is easily detected by pressure with the hand, and in fact is often visible on inspection. If this point of disease has escaped the physician's attention, he will be surprised, on examination after death, to find such a mass of disease and inflammation, with induration in the right iliac region.

This affection is undoubtedly caused by exposure to atmospheric vicissitudes and impure water; by intemperate and irregular living of any kind, and last, but not least, by the abuse of allopathic drugs. Our young men, volunteers during the Mexican campaign, unused to exposure and hardships, easily fell victims to this disease. It has been stated with confidence, that more soldiers died during that short war from the effects of this disorder, than fell from the Mexican bullet. Soon after the return of our soldiers from Mexico, we all had ample opportunity of observing this disease; and one of the greatest difficulties connected with its successful treatment, was to enforce a proper diet and other hygienic precautions on these refractory subjects.

In the cases we meet with in this valley, no great difficulty is encountered in curing the disorder, if the patient is put under proper medical treatment and regimen before any organic lesion has resulted to the colon; unless some grave

deterioration of the organism is present, either from constitutional defect or from intemperate habits of life.

In the treatment of this affection, in accordance with the pathology of the disease, we find that the first remedy indicated is *aconite*; and if given at an early stage of the disorder, it will, of itself, prove efficacious in removing every vestige of the disease. But in order to secure the advantage of this great remedy, and, by making a deep impression on the engorged mucous membrane to cut the disease short, we must employ the pure tincture in repeated doses for ten or twelve hours. After *aconite*, if there still should remain a tendency to tenesmus and tormina, *colocynth* will be found most generally efficacious. When a tendency to *lientery* exists, *arsenicum* and *china* are potent remedies; in a large class of cases of chronic colitis, with debility and emaciation, *arsenicum* and *china* are most beautifully indicated, and accordingly, are found to control all the symptoms of the disease. In Mucous Diarrhœa; *arnica*, *pulsatilla*, *chamomilla*, *mercurius sol.*, are most in accordance with the symptoms.

When the stools are muddy and watery; *arsenicum*, *chamomilla*, *dulcamara*, *china*, *ferrum*, *phosphoric acid*, *pulsatilla*, and *rhus*.

For *bilious diarrhœa*:—*mercurius cor.*, *dulcamara*, *pulsatilla*, *podophyllum*.

For *purulent diarrhœa*:—*arnica*, *silicea* and *phosphorus*.

The utmost caution must be observed in regard to the diet and regimen of patients in this disorder, as well during convalescence, as through the whole course of the disease. It is well to keep the colon empty as nearly as possible, as long as any signs of inflammation exist. The patient should be shielded from the influences of cold and damp and from sudden atmospheric changes. Tepid bathing and friction to the torpid capillary surface—tepid fomentations to the abdomen, when indications of induration or tumefaction at any particular point can be detected—should be assiduously applied. I might cite case after case in illustration of the efficacy of *aconite* when applied

as I have directed, in controlling the whole of the phenomena connected with this disease, as well as many other forms of inflammation, calling imperatively for an active and prompt antiphlogistic impression. And if my testimony, presented in this brief and imperfect sketch of a common disorder in the West, shall induce any to employ *aconite* as I have recommended, the main object of this essay will be accomplished.

PSEUDO-OZÆNA ;

THE RESULT OF FOREIGN BODIES IN THE NOSTRIL.

BY W. A. M. CULBERT, M.D. OF NEWBURGH, N. Y.

Among the diseases incident to the *nasal fossæ*, there occurs a pathological condition of the schniederian membrane so closely resembling a distressing constitutional affection, and yet very different, that the physician, unless upon his guard, may be led by it into serious error. The pathological condition to which I refer is the result of foreign bodies lodging in the nostril.

The symptoms, as observed by myself, vary at different periods of its duration. At first, there is merely a feeling of stuffiness and obstruction of the nostril. The natural secretions of the nose not escaping freely, sooner or later putrify, and give rise to an ill odor. This putrid mass, again, acting as a local irritant, causes increased redness and vascularity—in a few weeks or months, congestion and ulceration of the membrane, foul secretions, fetid smell, and other symptoms usually esteemed characteristic of constitutional ozæna.

This disease, accidental, or rather artificial, in its origin, may be distinguished by the term *Pseudo-Ozæna*.

A statement has recently appeared in the English journals that Mr. Robert Druitt had reported a case of "ozæna caused by the presence of foreign matter." Upon reference, however, the only case I can find at all analogous differs very essentially from the cases in this paper. Mr. Druitt's case, instead of originating from a substance introduced into the nostril from without, seemed to depend upon "a yellow putty-like stuff, consisting evidently of pus in that state of decay to which the name yellow or cheesy-tubercular matter is applied." With this exception, I cannot find that any report of the disease has heretofore been made. It is, however, by no means of rare occurrence. It is necessary to bear this fact in mind, because the disease can be remedied with facility by the removal of the foreign body; whereas an error in diagnosis may subject the physician to no small share of mortification, and the patient to a long course of constitutional treatment, in the end to prove worse than useless.

The following cases, therefore, may be worthy the notice of the profession:

CASE I. Mrs. A. requested me, in May, 1857, to visit her son, aged about four and a half years. She gave the following account of his case. For several months, he had had a discharge from the left nostril, through which he was unable to breathe. Within the last four or five months, the discharge had become offensive, at first slightly—but recently so much so, that his brothers and sisters drove him off whenever he approached. As the family was of a strongly marked scrofulous constitution—one member having died of phthisis, and a son suffering at present from hip-joint disease—the mother was apprehensive that this also was of scrofulous origin.

Upon examination, I found the lining membrane of the left nostril highly congested, bleeding when touched, and from it oozed an extremely fetid liquid. By placing the child in a strong light, and bending the head well backward, there was visible high up the nostril, and completely obstructing the passage, a grayish-white substance, having the appearance of a mass of concreted pus, as large as one-half of a small pea.

This was examined with a probe as carefully as the child's restlessness would permit. On withdrawing the probe, its point caught by accident in the substance, and drew down what seemed to be a little string of mucus or pus. This having been seized with the forceps, by slight traction I succeeded in drawing out a mass of wool (apparently from a rose blanket) of the diameter of the nostril, and nearly one inch in length! The wool was fetid, and following it came about one teaspoonful of thick mucus, mixed with blood, also very fetid. The difficulty of breathing ceased at once; the fetor was corrected by a few syringefuls of Castile soap-suds; and the ulcerations, &c., disappeared in a few days under the use of tepid water injections.

CASE II. Capt. C., of the U. S. A., called August, 1858, to consult me in reference to his son, three years of age, who was suffering, he stated, from ozæna. About twelve months ago, the child was noticed to breathe with difficulty, when its mouth was closed, or when asleep, or suffering from catarrh. Soon afterwards, it was noticed that he had an offensive odor about him. The family physician (allopathic), a gentleman highly distinguished in a neighboring city, was consulted, pronounced the case ozæna, and prescribed solutions of *nit. argent.* to be injected, and *hyd. potass., sarsaparilla,* &c., internally. When the child was brought to me, he had been under treatment several months, but without improvement.

Upon examining the nostril, I noticed the same congested state of the schneiderian membrane as in the former case, bleeding when touched, and emitting a fetid smell. When placed in a strong light, there was visible, high up the nostril, a grayish-white substance, like a drop of pus. Its resemblance to the former case was well marked. Without hesitation, I introduced the forceps, seized the substance, and drew out a roll of paper, in diameter that of a pipe stem, and three-quarters of an inch long!

The fetid secretions were washed away by Castile soap-suds, and the ulcerations disappeared, as before, in a few days, under the use of water injections.

CASE 3. — Mr. D——, of New York, Oct., 1858, brought me his son, aged about four years. The child had been under the professional care of a worthy homœopathist, who had pronounced the disease ozæna, and had treated it for several months with *arsenicum* 30°, 60°, and 100°, without effect.

Upon examination, I found the congested membrane, obstructed nostril, the grayish-white substance resembling pus and the fetid odor, precisely as in the other cases, fully satisfied me of the presence of a foreign body in the nostril. In consequence of the determined resistance of the child, it was impossible to use the forceps successfully. I advised a weak solution of *chlorate of potash* to be injected into the nostril three or four times a day, merely to correct fetor and cleanse the parts; also, to urge the child to blow frequently through that nostril — the other being compressed.

Three weeks after, I received intelligence from Mr. D—— that, in one of these efforts, the little fellow had blown from his nostril a putrid pumpkin-seed! The child got well rapidly without treatment.

CASE 4. — The patient was a little girl, aged about four and a half or five years. For several weeks, Mrs. M——, the mother, had noticed that she frequently applied her fingers to the nose, and hence supposed her to be suffering from worms. She accordingly gave her a domestic vermifuge, which caused the expulsion of three lumbrici, but did not relieve the irritation of the nose.

Ten days before calling upon me, the child complained of pain in the nose, said there was something up there that made her head ache. She became restless and feverish at night, and lost her appetite. She looked sick, complained of pain at the root of the nose, and headache; face swollen, eyes red and sensitive to the light; decided febrile action.

A very careful examination of the nose revealed nothing abnormal. I injected a little water, and excited a violent paroxysm of sneezing, which lasted several minutes; when it was over, on again examining, I was equally surprised and pleased to see something lying in the nostril. This was seized

with the forceps, and proved to be a grain of wheat, that had germinated in the nostril, having root and blade attached. It was over one and a quarter inches long.

I have, in my note-book, three other cases, similar to the former. These will suffice to illustrate the necessity for rigorous scrutiny on the part of the physician, in all cases presenting the usual symptoms of ozæna, especially in children. They may serve also to show that the educated homœopathist should not content himself with a mere list of "symptoms," however accurate.



MALARIA ... MIASMA.

BY DR. M. E. LAZARUS, OF NEW YORK.

The term miasma has been confined by some authorities to paludal causes of disease, whether fevers or neuroses; by others—among whom Hahnemann is prominent—it has been extended to all constitutional infections, epidemic, endemic, or personal. Thus we have the syphilitic miasm, pervading the constitution of an individual, and transmissible to his progeny; the goitrous miasm, endemic to local tracts of mountain chain; the paludal malaria of the Pontine marshes; the epidemic miasm of cholera; and all these reveal, if deeply probed, the same three principles, spherical, local, and personal,—two of which will form the back ground upon which the third is developed.

An epidemic of cholera, in traversing the globe, remains endemically limited to tertiary, alluvial, or artificial soils; it

is arrested by the primary geologic formations. Where it rages, we may be unable, *a priori*, to discern, in every case, its individual subjects; but that these are foreordained, like its endemic spheres, becomes evident when we observe that a particular race—the Hebrew—although diffused amid all countries, and partaking in each, of its local constitution, yet throughout Europe and North Africa, bear, in 1831 and 1832, almost exclusively the rage of the cholera; while since that epoch, they have been repeatedly spared and completely so, even where they inhabit the most filthy and crowded quarters.

An endemic, the verugas, for example—a species of fram-bœsia, confined to the west side of the Andes, in Peru, and between 600 and 1600 metres in altitude—while it levies, like another minotaur, within its mountain labyrinth, a certain contingent on the local population; never exceeds that which was constitutionally predestined to the fate of the leper, which, on the eastern slope of Scandinavia, would have been doomed to the radesyge—on its western slope, to the sped-alsked.

Now, all the leprosies, are they not, in whatever modification the local site may impose upon them, *telluric maladies*, phenomenal of certain periods and phases alike of spherical and social evolution, destined to disappear with the gradual perfections of which public hygiene is susceptible, and inconceivable for any site of any planet which should have attained the plenary and harmonic evolution of its vital forces? The *hand* is man considered under a particular aspect;—man as the artist,—as mountain, desert or water course exhibits the planet under a particular aspect of her surface; but as the hand can never be other than an exponent of the intelligent will served by the organs of the whole man; so could the mountain sites of Norway or of Peru, with their pathologic and other peculiarities, have no existence without pre-supposing the general constitution of the Earth to which they belong.

The endemic is, therefore, the epidemic of narrower circumscription, of fewer and more salient characters. Constitutional

diseases, however intense be their contagion, are yet, as syphiliologists know, respecters of persons. A minority of mankind may be the natural subjects of cholera or of typhus within their epidemic sphere; a majority of mankind are the natural subjects of constitutional infection by the syphilitic virus. This is all we can say. "Thus far, no farther," is imposed alike on either morbidic miasm, and the boundaries of personality are maintained inviolate. Again, the most personal, constitutional, and hereditary of diseases has its well known historic and spherical periods of endemicity and epidemicity, as in the 15th century, or in the South Pacific Archipelago; only here we find the peculiar conditions of its transmission by contact prominent amid the greater liabilities and the intenser virulence which associate its ravages with those of epidemic scourges. Syphilis and scrofula have, practically speaking, their local, and social or spherical constitution. The depravity of the sexual relation and the local sphere of the brothel, are essential to the former; the depravity of the civic relation with vitiation of food and air, are essential to the latter.

Both are phenomenal of social perversions, compatible only with well-defined phases of our planetary and human experience.

Our maladies, our disorders—as well organic as moral—however predicable of, or evitable by, combinations of action within the scope of personal will, yet see, year by year, their natural limits of fatality more and more clearly indicated by the science of statistics.

Let us borrow here a few pages from the luminous work of Boudin.

"Des lois de l'Endemicité."

"The knowledge of the geographical distribution of human infirmities and maladies, interests at once science, practical medicine, public hygiene, and the administration. While it throws light upon the influence of climates, of localities, of nationalities and races, in the production of diseases; it guides the physician in the choice of places the best adapted to the

abode of the sick ; it indicates to the hygienist the localities to be sought or avoided ; it furnishes an experimental basis to the laws on quarantines ; it makes known to governments the military aptitude of a country, and fixes the data of the administration on the resources of the effective population.

“Like to plants, many of which are met with on nearly all points of the globe, while others are met with endemically, or only in certain localities, the maladies of man are also either diffused over the surface of the globe, or bound to certain zones, or, finally, restricted to more limited localities. It is then perfectly accurate to say of diseases, considered like plants from the geographical point of view, that they have their *habitats*, their *stations*, their limits, under the three-fold relations of altitude, of latitude and of longitude. These are again subordinated to meteorological or telluric conditions ; sometimes, however, the causes of the presence or absence of the nosological species escape the appreciations of science.

“Certain plants only prosper, only *exist* even, in the neighborhood of a special vegetation, while others seem to exert mutual repulsion. The hæmorrhoidal thistle injures the oat ; the erigeron acre, the wheat ; the scabious, the flax.

“Something analogous is observable among the diverse pathological forms ; the endemicity of cretinism denotes that of goitre in the same country ; in central Europe, the typhoid fever marches nearly parallel with pulmonary phthisis, [and the northern and middle States of the United States rather confirm this rule] ; while the paludal and yellow fevers diminish with altitude and completely cease at a certain elevation, where they are replaced by other morbid manifestations.

“The northern limit of the cholera is found in Europe at Archangel (May, 1831, and July, 1848.) In America, it has penetrated as high as Canada. It has hitherto spared Iceland, Greenland and Siberia. In the southern hemisphere it has shown itself but very exceptionally and has there attained its southern limit at Bourbon, latitude 21° S. Java was invaded by it in 1819 and 1826 ; Sumatra in 1853. The Cape of

Good Hope and Australia have hitherto been spared, and America, south of the line, did not suffer until 1855.

“In the northern hemisphere,” says Boudin (*Géog. et Stat. Méd. Carte phys. météorol. du globe terrestre*) “the paludal fevers extend from the equator to a boreal limit, which, at least on the old continent, would correspond with the isothermal curve of 5° (centigrade), but which, in the Atlantic Ocean, might be represented by a line passing from Quebec, in Canada, to the coast of Norway, towards the 59th parallel. This line excludes the north of Scotland, the Hebrides and the Orcades, the Shetland Isles,* Faroe and Iceland. In the southern hemisphere, the domain is much more circumscribed, and its austral limit does not even reach the isotherm of 15°. Paludal fevers extend high in Sweden, but are rare in Norway. South America, beyond the tropics, is very little affected by them, even where stagnant waters and marshes abound, and where the mean annual temperature is higher considerably than that of southern Europe or of Algeria. Corrientes, Montevideo, and the isles of the Uruguay river, where lagoons and pools of water are left after the overflow of the country, have been especially remarked for their exemption from fevers.†

“Altitude from the sea level gives everywhere an exemption proportional to that of high latitudes; but apart from general considerations, spots exist, even in the warm regions of the northern hemisphere, which, like the Bermudas and St. Helena, are almost completely exempt. During ten years, among 11,224 men on service, there have been but twenty-five admissions to the hospitals for intermittent, and five for remittent fevers: among the latter, one decease.

“In the colony at the Cape of Good Hope, these fevers are entirely unknown among the civil population, and during nineteen years among the troops, numbering 22,714 men, there have been but twenty-eight admissions to the hospitals, on account of fevers, intermittent or remittent. It is true that

* Disputed by McKenzie.

† Saurel. *Theses de Montpellier, 1851 and 1853. Climatologie de Montevideo et de la répub. orient de l'Uruguay.*

the Cape enjoys, among its many benefits of nature, a total absence of marsh; but the same exemption from our fevers is found at the isle of Mauritius, situated within the tropics, and whose capital is surrounded with those paludal agencies which we are accustomed to regard as fever breeders. Yet, from 1818 to 1836 (nineteen years) only nineteen cases of intermittent or remittent fever have been observed in a garrison of 30,515 soldiers.

“The proportional numbers of admissions to the hospitals, and of deaths from remittent fevers in each of the British possessions, show that paludal fevers attain their maximum gravity on the western coast of Africa, at Jamaica, the Antilles, some parts of Guiana and Ceylon; that English India is comparatively spared, and the frequency and gravity of fevers are far from being determined by the elevation of the temperature.

	Annual number of sick among 1000 men.	Deaths.
Guiana and the Antilles,	205.3	22.6
Jamaica,	744.5	99.1
Gibraltar,	1.5	0.08
Malta,	9.4	0.3
Ionian Isles,	98.6	8.8
Bermudas,	0.3	0.08
New Scotland and New Brunswick,	0.3	“
Canada,	4.8	0.2
Western Africa,	868.6	400.9
Cape of Good Hope,	0.6	0.04
St. Helena,	2.7	0.1
Mauritius,	0.1	0.03
Ceylon,	108.0	21.1
Provinces of Tenasserim,	87.1	3.2
Madras,	35.8	1.3
Bengal,	34.3	2.3
Bombay,	162.0	6.4

“The most remarkable fact in the medical geography of Tahiti,” says Mr. Gallerand, “is the complete absence of paludal fever. During an abode of three years there, I have

sought in vain a single well-attested case of intermittent fever. In my passage to Tahiti, I was myself under the influence of this affection, which I had contracted in Senegal, and had frequent paroxysms, but not one after the day of my landing. The French establishments, the hospital, the Old Park of Artillery, the Queen's Mansion, rise in the midst of vast marshes, and the temperature is not low enough to neutralize their effects. Papeete, notwithstanding its marshy soil, engenders no intermittent fever. Out of 220 patients, observed during four years at the hospital, only nine cases were registered, and none of these proved fatal." There are not only unexplained differences in the salubrity of the marshy tracts in northern and southern latitudes, either highly pestiferous or not at all so, but even between swampy tracts in the same latitudes and in apparently similar geographical relations.

The settlement of Demerara is a narrow tract, low, level, extending along the Atlantic sea-board, intersected with canals and ditches, alternately inundated and exposed, with stagnant oozy waters abounding in vegetable decomposition and lying under a powerful Sun, in the centre of the range of yellow fever. Yet the West Indian fevers are exceedingly rare at Demerara. There are some remittents and intermittents, but of a mild type, and Dr. Wilson states, from official documents, that during six successive years, from 1805 to 1812, the proportion of deaths to the number of sick was much below that of any other British settlement in the West, not greater indeed than that of England during the same period. He further informs us that the inhabitants do not exhibit the evidences of paludal cachexia, but are healthy and long-lived, on an average of years, nearly in the same degree as the people of Great Britain. Fresh observations, in which great attention should be paid to the character of the local vegetation, to the electrical and magnetic variations, are needed for Demerara and Honduras, as contrasted with Vera Cruz, New Orleans and the yellow-fever *foci* in general. Honduras is a regular swamp, in which

foundations for buildings have been gradually formed from the ballast of ships. "In the rainy season," says Dr. Wilson, "it is a perfect lake, where teal and snipe are shot from the windows, while the mosquitoes, sand-flies and bull-frogs incessantly contend to prevent sleep during the night. In the dry season it is so parched that the inhabitants have difficulty in procuring water. With Porto Bello to the east, and Vera Cruz to the west, *foci* of yellow-fever, Honduras is not very unhealthy, its inhabitants have the intermittent and remittent fevers among them, but yellow fever is nearly unknown there.

[To be continued.]

PROLAPSUS UTERI.

BY W. WILIAMSON, M.D., OF PHILADELPHIA.

I shall not, in this article, notice all the deviations in the position of the uterus, nor even the different degrees of prolapsus mentioned by writers, but confine my remarks to this affection as most frequently met with in practice.

In studying the dislocation called prolapsus, the practitioner should fix on the *essential* symptoms, bearing in mind that the usual accessory symptoms are neither always present, nor the only ones observed in every case. The *sensitiveness* of one patient may give prominence to particular symptoms, and through the sympathy of related organs, bring into notice many troublesome sensations, apparently unconnected with the original derangement; the daily *occupations* may develop sufferings of a different character. A reliable diagnosis can-

not be made from a study of the symptoms. This, however, precedes and legitimates examination by the touch, which must verify the existence and extent of displacement. And although an examination, *per vaginam*, may reveal the existence of prolapsus, we must not hastily conclude, from the mere position of the uterus, that we have only to deal with a displacement; for the womb may lose its natural position by hypertrophic diseases of its own structure, or be drawn to the floor of the perineum by mechanical injury sustained in labor, or by diseases of the subjacent parts. Symptomatic prolapsus, especially in unmarried females, often occurs in diseases of the kidneys and urinary passages. The bearing-down efforts of dysuria, frequent in the functional disorders of the kidneys and bladder during childhood and youth, sometimes force the uterus and other pelvic viscera below their natural position. False diagnoses of the diseases of infancy and childhood of both sexes, as well as in youth and the early womanhood of females, are often made for the want of more careful attention to the condition of the urinary organs. I have frequently been called upon to prescribe for the colic of infants, when the true cause of suffering lay in the urinary organs. Our investigations of the complaints of young ladies often fail to elicit the most striking symptoms, on account of our unwillingness of appearing to be too inquisitive, and patients sometimes fail to give us a correct understanding of their symptoms, by making use of ambiguous terms.

In the interrogation of patients upon the subject of local diseases, we should always insist upon having the precise locality of the symptoms pointed out, and if a secretory organ be involved, to get an account of the character of the secretions and of the sensations accompanying the discharges.

It is all-important to form a correct diagnosis of prolapsus before using mechanical means for its relief; for in irritable uterus, incipient cancer, neuralgia, in various uterine affections, in vaginitis, in some diseases of the bladder or of the kidneys with sensitiveness of the ureters and bladder, and in ovarian difficulties, the pressure of the uterine supporter

would do nothing but mischief. Misapplication of instruments, and consequent disappointments, have caused many practitioners to condemn the use of mechanical means altogether.

The prolapsed womb is not only lower in the pelvis, but its position relative to other organs is materially changed.

The vagina is a fibrous or musculo-membranous canal, whose walls, of considerable thickness, so approach each other that the anterior and posterior sides meet, converting the tube into a flattened cylinder, which curves backwards and upwards nearly in the centre of the axes of the pelvis. The posterior wall, longer than the anterior, and convex in its curve, folds upon itself at the upper end, being attached, in returning, to the posterior surface of the cervix uteri, so that it forms a *cul de sac* beyond the mouth of the womb. It will be observed that the uterus is not perched at the upper end of the vagina, and found resting perpendicularly on it as a column of support, but is inserted into the anterior side of the vagina, with the os looking diagonally across this canal downwards and backwards, while the fundus looks upwards and forwards, and is found crossing the plane of the superior strait of the pelvis nearly at right angles.

The peritoneum covers the upper portions of the bladder, dips down between it and the uterus, is reflected and covers anterior, superior and posterior portions of the womb, passes down between it and the rectum and still further down beyond the uterus, between the vagina and the rectum, is attached to the posterior wall of the vagina for some distance, then being reflected to the rectum, and passing upwards to invest other organs. The peritoneum has no attachment to the anterior wall of the vagina: hence this portion of the canal may be prolapsed without involving other parts. The peritoneum has, in common with other serous membranes, the property of maintaining its lubricated surfaces in contact by a kind of suction power: this aids in preserving the relative position of the abdominal and pelvic viscera. A change in the position of one organ to which this

membrane is attached involves corresponding changes of position in the others. The vagina and the peritoneum coöperate in upholding the womb.

Neither the round nor the broad ligaments have much to do with maintaining the elevation of the womb: they rather serve as guy lines to steady the organ in its vertical position.

Etiology.—Simple prolapsus is not a disease of the womb itself, but is frequently the effect of a want of tone in the vagina. It may be induced by vaginal disease, or be caused by mechanical injury, with pressure from superincumbent viscera; by lifting heavy weights; jumping from a height; falls; violent fits of coughing; straining to vomit; constipation; tight lacing, &c.

Whatever tends to enfeeble, permanently dilate and shorten the vagina, contributes to the descent of the uterus. Hence leucorrhœa predisposes to prolapsus, especially in females of strumous habit; also virulent blenorrhagias. Graver causes are—miscarriages, and too frequent deliveries at full term; rising and exercise too soon after confinement, before the womb has had time to return to its non-gravid weight, and the adjacent parts to recover their tone; giving birth to very large children, difficult instrumental deliveries, and any other lesion of a gravity which compromises the vaginal tissues beyond the power of self-recovery. In the same line of influence fall the lesser causes, of severe and long-continued exertion during the menstrual period, and the increased weight of the uterus in the early months of pregnancy. We have already adverted to the agency of certain diseases of the urinary organs. Prolapsus has been oftener met with in thin than in fat women.

Symptoms.—In the early stages of prolapsus, for sensitive women, for the neuralgic and dyspeptic, the sympathetic symptoms are often very annoying, even while the descent is but slight. They complain of a dragging sensation about the hips, and weakness of the loins; of numbness running down the limbs; of the least excitement causing tremor or faintness; of colicky pains and flatulence; of too frequent micturition, nausea, loss of appetite, and constipation.

Occasionally we meet with a most distressing pain in the left hypochondriac region, sometimes extending to the region of the left kidney—not sensibly increased by respiration, pressure, or motion—worse by standing, and better on lying down. It is usually referred to disorder of the spleen and parts adjacent, but may often be traced to displacement of the uterus. Local treatment and medicines administered internally do little or no good, while the application of a pessary removes it like a charm.

I have seen several cases of weakness of the voice associated with prolapsus, and two cases in which the voice was reduced to a whisper. Both of the patients were unmarried, and from twenty-five to thirty years of age. One of them had symptoms of ovarian and urinary difficulties, on the cure of which the voice returned, and the symptoms of prolapsus disappeared. In the other case, the voice returned soon after the restoration of the uterus to its natural position, by means of a gutta percha pessary.

In women of less delicate formation, the uterus often descends to the very bottom of the pelvis, without causing other than local and mechanical troubles, such as pain in the small of the back, a sense of weight in the pelvis, pressure at the anus and on the perineum, ineffectual straining at stool or almost involuntary evacuations, frequent desire to pass water, etc. The symptoms are usually aggravated by standing or walking, and relieved by lying down.

From the vagina, there is almost always a leucorrhœal discharge, occasionally puruloid, in severe cases tinged with blood, and of an odor often peculiar, sometimes offensive. Menstruation inclines to anticipate and to be excessive; there may be insensibility or over sensitiveness of the parts; coition is sometimes painful.

Examination, *per vaginam*, will discover the uterus lower than natural. Instead of being suspended at the brim of the pelvis, and occupying the centre of the superior strait, with the mouth presenting downwards and backwards towards the apex of the sacrum, it will be resting on the perineum, with

the mouth presenting downwards and forwards, within an inch or two of the vulva. The vaginal mucous membrane is apt to be relaxed and smoother than natural. The hymen is not to be ruptured in order to examine for prolapsus or to introduce a pessary; unless the most imperative duty demands it, we had better rely on the internal administration of remedies, and apply an external supporter.

Procidentia uteri is the protrusion of the uterus from the external parts of generation. The womb does not always pass progressively through the stages of prolapsus before it reaches the state of procidentia: it may suddenly fall from the normal position to a state of complete protrusion. In this condition, the uterus is covered by the inverted vagina, which becomes smoother and lighter in color from distension and exposure to the atmosphere. In old cases, from constriction and swelling, the protruded parts become nearly as large as a child's head at birth. The os uteri will be found at the lower part of the tumor, and is often ulcerated from abrasion. The ulcers, however, are seldom deep, and heal very kindly after the restoration of the protruded parts. Menstruation is not interrupted by procidentia. Some patients suffer less from procidentia (except from the presence of the tumor externally, and the discharges), than others do from prolapsus.

Treatment.—The homoeopathic practitioner possesses remedies most efficient in removing the adventitious symptoms, and in soothing nervous irritations. The affection varies in degree—subjects differ widely in their constitutional peculiarities—and of course the treatment must vary to suit the requirements of each case. Regimen will not remove symptoms that require the use of medicines, nor medicines remove what can only be relieved by mechanical means. But—

Can prolapsus uteri be cured by *any kind* of management? Or, should our efforts be limited to palliate the symptoms?

Ans. By the judicious employment of means at our command, many cases can be *cured*, and an improvement much beyond mere alleviation extended to others, as is proven by the testimony of hundreds of grateful patients.

If the patient be nervous and excitable, quietude, with rest in the recumbent position, should be enjoined, with a light and digestible diet. In the selection of remedies, of course the symptoms are our guide; but we must study the genius of the remedy just as closely as we do the peculiarities of the disease. The symptoms of our drugs are the counterpart of the symptoms of natural or idiopathic diseases. Individual remedies of the *Materia Medica* are as properly subjects of study, as to their *pathology* and *diagnosis*, as are the pathology and diagnosis of diseases, to which alike the symptoms serve in guiding us. Medicinal pathogenesis proclaims the sphere and quality of the action of drugs, in the echo of *symptoms*, as clearly as nosological pathology discerns by them the organ, tissue, and function disturbed by the disease. As diseases have their essential and incidental symptoms, so have medicines their primary and subordinate symptoms.

As I would not attempt to prescribe for a pain in the side, without knowing the locality, organ, or function affected, I will not venture to specify more closely under the general head of prolapsus uteri. The medicines must be selected according to the special indications of each individual case. For the nervous and constitutional symptoms, the appropriate remedy may probably be found among *aconite*, *belladonna*, *chamomilla*, *coffea*, *crocus sativus*, *hyoscyamus*, *ignatia*, *moschus*, *platina*, *pulsatilla*, or *sulphur*. Warm water injections into the vagina are often very soothing; in other cases, cold injections do better; and so of hip baths—sometimes the warm, and sometimes the cold. I generally recommend the warm at first, and gradually lower the temperature to 60° Fahr. Injections may be used three times a day, and the hip bath twice a day.

Experience in the treatment of this complaint, and its concomitant symptoms, has confirmed the applicability of certain remedies. These are—*alumina*, *aurum*, *belladonna*, *calcareo carbonica*, *cantharis*, *cinchona*, *ignatia*, *nux vomica*, *platina*, *podophyllum*, *pulsatilla*, *sepia*, *silicea*, *stannum* and *zincum*. Of these, *aurum*, *belladonna*, *podophyllum* and *sepia*,

appear to be the most strongly indicated by the characteristic symptoms of prolapsus.

To the attendant leucorrhœa, *aconite*, *alumina*, *cinchona*, *sabina* and *sulphur*, are adapted. Their usefulness is increased by cleanliness and fresh air. Perseverance for weeks, and even for months, is necessary to effect a cure. It has often happened to me in practice, and especially in the treatment of *young* females, after the removal of the associated symptoms, that the symptoms of prolapsus have totally disappeared. And observation has convinced me that physicians often censure the womb for freaks of which it is entirely innocent, in regard to displacement as well as to ulceration.

Mechanical means.—Artificial support may be given by the pessary, and by the utero-abdominal supporter.

First, the pessary. The cases in which we use the pessary must really require artificial support. Most of the disasters attributed to the use of pessaries may fairly be laid to the unfortunate selection of cases; to untimely application, improper shape, too large size, or unsuitable material of the instruments; and to wearing them too long without removal. Some object that they are only palliatives; but although there are incurable cases, only admitting of palliation, and which can be relieved more fully by the pessary than any other means, many patients may, by the same means, be effectually cured. Others object that the instruments always occasion annoyance and irritation; but I have repeatedly had patients unconscious even of their presence. I know there are some who, from local sensitiveness or constitutional peculiarity, cannot bear to wear one, on first trial; but a little preparatory treatment, with rest, and perhaps a change of shape or size of the instrument, will enable it to be worn with comfort. The pessary should not be introduced for the first time during the early months of pregnancy, lest it produce abortion. If conception takes place while the instrument is being worn, it should be removed at about the fourth month of pregnancy.

The *curative* effect of pessaries seems to depend very much on their shape and size. The normal vagina is a flattened cylin-

der, limited laterally, five or six inches in length, with its anterior and posterior mucous surfaces in contact ; but when it contains the prolapsed womb, we find it shortened, widened, and relaxed. We must elevate the uterus, elongate the shortened vagina, and restore the impaired contractility of its parietes. As the means best adapted to fulfil these indications, I prefer the disk, the ring, or the U pessary, which, while they elevate the womb and retain it in position, press the vagina laterally. They irritate just enough to provoke gentle contraction, and thus enable the vagina to recover its tone. By removing the instrument about once in two or three months, and inserting one a little smaller, we may utilize this contractile power, strengthen the vaginal tissues so far as to restore their pristine functions, and dispense with adventitious aid.

The pessary should be large enough to be retained, but not so large that its introduction gives much pain, or forms afterwards an obstacle to the evacuation of the bladder and rectum. It is sometimes expedient to have the urine passed, and the rectum evacuated by an enema, before introducing the pessary ; and to direct the patient to retain the recumbent position for a few hours, and in some cases for a day or two, so as to allow the instrument to become imbedded in the parts, that it may not come away too easily. The pessary should be of a material polished, unabsorbent and incorruptible. Gold, silver, glass, gutta percha, and india rubber, are the materials best adapted to the purpose. Ivory and boxwood are also used, and sometimes answer well ; but they always need watching. Substances that will be corroded, or decay, or absorb the putrefying secretions, such as iron, lead, sponge, cork, &c., are inadmissible.

The disk pessary should be so placed in the vagina that its edges shall present to the sides of the pelvis, with the excavation upwards, to receive the neck of the uterus, allowing the os to correspond to the opening in the centre of the instrument, and thus giving egress to the catamenia.

The ring pessary is usually a steel spring, thickly coated

with gutta percha ; when introduced, it distends the vagina laterally, and encircles the neck of the womb in its enclosure.

The U pessary should be so placed, with the closed end upwards and behind the womb, as to embrace the cervix, and allow the open end to rest behind the pubis, with one leg on each side of the neck of the bladder.

The solid gum-elastic ring is adapted to cases where but little distending force is necessary : its compressibility recommends it for the cases of unmarried females.

In the treatment of *procidentia uteri*, the same general course as for prolapsus should be pursued. In such cases, the patient should be kept in bed a longer time, both before and after the introduction of the pessary. Larger instruments are almost always required, on account of the relaxation of the perineum. If the discharges are copious, puruloid, or acrid, the pessary should not be allowed to remain long, for fear of ulceration. It should be removed every two or three months, sometimes kept out for a day or two, and the vagina thoroughly cleansed by injections. If the ordinary pessary of gum-elastic on canvass be used, a new one should be inserted after each removal. Glass or metal can be cleansed and re-inserted, unless a smaller one will answer ; then this deserves the preference. My patients have worn glass or gilt pessaries, where the parts were healthy and the discharges inconsiderable, for six months, and even a year, without any inconvenience or bad results.

When a patient recovers from prolapsus or procidentia by means of the pessary, it may be expedient, especially if she be corpulent, that she should for some time wear a supporter, in order to relieve the pressure from the abdominal viscera.

OF THE SUPPORTER : " UTERINE OR ABDOMINAL," OR
" UTERO-ABDOMINAL."

This instrument is worn externally, and is therefore to be preferred to the pessary where it will answer the purpose—especially in unmarried ladies, and in cases where, from irritability, inflammation, ulceration, &c., of the vagina and uterus,

the pessary cannot be worn with impunity. There are two kinds of supporters in common use—the spring and the laced. Of the spring there are almost countless varieties, and of the laced there are several. Minute descriptions are unnecessary. The compound action of a properly made spring supporter, which is of essential importance, is attained by arching and rounding it, so as both to compress and elevate, as the back and front pads approach each other. The spring supporter can be worn over a portion of the underclothing, and can be applied and removed more conveniently than a laced one, which is an important consideration where the patient is not obliged to wear one all the time. It is adapted to probably a majority of young persons, and to others with comparatively flat abdomens. But the abdomen may be so flat that no supporter of any pattern can be worn to advantage.

The front pads of a spring supporter should be so arranged as to make pressure chiefly in the inguinal regions, in the direction of Poupart's ligament; for as the mesenteric attachment of the small intestines prevents their descent in the middle, it is only at the sides that artificial support is required; and the distension or contraction of the hypogastric region, depending on the fulness or emptiness of the bladder, makes it expedient to keep that region free from restraint. For the above reasons, it is plain why laced supporters, constructed of covered stiff leather, or whalebones, should in some instances not only fail to give relief, but, by making pressure on parts that should be left free, actually increase the sufferings of the patient. The addition of side pads, so as to press in the right places, will remedy the evil. There are many cases, however, of laxity of the abdominal parietes and downward tendency of the viscera, in which the ordinary laced supporter appears to fulfil every indication, and affords complete relief. A majority of such cases, I think, are met with in ladies of middle or more advanced age, inclined to corpulency.

The supporter, like the pessary, may be misapplied, and like it, has been denounced by prejudiced and disappointed practitioners. I once heard a learned professor try for an hour to

convince a class of medical students that the uterine *supporter* should be called an abdominal *compresser*, and that by the laws of mechanics, it never could do any good in prolapsus. His arguments convinced me that he did not comprehend the influence of the erect position of the body on the *relative* position of organs, and that he misapplied the principles of mechanics; for a score of my patients would have told him that, before they wore a supporter, they could not attend to their household duties, but that now, with a supporter on, they can walk for miles, and go up and down stairs without difficulty.

**OPERATION FOR RELIEF OF DEFORMITY OF THE
UPPER LIP, RESULTING FROM GANGRENA ORIS.**

BY WM. TOD HELMUTH, M.D.

Professor of Anatomy in the Homœopathic Medical College of Missouri.

The patient was a girl, of about fifteen. During the attack, the whole of the deciduous teeth had been cast off, the alveoli of the left superior maxillary bone, with their osseous septa, became necrosed and came away in pieces of larger or smaller size, accompanied with a discharge insupportably fetid; a large portion of the *orbicularis oris* muscle, with the integument and mucous membrane, were also entirely destroyed. After convalescence, bone was reproduced, and the permanent teeth made their appearance; but that portion of the orbicularis muscle extending from the left angle of the mouth to the left ala of the nose, and from that point a little to the right of the centre of the upper lip, was never repro-

duced. The mucous surface of the remains of the lip on the right side, and a portion of the cheek on the left, adhered to the gum; and the left margin, from the left ala to the left angle of the mouth, was somewhat serrated, quite thin, and appeared almost continuous with the exposed surface of the gum. The deformity resulting was considerable: the gum, a central and lateral incisor, and the left canine tooth, were visible; there was a slight drawing downward of the left nostril, which, together with the thin irregular margin of the cheek on the left side, and a full and protuberant portion of the lip on the right, presented an appearance not particularly agreeable to a young lady about entering society.

On Friday, Nov. 11th, the child was etherized by Prof. Adams,—Dr. McManus, the physician to the family of the patient, and Prof. Temple, also assisting in the operation. I first dissected up the margin of the cheek and lip, separating all the adhesions within reach, and dividing at the same time the *frænum labii superioris*, to allow of the better extension of the parts; a free incision was then made along the thin margin of the cheek, from the ala of the nose, a little external to the left angle of the mouth. The next incision was made from the centre of the *septum narium*, along the full edge of the lip, in which the coronary artery was large and bled, but the application of a solution of *perchloride of iron* immediately obviated this difficulty. The cut surfaces were then drawn together, but not directly applied to each other (in consideration of the subsequent swelling), and held in position by hare-lip pins and the figure of eight suture. The drawing over of the left margin of the wound caused a slight puckering of the lower lip; this result was mentioned to the class before the operation was commenced, it will, however, disappear in time by the necessary growth and elasticity of the parts.

The after treatment consisted in preventing adhesions between the divided mucous surfaces within the mouth, by placing a piece of gutta percha between the outer surface of the gum and the inner surface of the lip and cheek; then

in keeping the edges of the wound in apposition, by painting the parts with collodion, and by extending from cheek to cheek, beneath the nose, long and narrow adhesive straps, which also had the advantage of preventing too great a strain upon the sutures.

Dec. 4th. "The wound has healed very kindly indeed, the process being attended with very little suppuration. Removed the upper pin on the 5th day, and the other on the 7th. The operation has been as successful as the most sanguine of her friends had anticipated."

ANGINA MALIGNA :

SEQUENCE OF MEASLES.

BY DR. A. HOUGHTON, OF NEW YORK.

A child of M. G. R., 188 Eighth Avenue, aged five years, was attacked, 18th November, with measles presenting the usual symptoms. December the 1st, I found it suffering from malignant angina: the lips and face were swollen, the commissure covered with dark sordes, deeply fissured, bleeding at the slightest motion; submaxillary glands swollen and hard; alæ of the nose tumefied, incrustated with sanious discharges; the face, neck, chest and portions of the extremities are covered with a dark eruption, distinct from all cases of scarlatina I have seen, resembling malignant measles; very little febrile excitement; no cerebral disturbance; tongue swollen, edges moist, small ulcers at the apex; gums swollen, with ulcerations; throat, as far as can be seen, swollen, dark livid, with disseminated ulcers; breath putrid; deglutition difficult;

respiration normal; pulse weak, depressed; temperature not changed. ℞ *merc. prot-iodide*.

Dec. 2d.—Throat and mouth more moist, some mucus about the fauces, and an occasional cough. Alternate *hepar sulph.* with the *prot-iodide*.

4th.—Throat gangrenous, sloughs extending, very offensive; deglutition very difficult; muco-purulent matter fills the fauces. Alternate *baptista tinctura* with the *prot-iodide*, and the mouth and throat to be frequently washed with a mixture of 20 gtt. *baptista*, in ℥ij. water, by means of a probang.

6th.—Throat improved, less tumefaction; sloughs cleaning off; deglutition easier, and the whole mouth, particularly the throat, assuming a more healthy aspect; but the respiration is quickened, with an increase of cough, which is occasionally croupy. Alternate *baptista* with *kali bichrom.*

7th.—Improvement of the tonsils, and aphthous condition of the mouth, respiration easy, cough continues. Same medication.

8th.—Mouth and fauces doing well; ulcers rapidly healing; no fœtor; tongue moist; but the cough has increased; respiration has quickened, and when lying down, is quite laborious; the child expectorates painfully a little tenacious mucus. I syringed the throat, cleaning it of mucus, with temporary relief; the cough sounds occasionally ominous of croup. By the aid of strong glasses, I cannot detect the ashy appearance of diphtheria about the fauces. Alternate *kali bichrom.* with *merc. prot-iod.*, at intervals of one and a half hours.

9th.—All the symptoms of true diphtheria are now manifest; the child breathes very hard, and cannot lie down; cough frequent, dry, with a harsh metallic sound; he gasps for breath, grasps at objects in agony; almost voiceless, cold extremities, skin very moist, pulse frequent, wiry and intermittent; constant thirst. I cannot discern any membrane about the fauces; but in freely sponging the throat, I discover small portions of membrane adhering to the probang; a transient relief ensues. My prognosis is unfavorable. I recognize the

present condition of my little patient as analogous to what I observed in an epidemic which prevailed some 20 years ago on the banks of the Wallkill, in Orange and Ulster Counties, of this State, which in most instances terminated fatally, in from 3 to 7 days after the attack. It was considered and treated as acute laryngitis. I never saved a patient during an allopathic practice of 20 years. I had little confidence in my mode of procedure in this formidable disease. Nevertheless, in detailing the principal facts of this case to Dr. Barlow, he strongly urged the trial of the *iodide of ammonia*, and informed me that he had used it successfully in grave cases. *Iodide of ammonia* 1°, and strong beef tea, with port wine, are ordered.

10th.—Respiration a little less laborious, but no abatement of the cough. After taking the *iodide*, for some 20 minutes, the cough is incessant, with burning sensation in the throat and larynx; total aphonia; the extremities are warm. Alternate the *iodide* with *kali bichrom.* 1°.

11th.—Cough less frequent for the last eighteen hours; expectoration now quite copious, viscid; the respiration has improved; the little sufferer can scarcely whisper, his physical strength is evidently declining. Continue remedies of yesterday; give freely of beef-tea, charged with port wine.

13th.—Animal heat improved; he takes nourishment more freely; the cough is lessening in frequency; the expectoration more copious, less viscid; respiration improving. Omit the wine—continue the other remedies.

14th.—Evident improvement; respiration almost normal; cough lessening; expectoration free; voice is returning—can sometimes articulate audibly; can now occasionally lie down and sleep quietly; eats enough; animal heat is now restored; less metallic resonance in the cough; intervals prolonged.

15th.—Comfortable; expectorates freely; shreds of membrane in the sputa. Continue medication of yesterday.

16th.—Early this morning, I was summoned in haste—

the child supposed to be dying. A relapse, with no ostensible cause, was observed about 2 o'clock this morning; the patient is gasping for breath; respiration hurried; cough almost constant, the effort emitting no sound except on inspiration; no expectoration, but some mucous r le; countenance anguished; extremities cold; pulse quick, weak, tremulous; fretful, refuses nourishment, and for the first time his remedies are forced upon him. Hot fomentations to the lower extremities, and strong beef-tea, with port wine, in about four hours, have restored animal heat. Alternate *kali bichrom.* in decimal triturations, with the *iodide of ammonia*.

17th.—The child is much better; animal heat nearly restored; breathing easier; cough less, with mucous expectoration; fragments of membrane discovered in the sputa; voice returning. Continue treatment—omit wine.

18th.—Marked improvement in all the symptoms.

19th.—All solicitude in reference to a favorable termination of this case is now past. He is undoubtedly convalescent. Partial loss of voice, a soft mucous cough alone remains, but occasionally it is croupy. Continue the two remedies used for days past, but at much longer intervals.

20th and 21st.—Only slight hoarseness, and occasional cough. Omit former remedies. Give *hepar*.

25th.—Discharged as cured.

N.B.—I have treated some ten cases of diphtheritis, complicated with angina; some following measles, others without any exanthema. They were milder and yielded generally to the above course of procedure, within from five to nine days of the attack.

True idiopathic diphtheria, generally tends to become malignant; the chances of fatal termination heretofore, under the means ordinarily used, are two to one. My faith in the resources of our school are *strong*, that ere long this disease will be shorn of its horrors.

CASE OF DIPHTHERITIC ANGINA.

BY S. LILIENTHAL, M.D. OF NEW YORK.

I was called on Wednesday, August 3d, to a child fifteen months old, and found it suffering with severe fever, skin burning, eyes injected, twitching of the facial muscles and extremities. Child sensible, and crying continually. ℞. *aconite* 3°, every half hour. At 8 o'clock P.M., no amelioration. *Aconite* 3°, and *belladonna* 3°, were ordered in alternation.

Aug. 4.—Restless night, fever continues; child cannot nurse; aphthous spots on the tongue and gums; difficulty of swallowing; tongue and gums look red and glazed; child very fretful, and cries a great deal. ℞. *Mercurius sol.* 3°, *belladonna* 3°.

Aug. 5.—Child worse; refuses every kind of nourishment; no sleep. ℞. *Muriatic acid* 3°, *belladonna* 3°.

Aug. 6.—Condition the same. Continue the remedies.

Aug. 7. The child evidently sinking; the croupy sound, which appeared slightly yesterday, has increased fearfully, but no cough; buccal cavity, as much as can be seen, lined with a whitish exudation; herpetic eruption round the lips, which are cracked. ℞. *Merc. bin-iod.*, 1°, and *kali bichrom.* 1°, in alternation.

Aug. 8 and 9.—No alteration. Continue the remedies.

Aug. 10.—Child feels easier; large pieces of wash leather exudations are now occasionally detached; the breathing is easier, and rattling of mucus is heard even low down. Treatment continued.

Aug. 11th.—Child has weaned itself, having been supported during its illness with beef tea and milk injections; it takes now its nourishment eagerly, and is less reduced in strength than we expected to see it. ℞. *Hepar sulphur.*

Aug. 12-14.—Daily improvement, and on the 15th we discharged the patient cured.

CONTAGION OF THE SECONDARY SYMPTOMS
OF SYPHILIS.

BY DR. F. GABALDA.

Condensed from *L'Art Médicale* by DR. LAZARUS.

The remarkable work of Dr. Diday on the syphilis of new-born babes, has completely demonstrated the contagion of the symptoms of congenital syphilis. The author has intended to limit this demonstration to the particular form of disease in question, (congenital syphilis,) and has even declared that the constitutional syphilis of the adult did not seem to present this contagious character. This distinction would allow him to establish a sort of mixed doctrine between the partisans and the adversaries of contagion; but it is a mere subtlety, the unreality of which facts have already shown. The non-contagion doctrine holds that the primitive chancre alone is inoculable and contagious, and absolutely refuses to recognize this property in any secondary symptoms. Now this opinion, erected into a law, loses its value from the moment it is proven that congenital syphilis, deprived of its primitive symptoms, and exclusively constituted by secondary symptoms, is transmitted by contact.

Facts, perfectly authenticated, already sufficiently abound to show the contagion of secondary symptoms from adult to adult, and such facts will be more and more observed when attention is paid to an important point in syphiliography, recently cited by Mr. Rollet, chief surgeon to the Antiquaille hospital at Lyons, and which Dr. Langlebert also has signalized.

“The symptom consequent on the contagion of *secondary syphilis* is an ulcer, very often indurated, sometimes undergoing the papular transformation, with multiple glandular engorgement, developed after a variable period of incubation, but remaining as the unique lesion during weeks and even months, after which secondary syphilis is manifest. Thus the ulcer resulting from the virus of a mucous *plaque* has all the

characters of the *primitive* syphilitic ulcer, and is no other than an infecting chancre."*

Myself a former *interne* of the Midi hospital, and a disciple of Ricord, I had accepted completely this master's ideas against the contagion of secondary symptoms. A witness of facts which accord with those of Messrs. Rollet and Langlebert, I was the less disposed to see in them examples of the contagion of secondary symptoms, because *chancre* appeared as the first symptom in the subject of their contagion. In my prejudiced mind, a chancre necessarily implied a chancre; and, notwithstanding evidence of the contrary, I only suspended my judgment, awaiting new observations. The authorities just cited came to give me this farther enlightenment and proof. I still doubt whether Mr. Rollet may not have generalized too hastily in proclaiming the lesion which results from contagion of secondary syphilis to have *always* the characters of an indurated chancre. Here are my own observations:

1ST OBSERVATION.

Mlle. X., aged eighteen, consulted me, July, 1851, for an indolent submaxillary glandular swelling on the left side, of several weeks standing. Several agglomerated glands had enlarged to the size of one's fist.

On the free border of the upper lip sallied a chancre, whose base presented a cartilaginous induration; the surface—quite dry—was covered with a smooth crust. It was in process of cicatrization. A roseola existed over the general surface, especially on the thighs. No mucous papules on the vulva, which is quite normal. The diathesis is rather strumous. I prescribed the *ioduretted biiodide of mercury*, in appreciable dose. The ganglionic swelling rapidly diminished, and the induration presented less resistance. The crust fell off, leaving a complete cicatrix. At the end of a month, neither hardness nor swelling remained, but the roseola continued its development, and was now upon some parts very intense and slightly papular. The roseola disappeared three weeks later. The treatment was continued until September 20th.

On the day after my first consultation with Mlle. X., I received a visit from Mr. Z., who had sent her to me, and who mentioned that his relations with her dated only a fortnight back. I cautioned him against their continuance, and also against the imprudence of caresses, on account of the seat of

* *Gaz. Med. de Lyon*, 16 Jan. 1859, and *Arch. gen. de Med.*, Feb., March, and April, 1859.

the chancre. I could discover on his person no trace of any syphilitic symptom, and repeated my examination twice during the months of July and August, with the same negative result. He then assured me that he had abstained from relations either with Mlle. X. or any other woman. On the 10th of October, however, (three months after the disappearance of the chancre from the lips of Mlle. X.,) Mr. Z. presented himself to show me, upon the internal face of the free border of his upper lip, a little aphthous spot, the size of a lentil, which he had noticed for five or six days, and which had reappeared two or three times after having been bitten away. Within a fortnight, he said, he had resumed his relations with Mlle. X. I prescribed a topical emollient, told him not to bite at the place, and to return in a week. He did so. The lesion had somewhat enlarged, but its base presented no induration. I cauterized it lightly. Five days later, its centre presented the same white false membrane, and although the edges had begun to cicatrize, its whole area was larger. A slight and confused sense of induration at its base might have been occasioned by the nitrate of silver, which I now re-applied to the centre.

Five days later, the surface was again white and humid, and the basic induration manifest, while the submaxillary glands of the corresponding (right) side were sensibly engorged. I immediately prescribed the *protiodide of mercury*.

Mlle. X. presented herself the next day. Her voice was hoarse and smothered. Small ulcerations existed on the tonsils, and mucous papules abounded on the internal surface of the lips.

The ulterior evolution of phenomena in the case of Mr. Z. unhappily confirmed my diagnosis. The indurated chancre and glandular engorgement were fully developed, with other secondary symptoms.

I noted this case with the remark, *contagion of mucous papules?*—the point of interrogation expressing the discrepancy between my observation and my preconceived ideas.

The chancre developed under these conditions does not commence as a pustule, to the breaking of which a little ulceration succeeds; but by a papule covered with a false membrane, as Mr. Rollet also has noted in his publication of last April:

“Observation XX.—I visited a young person, aged eighteen, on whose under lip was a salient round spot, greyish in its centre, and covered as with a false membrane; a similar, but smaller spot existed on the corresponding point of the upper lip,” etc.

This chancre, which proceeds from the contagion of mucous papules, is a sort of papular chancre, which lacks the classic character of the chancrous ulcer.

In the precited memoir of Mr. Rollet we read — “Already, in 1856, Mr. Langlebert, in a discussion on syphilis before the Medical Society of the Pantheon, thought that constitutional syphilis, in its transmission, had always the indurated chancre as its point of departure ; while Mr. Auzias sustained that the latter, communicated directly, often commenced under the papular form.” (Ibid., p. 407.) In fact, during the first days, the symptom resulting from this mode of contagion has all the characters of a papule, and at a later period is transformed into the indurated chancre. Such, at least, are the phenomena noted in the small number of cases that have been observed from the beginning.

[Mr. Gabalda’s second observation, elaborated with extreme care, admits of the following condensation :]

“Contamination of a healthy nurse, by an infant affected with constitutional syphilis, of which several preceding children by the same parents had successively perished. These parents, cognizant of the fact, dismiss the nurse with presents, and recommend her to keep silent. The nurse, still presenting the externals of full health, takes charge of a new-born child, in another family. Ten or twelve days afterwards, she complains of slight pain in the right breast. Examination reveals a slight ecchymotic blueish spot, with raised epidermis, below the nipple, on the circumference of the aureole. Three weeks later, a sore exists on this spot, and cicatrizes before having been seen by the physician. This is (August 15th) nearly a month after entering the second family. The cicatrix is now slightly depressed, violaceous, with manifest peripheric induration, and two engorged glands of the size of small cherries exist in the axilla of the corresponding side. The babe at breast appears still unaffected — has no ulceration of the lips — no submaxillary engorgement.

20th of September.—The induration below the nipple persists, but is smaller and more superficial. The axillary glands have diminished by half. The countenance presents a marked change from its fresh color to a dingy hue. Roseate spots marble the skin of the breast. No cervical glands engorged ; no pains in the limbs, nor cephalalgia. The child is paler and thinner ; large spots of roseola, slightly papular, appear upon its body. The end of the tongue is lightly coated with a white false membrane ; in its median groove is a round depressed cicatrix, of the size of a large pea, and coated with a false membrane.

September 24.—Mr. Ricord takes note of the precited facts, and calls my attention to a submaxillary gland engorged on the right side.

℞. for the nurse : *hydr. subl.* 1° , 10 gtt., in 200 grammes of alcoholized water ; a spoonful morning and evening.

For the babe: *hydr. subl.* ℞, ʒ gtt. in 60 grammes sweetened water; a spoonful morning and evening.

October 4.—The nurse has some cholæ and a little diarrhœa; change the first for the second dilution of *hydr. subl.*

October 7. — The eruption on the child pales; a spot near the labial commissure, from a deep copper, takes a duller hue, Submaxillary gland diminished. Cicatrix of tongue covered with light white false membrane. Strength improved.

The dingy mask is deeper on the face of the nurse, while the induration below the nipple is less sensible. Milk undiminished.

October 30.—The child is free from eruption, and from glandular engorgement.

The nurse, now dismissed, makes full confession, with scandalous particulars, and conclusive proofs. The child previously nursed by her has died, covered with ulcers.

[We remark in this observation, as compared with the first, the more satisfactory treatment of a syphilis by the homœopathic attenuations of mercury.]*

The examples of the contagion of secondary symptoms, so common among nurses, present, as distinct and constant characteristics, the prolonged incubation of the primitive infection, and the tardy appearance of secondary symptoms. To these signs may be added the insidious commencement of the primitive lesion, which seldom presents, during the first days, the characters of a true chancre, and which, on this account, as well as from the unusual site which it occupies, often fails to be recognized, until the specific induration and multiple glandular engorgement come to reveal its nature. This slow progression is peculiar to adults; in new-born babes, the development of the malady is more rapid.

Is the Contagion of Syphilis common to all its Periods, or to which of its Symptoms and Manifestations?

Before the works of Hunter and of Mr. Ricord, none questioned the contagion of symptoms which belong to the secondary period of syphilis.

The mucous papules, or flat tubercles, were ranked even among the primitive symptoms, and considered as susceptible

* The translator is responsible for all matter contained in brackets.

of being transmitted from an infected to a sound person under the same head as the chancre. By attentive observation and with his characteristic sagacity, Mr. Ricord demonstrated that the flat tubercle (*plaque muqueuse*) always succeeds to the chancre, that it is only a modification of the papule, and that it belongs to the category of secondary symptoms. But pushing his criticism too far at first, in a doctrine which he has since modified, Mr. Ricord denied all power of contagion to the mucous papule or *plaque*, reserving this character to the sole primitive symptom—to the chancre. To arrive at this result, he did not content himself with such proofs as clinical observation could furnish, but invoked a method apparently more rigorous—inoculation.*

[The chancre, inoculable on the same body which furnished its virus, and which, with Mr. Gabalda's permission, we shall term in the rest of this article, the "chancroid"—The

* This means of investigation, confined by Mr. Ricord to the body of the patient from which the virus was taken, confirmed his exclusive attribution of contagion to the primitive symptom—chancre. This was before Mr. Ricord had learned to distinguish the two kinds of chancres,—the SIMPLE CHANCRE, usually multiple, non-indurated, of phagedenic tendency, associated with the virulent suppurative bubo, not attended with the consecutive phenomena of syphilis, and which is easily and repeatedly inoculable on the same subject—from the true infecting or constitutional chancre, generally *single* and not phagedenic, always indurated, associated with multiple but not prominent adenitis, rarely with suppurative bubo, and fatally followed by the symptoms of constitutional infection, mucous papules, roseola, &c. This form of chancre has been for the last few years recognized by Mr. Ricord as the symptom of a constitutional infection. It cannot be inoculated upon other parts of the same body which produced it; and this negative sign is invoked by Mr. Ricord to assist his diagnosis of "infecting" chancre in all obscure cases. It is curious that the test by which the mucous *plaque*, *papule*, or *tubercle* is excluded from the rank of primitive symptoms, should also exclude the indurated or infecting chancre itself, and that the honors of the clinique should have been reserved for a symptom, on the perception of which they now say in Mr. Ricord's service, or at Mr. Clerc's dispensary, "*Vous n'aurez pas la vérole*"—you will not have syphilis. So the distinction of the *plaque muqueuse* from the primitive chancre actually rested upon the confusion of the primitive syphilitic chancre, now called "infecting," with the chancroid or simple chancre, now regarded as a purely external and local symptom, curable without medication, or by surgery alone, and whose claim to filiation in the syphilitic family has been vindicated chiefly by Mr. Ricord's rival, Mr. Auzias Turenne, in that process of syphilization against which Mr. Ricord has thundered excommunication!—L.

chancroid, inoculable indiscriminately up to its cicatrization, furnished Mr. Ricord the tablet on which he inscribed] his new law of syphiliography, viz., that "the chancre, sole primitive symptom, was also the only inoculable or contagious symptom of syphilis. The results of inoculation, supposed to be conclusive, became the criterion of every theory on syphilitic affections, and to those who raised clinical objections, it was answered, "You have been deceived in your observations; there are facts, the complete analysis of which is extremely difficult, and often impossible;—but inoculate, thus you avoid all the sources of error, the subject is under your eyes, the means within your hands, the result evident and incontestable."

And the facts seemed to bear out this logic. [The true chancre, a most insidiously trivial form of lesion, generally escaped attention. The *chancroid*, more alarming in its aspect and phagedenic march, usually challenged inoculation, and never failed to keep its pledge, while] the pus of a mucous *plaque* or pustule of *ecthyma* inoculated in identical conditions, remained without effect upon the body from which it was taken. *

In the spontaneous transmission of syphilis, Nature shows us an individual infected, who infects in his turn another, previously sound. Experimenters, bolder than Mr. Ricord, have imitated nature, and thus Mr. Waller, of Prague, succeeded in inoculating mucous *plaques*. Others have obtained the same result. An experiment of this kind, which leaves nothing open to cavil, was published by the *Gazette Hebdomadaire*, April 15th, 1859:

* Mr. Auzias smelt the rat, and inoculated upon *other* bodies of *bimana* or *quadrumana*, but this was condemned as "*immoral*, or ridiculed as *apish*." Mr. Ricord is a great wit, has a great hospital service, is leagued with the chiefs of science, and made Paris see with his spectacles—for medical Paris has its fashions, and he who amuses it can lead it by the nose. We all know besides, that ridicule is the test of truth; a gnat can drive an elephant mad, and the least jest turn the scale of social chances against the greatest discovery in science.—L.

New Fact of the Inoculation of a Secondary Syphilitic Virus, producing a primitive Chancre on the Subject Inoculated: By Mr. GUYENOT, Interne des Hopitaux de Lyon.

OBSERVATION.—D— (Antoine), aged 18, packer by trade, enters the Antiquaille Hospital, January 6th, 1859, for mucous plaques at the anus. Carefully questioned by Mr. Rollet, he confesses to have had on the penis, eight months previously, a chancre which healed at the end of two months. One month later, he had pains about the anus, with an oozing there. This patient remembers, besides, to have had on his skin, two months before entering the hospital, an eruption, now effaced; at the same time, he had pains in the throat, which now shows only a diffused redness, but no specific character.

Scrupulous examination, made on the day of his entry, shows upon the dorsal face of the penis, where the prepuce meets the skin, a marked induration, one centimetre in diameter, covered with a perfectly solid cicatrix. Encircling the anal orifice, appear several mucous plaques, whitish, confluent, extending about three centimetres, on the right side, and one and a half on the left. A double multiple adenitis still exists in the groins, and some crusts are found in the hair. No treatment has been hitherto employed: the general health is quite fair. This subject will furnish the matter to be inoculated. The subject to be inoculated is a lad (J. B. B.), aged 10, of good constitution, presenting no sign of scrofula, unless we so consider a *tinea favosa*, without engorgement of the cervical glands.

On January 7th, 1859, authorized by the physician in charge of the ward, we made upon this lad's arm four punctures with a lancet, freshly charged with the secretion of the anal mucous *plaque* precited. The punctures were then covered with a bit of diachylon, and no trace of them remained on the third day after they had been made.

Nothing unusual occurred until February.

On February 4th, appears a very small, flat, redish papule

February 5th.—Three pustules, each as large as a pin's head, rise on the site of three of the punctures, without inflammation around them.

February 7th.—The pustules break, and form three ulcers, of which the inferior and external are but two points surrounded with a red areola; the internal is two or three millimetres in diameter, all three are superficial and without induration.

February 10th.—The external pustule is enlarged; and an inflammatory blush encircles the three.

February 14th.—A scarcely appreciable hardness at the base of the external pustule.

February 16th.—Two engorged glands, of the size of a large bean, are felt at the posterior part of the axillary hollow, almost on the tendon of the coraco brachialis.

February 20th.—The external ulceration indurates progressively.

February 22d.—Around the induration, which is decided, the edges rise.

February 23d.—The glands enlarge, at the same time the three ulcerations run together.

February 24th.—The ulcerations, covered with dry crusts, seem to make no farther progress; the axillary glands are larger; some discrete papules appear on the neck and chest.

March 30th.—A full papulous erythema occupies the trunk and limbs. This eruption has occurred without other premonitory symptoms or complications than those we have already mentioned. The patient has received no treatment.

Remarks.—It is certainly from a secondary lesion that the pus inoculated was taken, and certainly a primitive ulcer, a chancre, that has developed itself on the spot inoculated. The patient from whom the pus inoculated was taken, had been examined with the greatest care. At the moment of examination, he had the constitutional symptoms predicted, and no others. The primitive chancre, which had existed eight months before, was completely cicatrized, and it is precisely because the filiation of accidents and symptoms was as clear as it possibly could be, the cicatrization of the primitive ulcer perfectly ascertained, and the existence of a syphilis, altogether secondary, not less established, that we selected it; convinced that no objection could hold against an inoculation made in these conditions. Mr. Rollet had visited this patient with an attention the most particular, and he is certainly not a man liable to be mistaken concerning the nature of these phenomena.

It is thus placed beyond all controversy, that the matter inoculated was taken from the mucous *plaques* of a secondary syphilis."

What has this inoculation produced? A chancre at the point inoculated. There has been ulceration, induration, multiple adenitis. This chancre had the same aspect as what we see upon the genital organs. Besides, all the physicians who have seen the patient, Messrs. Diday, Rollet, Gailleton, Bonaric, Lacour, Dron, Laroyenne, Icard, and many others, have not hesitated to qualify as chancre, the lesion super-

vening on the spot of the punctures. This chancre has developed itself after an incubation of 27 days, and it is two months and 17 days after the inoculation, one month and twenty days after the evolution of the chancre, that the secondary syphilis has been manifested.

Henceforth, it is well established that when upon a sound subject, the morbid secretion of a mucous *plaque* is inoculated, a primitive lesion is developed in the subject, presenting all the characters of indurated chancre and soon followed up by constitutional symptoms. We hope this lesson will not be lost, and that no one will have the culpable curiosity to recommence the proof. On the other hand, it is now well recognized that inoculation made upon the patient himself, and giving only a negative result, proves nothing, since the result is quite different, if a sound individual be inoculated. It follows then, that this method ought to be abandoned in the researches necessitated by the solution of the problem which interests us, and that we ought to be contented with questioning Nature in the field of clinical observation.

The facts recently observed perfectly accord with those related by authors of an earlier epoch. Let us first invoke the testimony of Hunter, who was rather an adversary than a partisan of the thesis we now sustain.

In the 7th part of his "Treatise on Syphilis," (chapter 1, on the maladies which resemble constitutional syphilis, and which have been confounded with it,) Hunter relates very curious instances of syphilis communicated from the newborn babe to the nurse; cases which he, not believing in this mode of transmission, does not hesitate to consider as non syphilitic and classes with *maladies resembling syphilis*.

Their identity is, however, sufficiently apparent, as we may judge by the case of the lady who was delivered of a child on the 30th of September, 1776, etc., p. 656, affording one of the most curious examples of the different modes of transmission for congenital and hereditary syphilis.

Messrs. Babington and Ricord, commenting upon Hunter,

recognize this case as true syphilis, and Mr. Ricord in 1839, admits as incontestable, the numerous facts of transmission from the nursing to the nurse, and *vice versa*. Another interesting case in point, occurs in Hunter (*Loc. Cit.*, p. 659.) We may remark that the transmission of these contagions may extend to any number of nurses and babes in succession.

Benjamin Bell affords precious information in his "Treatise upon Virulent Gonorrhœa, and the Venereal Malady, vol. 2, p. 603 et seq." He insists upon the singular gravity of this form, the syphilis neonatorum. See especially the observation on page 606.

Bosquillon, the French translator of Bell, adds his explicit affirmation, page 620.

To what point extends observation of the contagion of secondary or constitutional symptoms, and on which of these symptoms bears the exception to the rule stated by Mr. Ricord?

It is easy to answer this question, after having consulted the clinical observations published up to the present day, as well as the experiments which have given positive results. All these facts depose in the same sense, and prove that but a single secondary symptom has shown itself inoculable and contagious; this symptom is the mucous plaque or tubercle. There can be no contest on this point, with regard to facts of contagion observed in the adult. It suffices to read the observations published. The rule is confirmed by the contagion of nurses from babes, where the location and tissues affected cause every papule to be excoriated, to ulcerate, to furnish a product of morbid secretion, and to endue the physiognomy of the mucous plaque. For this anatomical reason, the constitutional syphilis neonatorum presents in so high a degree the contagious character.*

* Mr. Gabalda has made no allusion in this article to the controverted point, as to whether the chaneroid, above defined, may or may not serve as the door of introduction within the organism of a constitutional virus, which, after many months, or even years of latency, develops constitutional syphilis. Such is the opinion to which Mr. Bazin, the dermatologist of the Hospital St. Louis, inclines. To settle the point, observations of peculiar difficulty, multiplied and extended

General Record of Medical Science.

Syphilization.

When an idea that is not only novel but revolutionary in its character is first announced to the world, it is generally received with neglect, indifference, or opposition. Among the medical discoveries of our time, none has attracted less attention in this country than that of syphilization, first presented to the notice of the French Academy of Medicine by M. Turenne, in 1850. As the subject is likely to become practically important, and, like vaccination, rests on a basis entirely homœopathic, we give a brief notice of its origin and its claims on our attention.

In the year 1844, Mr. Auzias Turenne, a young French physician, commenced a series of experiments with the object of testing the correctness of John Hunter's opinion on the non-communicability of syphilis to the lower animals. In the course of his experiments, Turenne, by inoculating monkeys with chancre matter, succeeded in producing a disease having all the characteristics of a true chancre. Later experiments showed that unmistakable chancre could be communicated from animals to the human subject; and, finally, after a further series of trials, he reached the conclusion that, by a prolonged course of successive inoculations with the syphilitic poison, a constitutional state or diathesis was at length produced, in which the system was no longer capable of being affected by syphilis; he was convinced that by such a process the system became protected for the future against the venereal poison, just as an individual who has had small-pox cannot take the disease a second time.

over many years are needed, and however accurately they may be conducted, it will be easy to set them aside by attributing the syphilitic evolution to some recent infection of which the primitive sign has escaped notice. Meanwhile, both the Ricord School and its scientific antagonists admit the immediate practical distinction between the indurated or "infecting" chancre, and the "chancroid."

The former is called "infecting," not because it is more easily transmitted by contagion from one person to another, but because it infects the constitution immediately, and occasions the evolution of secondary symptoms within the few months succeeding; the latter, the "chancroid," is called non-infecting, because it is not thus immediately and evidently followed; but those who say, on beholding it, that the bearer will not have syphilis, do not mean to deny its filiation with the syphilitic group, of which it constitutes a particular manifestation. L

That such a proposition should meet with opposition is not surprising; and when M. Turenne asked permission to prosecute his researches in the Hospital St. Lazare, he was opposed by the powerful influence of Ricord, and his proposals were unequivocally condemned. But Turenne persisted in his efforts to render his discovery more extensively applicable in practice; and the notoriety already given to it in Paris, awakened an interest in the subject elsewhere. In May, 1851, Sperino of Turin reported to the Medico-Chirurgical Academy of that city the details of fifty-two cases of venereal disease treated by syphilization. These cases showed that, by a regular course of inoculations with the syphilitic virus until it ceased to produce any effect whatever, all venereal symptoms of all former infections were eradicated. All old "ulcers healed, and buboes, recent nodular enlargement of bones, and cutaneous stains or blotches disappeared altogether."

Professor Boeck, of the University of Norway at Christiana, published his "Clinical Observations on Syphilization" in 1854; and he has also given the results of further experience in a later work. He says he has found the most inveterate cases of syphilis curable by subjecting the patient to a series of inoculations, at intervals of six, five, or three days, and permitting the chancres thus produced to run their usual course. His usual mode of inoculation consists in making several small punctures at one time on the arms or thighs. These punctures become real indurated chancres in about five days. Before these have reached the stage of induration, others may be initiated in the neighboring parts, and thus the process may be kept up until complete immunity is attained; and when this point is reached, all old symptoms of syphilis gradually disappear.

Immunity from the influence of syphilitic poison, if incidentally attained by this treatment, is not the great desideratum sought for by the physician. He desires primarily to cure the existing disease in all its complications and most revolting features. Have we, then, in syphilization a resource which will succeed in those terrible cases in which common measures would fail if tried, and in which extraordinary measures have so often been worse than the disease? The answer can only be given by a sufficient number of observations. We gather up from some of the published cases a few only of the symptoms that have uniformly yielded under the progress of syphilization. Ecthyma syphilitica of the whole body, syphilitic tubercules between the toes, in the fauces, and in the angles of the mouth; pains in the legs, sores on the legs; pains in the clavicles and in the humeral

bones; psoric eruptions on the palms of the hands; general debility; large syphilitic sores on the left thigh in a young female who had been treated with mercury in childhood for inherited roseola syphilitica, and ulcers of the throat; papular syphilitic affection of the throat; lichen syphilitica; syphilitic tubercular affection, with syphilitic serpiginous lupus; fever, with erysipelatous eruptions near the chancres caused by inoculation; sores on the lower limbs; roseola syphilitica on the face, breast, and thighs; mucous tubercules over the inner surface of the labia, and also on the mucous membrane of the mouth; papular eruption over various parts of the body; ulceration of the fauces and genitals; syphilitic iritis. In some cases in which mercurials and iodine or iodide of potassium had been tried without benefit, syphilization, only partially carried out, has rendered the system susceptible to the curative influence of either of these remedies. In all the cases reported, there has been an evident and progressive improvement in the general health; and no relapses appear to have occurred among the patients treated in this manner.

How far syphilization may yet be employed in eradicating the hereditary maladies of venereal origin, may be left for the present as a subject which future experience must settle. Already, young children, suffering under transmitted disease, have been safely and successfully treated by syphilization. But the extent to which the same practice may in future be carried, the success that may yet follow its application to the removal of those psoric or syphilitic diseases that accumulate in the frail and wretched organisms of another generation; and the theory by the aid of which we may explain the phenomena already witnessed in the cure of disease by syphilization, must remain questions to be determined by more extended observation.—Eds.

The following brief sketch of the inventor of syphilization, M. Anzias Turenne, and an extract from a letter from him to Dr. M. E. Lazarus, we give below:

Actually pending before the scientific world is a problem whose affirmative solution will contribute in a degree, the importance of which it would be difficult to over estimate, towards the organic regeneration and sanity of the human species.

Some of the fairest climates of our globe have witnessed the rapid extermination of their indigenous peoples by the scourge of syphilis, virtually a contagious epidemic, and the most frightful of all.

The most civilized countries, and those in which the resources of

medicine are rendered most available, still pay to this minotaur a prodigious annual tribute of lives and constitutions.

Infiltrated into races by hereditary transmission in a modified form, syphilis, as Hahnemann recognized, is still the radical venom of a large proportion of all chronic diseases.

The spontaneous and progressive syphilization of Europe during the last four centuries, although operated under circumstances the most disadvantageous, socially and medically, has sufficed to direct the attention of sagacious physicians towards a prophylactic method, which concentrating in a few months, by the resources of art, those pathological modifications which indolent nature extends over lives and generations, has rendered here available the same principle of inoculation by which medicine had already triumphed over the ravages of small-pox. For a chronic miasm like that of syphilis, the conditions of substitution were naturally more complex and arduous than for the febrile exanthemata. Time and experience will now show whether a genius has not arisen equal to the occasion.

The admission of syphilization by the scientific world, and its institution at the hospitals devoted to venereal diseases, will be a signal triumph for homœopathy.

Finally, let us remark that, inasmuch as constitutions already impregnated with constitutional syphilis will not receive the inoculation of the infecting chancre, it is necessarily the virus of the chancre, or simple chancre, that has been employed in syphilization. Now this, as Mr. Auzias Turenne perceived, and as Mr. Clerc has been ever since teaching, bears to the pus of constitutional syphilis a modified relation, analogous to that of vaccine with the small-pox.

Among the most precious and least understood of those men who in Paris of to-day made science what it is, is Auzias Turenne, a name which keeps its double promise of audacity and discipline. Auzias was absurdly misunderstood by the student public during my residence in Paris; and this is not surprising, for he is one of the few Frenchmen whose originalities transcend both vanity and formality; and it is always difficult for genius to win the forgiveness of talent. The most conscientious and curiously valuable surgical courses of the Ecole Pratique—one of which, by M. Auzias, I had the pleasure of following—are by no means the most popular. I shall remember always the sweet temper, the inimitable *sang froid*, and unflinching insistence on his rights, with which Mr. Auzias defended the last fifteen minutes of his lecture, for weeks together, against a horde of outsiders, who interrupted and tried to force him out of his lecture-room, that

they might take their seats for the favorite obstetric course of Mr. Pajot.

Mr. Auzias is one of the most finished surgeons of Europe. Mr. Desmarres, the great oculist of Paris, was his pupil. Without that sort of wordly tact which makes fortune, and contending against the powerful enmities, which rivalries like that of MM. Ricord and Clerc provoke against him since his startling experiments in syphilization and announcement of his doctrine, he maintains the stern discipline of an honorable poverty; teaches operative surgery to a few pupils, and spends his spare francs in accumulating rare and precious books. His library of syphiliology is probably unsurpassed. Combining in a high degree the observant with the intuitive faculties, and merging his personality in devotion to science, he finds in the same sphere his professional and his social recreations. It is the power and opportunity to do this which makes the Parisian so unique, so wonderful alike in his ignorance and in his knowledge; that makes the true and honorable specialist a genus here almost unknown; that mirrors the sun in the dewdrop — the macrocosm in the microcosm. During my stay in Paris occurred one of those traits of the wilful blindness and ingratitude of governments toward genius, that seems incredible until you witness it. The Prince Napoleon, returning from his northern tour, where he had met Mr. Bœck, and been cognizant of his useful labors at Christiana, obtained for him the Cross of the Legion of Honor as an acknowledgment of his scientific and humanitarian innovation, the practice of syphilization in his hospital service, while Auzias, the inventor of syphilization, was left in obscurity and denied a hospital ward in Paris, for which his varied and thorough attainments in surgery, and especially in dermatology, so eminently qualified him.

I had the opportunity of observing the process of syphilization in the case of a young sculptor, an intelligent person, who, with his wife, came one morning by request of Mr. Auzias, to Mr. Bazin's clinique at St. Louis, and exhibited before many assembled dermatologists, the incontestable phenomena of a constitutional syphilis, (papular eruptions and *plaques muqueuses* among the number). The wife was received into Mr. Bazin's service, to be treated mercurially; the husband was inoculated by Mr. Auzias, and this was repeated hundreds of times, to the exclusion of all other treatment, during several months. At the end of this time, his arms and legs were covered with cicatrices, but *chancroid* matter would hardly develop its characteristic inflammation in his skin; he was cured so far as time permitted us to judge; his constitutional symptoms had vanished rapidly, and he had enjoyed

good health and been able to work at his business during the entire treatment. The wife was at this time still far from being so well advanced towards cure, under a skilful mercurial treatment. I wrote to Mr. A. Turenne to inquire about the sculptor's actual health. In his reply, dated October 24th, 1859,* he says: "The sculptor is well, and even too well, which makes him careless about continuing the inoculations to which he should owe his complete and permanent immunity." He has the kindness to forward me herewith a copy of his course of lectures, a very rare book, with other of his writings on syphilization, of which mention will be made in future numbers, and continues thus:

"Here is a bit of news at which you austere republicans may smile. One of the rarest and most coveted Crosses of Europe, the 'Polar Star' of Sweden, has just alighted upon my wondering and grateful breast. I have been, I confess, sensible to this high distinction that has come upon the wings of syphilization to surprise me, and aid me to conquer certain obstacles over which reason and justice, which are one, could not, unfortunately, triumph alone. I find, indeed, that kings and princes, in default of better, sometimes give lessons and even examples to those who pretend to be the princes of science. I say, with our charming poet Audrieu:

" ' Et ces malheureux rois,
" ' Dont on dit tant de mal, ont du bien quelquefois.' †

"Melchior Robert of Marseilles, the devoted Ricordian, has just published at Marseilles a long work upon syphilization, in which he retracts with the most honorable frankness. Here are some of the phrases preceding or following his observations: 'Why suffer an idea that has germed upon the soil of France to be fertilized only abroad? Let us, then, return on our preconceived opinions—I will say unreservedly, on our past errors—and set to studying a method which we have combatted only by groundless assertions. Let us be candid, and not fear to confess that our opposition was but a generous impulse in defence of honored doctrines. We confess our past error with as much openness as we had shown haste in declaring our hostility against syphilization.

" ' Syphilization is an important means, especially when employed as a *curative* of the malady already constitutional, and which must draw the attention of specialists.'

* This quotation from Mr. Auzias' letter to me has appeared in the January number of the *Scalpel*. I communicated it to Dr. Dixon, with my permission to use it editorially, in order that it might thus reach a class of readers outside the medical profession.

† "These luckless kings, censured so bitterly, have also their good side."

"I am most grateful," concludes M. Turenne, "for your efforts to diffuse the knowledge of this precious discovery. The concert of men of heart for the triumph of a great idea is truly the voice of God."

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Contributions from the Enemy.

MR. DIDAY (OF LYONS) AN ADVOCATE OF INFINITESIMALS. TESTIMONY OF THE BABES AND SUCKLINGS. HERMES AT THE BREAST.

Translated from L'Art Medicale by DR. LAZARUS.

Long since, the adversaries of homœopathy have recognized that they had gone too fast and too far to ridicule the law of *similia*, formulized and applied by Hahnemann. Instead of frankly confessing their fault, they have endeavored to appropriate this law, by inventing the "substitutive medication." How little success has attended this pitiful plagiarism.

Now, the same men engage in the same course with infinitesimal doses. Facts enough have taught them the error of these doses, against which their *reason* (?) has always protested. But examples abound; truth comes to the light, and patients no longer conceal their preference for dilutions and infinitesimals. This becomes serious. Our fellow practitioners, remaining unshaken before all scientific arguments, are sensitive about the pocket. Practice is passing to the homœopathists; we must consider. We will continue to turn the dilutions and the globules into ridicule, but we will ask of all natural bodies infinitesimal doses, and these shall be declared heroic, provided they do not come from the homœopathic pharmacies. We will have granules instead of globules, and instead of diluting iodine or mercury with alcohol, we will take them in the secretions of a goat or of a nurse. Thanks to this innocent stratagem, we shall realize the advantages of the homœopathic method, while continuing to deride the homœopaths themselves.

In Mr. Diday's treatise "*on the syphilis of new-born babes*," the question is stated—"Should the babes be treated by the direct administration of medicines, or by the intermedium of the milk which they suck?"—with the following answer: "The indirect treatment—*i. e.*, by means of the nurse and her milk—has, in times past, enjoyed great favor. Milder, more gradually administered, dissolved in a vehicle appropriated even by nature to the digestive forces of the nurseling, reaching its stomach only in the most divided doses, it seemed the best means of respecting that extreme suscepti-

bility which is willingly attributed to new-born babes, and which often has led to greater diffidence in treating them, than the interest of their cure required." Here, Mr. Diday cites several authorities in favor of the indirect treatment. "Mr. Cullerier, in his very remarkable memoir, reviving an old objection against this treatment, seeks to prove chemically that the milk of a woman who takes mercury never contains enough of it to effect the cure of her nursing. Mr. Reveil and Mr. Personne have made minute analyses, at his request. The former met with mercury only in the milk of a goat, to which this drug had been given in high doses, occasioning serious derangement of her . . . He never could find it in the milk of women who took it in the usual doses. But Mr. Personne, by a different procedure, ascertained the presence of mercury in the milk of a woman who had been taking, for two months past, . . . grammes (nearly a grain) of the protiodide every day. . . . In case the quantity, however, was infinitesimal, Mr. Cullerier concludes against the indirect method.

Diday asks whether these experiments do not prove just the contrary of what Mr. Cullerier seeks to establish, and whether we may not hope that a more perfect system of analysis will demonstrate the presence of mercury where the measures hitherto employed have failed to find it. Then he adds: But farther; let us admit, if you like, that chemistry has said already its last word. Is this infinitesimal quantity of mercury to be appreciated, as to its curative virtues, by the same scale as the salts which we dissolve in our laboratories? An extremely small quantity of sulphur or of alkali contained in the waters of Baresges or of Vichy cures in twenty-five or thirty days affections previously refractory to the highest doses of the sulphuret of potassium or bi-carbonate of soda. Has Nature forbidden herself the same privilege in those combinations which she effects in the bosom of the living organism? A vulgar adage teaches us that man lives not by what he eats, but by what he digests. Even so it is not the medicine swallowed, but the medicine absorbed, that effects the cure. And if a mercurial molecule, reduced by the lacteal secretion to the state of combination the most propitious to its medicative action, deposited in the excipient most conformable to the special conditions of the infantile organism, continually reaching its stomach under a form and at the moments when its passage into the absorbent system is assured,—if, moreover, this molecule (facts prove it) suffices to cure, . . . in the name of what science would you compare its effects with those of the particles of a salt which you compel the

child unwillingly to swallow twice a day, without knowing whether it will not be immediately rejected, intact, with the stools?"

Here is surely a very conclusive plea in behalf of *infinitesimal* doses; their efficacy proved by experience; their advantages over the large *officinal* doses, in certain cases; pretensions of chemistry to recognize and sanction the curative quantity of a drug, justly repelled in the name of medical observation. Nothing is wanting; it is perfect. Why, then, does Mr. Diday profess hostility to homoeopathy? he who has just placed himself on its most contested ground, who borrows its arguments to defend himself, and who employs its measures. His friend, the journalist, Dr. Dechambre, has proclaimed, after many others, the incontestable utility of experimenting with drugs on the healthy subject. Mr. Diday, and after his example, Mr. Boinet, the *iodizer*, now come to offer their testimony in behalf of infinitesimal doses. We ourselves use every effort to establish the excellence of this method, and to prove the efficacy of these measures in the cases where they are indicated, gladly accepting a confession or a proof from the camp of our contradictors.

GABALDA.

Iodized Food in Scrofula.

A CASE OF SCROFULA CURED BY IODIZED FOOD.

Reported in L'Union Medical, Oct. 19, 1859.

M. Lebert, surgeon of the hospital of Nogent-le-Rotson, records a case of scrofula cured by the use of iodized food, as recommended by M. Boinet. The patient was a youth of sixteen, of a very lymphatic temperament, and belonging to a family, some members of which had died of phthisis, and several others had presented symptoms of scrofula. He had suffered from his infancy with enlargements of the cervical glands, almost always terminating in suppuration. When one swelling began to disappear, another developed itself in its vicinity, so that the neck was the seat of a constant discharge and of numerous unsightly scars. The disease had also attacked the mastoid process of the right side, and had produced a fistulous opening, which gave passage occasionally to some fragments of bone. The general health was miserable, the appetite very irregular, digestion difficult, the strength prostrated, and the complexion extremely pale. The patient had been subject for five or six years to active treat-

ment, consisting of bitter infusions, iodide of potassa, and cod-liver oil; purgatives, blisters, and salt-water bathing, but without any good result. At last M. Lebert had recourse to the iodized bread, as recommended by M. Boinet, and omitted all other medical treatment. From the period of the adoption of this plan, a favorable change in all respects was observed in the patient, and after he had eaten the medicated bread for eight months, he could scarcely be recognized. Not only were there no more swellings or abscesses in the neck, but all the fistulous openings had remained closed for several months, and even the scars had become white and quite regular in appearance. The general condition of the patient was quite satisfactory, the appetite was uniformly good, the digestion excellent, the face well-colored, the stature and the strength of the body quite natural; and, in fact, the use of the iodized bread had effected a perfect metamorphosis in the condition of the patient. M. Lebert remarks that the superiority of this kind of treatment appears to depend upon the circumstance that *chronic diseases yield only to the slow and gradual use of remedies*, while medicines administered in the ordinary doses most frequently fail.

[If M. Lebert will continue his experiments in chronic diseases with infinitesimals, we promise him frequent results as favorable as that above recorded.—EDS.]

Infinitesimal Doses,

AT THE ACADEMY OF MEDICINE OF PARIS.

Translated from L'Art Medical by DR. LAZARUS.

Dr. Labourdette has presented to the Academy a memoir entitled, "On the Introduction of Medicines in the Milk by Digestive Assimilation." He established the possibility of making cows absorb considerable quantities of the iodide of potassium, of arsenical salts, of deuto and protochloride of mercury. These cows continue to live in absorbing such poisons, and they furnish milk abundantly, containing a certain quantity of iodine, mercury or arsenic. The animals being allowed a good range, and health conditions generally, Dr. L. administers medicines incorporated in a bolus composed of fresh roots, bran, white of egg, and salt, increasing the doses but gradually, and never passing a certain limit, which is, for the iodide of potassium, 20 grammes; for the protochloride of mercury, 3 grammes;

for the bichloride, 1 gramme ; for Fowler's solution, 5 to 10 grammes. Notwithstanding all precautions, it is rare that such doses are reached without causing some disorders, of which the principal are albuminuria, jaundice, diarrhœa, and finally, if persisting in the medication, the total suppression of the milk. Mr. Labourdette gives, in his memoir, directions by means of which these troubles may be avoided, or when produced, remedied. Finally, he affirms that he has preserved for a long time, cows yielding abundantly, a milk possessing all the external characters of common milk, but in which the chemist ascertains the presence of medicines that had been introduced within the stomach. This memoir has been the subject of an extremely favorable report, the conclusions of which have been approved by the Academy.

What does this medicinal milk amount to ? It is a process which permits the administration of medicines in very small doses and under a form essentially assimilable—a sort of homœopathic dilution prepared in a living laboratory—the *plagiarism of the cow* succeeding to M. Amedée Latour's *plagiarism of the goat*, only this time the imitation of Hahnemann's procedure rests on labors far too serious for us to employ the term plagiarism sneeringly.

But the night brings counsel, and the academy have reflected. At their next session, M. Boudet took the floor and demanded whether iodine, arsenic and mercury were found in the milk as organic compounds, or in the state of simple solution. In the first case, he could understand how the very slight traces of medicines contained in the milk might have a special action due to this combination ; but if the medicines which exist in the milk are only dissolved in the liquid, he did not understand how they preserved a therapeutic action, since they exist in a proportion, infinitely smaller than 4 to 5 ten-thousandths.*

M. Trousseau is far too well acquainted with homœopathic therapeutics to reject a medicinal compound for the sole reason that the medicine exists in a proportion infinitely less than a second dilution. He promptly replied to M. Boudet, that the *doses* of medicine had not always a great importance. Then he endeavored to explain the efficacy of small doses by *dynamic action*.

" Here is the point I wish to make : if M. Boudet's objections against the use of the medicinal milk were well founded, especially if

* The efficacy of cod-liver oil is attributed in part at least to the iodine and bromine which it contains in the proportion of 4 to 5 ten-thousandths. Now, there is every reason to believe that iodine is found in the milk of cows in much smaller proportions.

they were so for mercurialized milk, we should have to find in this milk mercury enough to account for its effects in the treatment of the syphilis of young children, for example. Now, there is nothing of the kind. It is, on the contrary, demonstrated that the effects are produced by *minimum doses, not at all comparable with the doses of the usual compounds* necessary to produce the same results. It is, consequently, logical to admit that mercurialized milk, independently of the mercury which it contains, *as to its quantity*, passes into the fœtus imbued with certain dynamic qualities, which modify in their turn the child's organism, so that it is enabled to conquer the pox; and these *dynamic qualities* themselves are derived from the *dynamic* modification impressed upon the maternal organism by the *dynamic action of mercury.*"

Such is now the doctrine professed by M. Trousseau upon the efficacy of *infinitesimal doses*, and on *medicinal dynamisms*. The idea and the form alike remind us singularly of a chapter in Hahnemann's Organon.

M. Chatain vainly endeavored to draw the Professor of Therapeutics out of the compromising position in which he had placed himself, and in order to show the efficacy of small doses, has cited cases of goitre, rebellious to massive doses of iodine, and cured by plants containing very small quantities of this remedy. The Academy had perceived the shade of Hahnemann, and by the mouth of M. Boudet or Piorry denounced M. Trousseau with the epithet of Homœopath.

In approving the medicinal milk, the Academy admits the efficacy of doses comparable by their smallness to the third dilution of the Hahnemannian preparations. In accepting the fact, that very small doses of iodine could cure where massive doses had failed, it steers, according to M. Piorry's expression, "under full homœopathic sail," yet it protests by the voice of M. Chatain, and repels the Hahnemannian doses, in which it has no faith. Whence this inconsistency, and why does the Academy believe in infinitesimal doses only up to the third dilution? Because chemical reagents fail to detect the presence of medicines beyond this dilution. But chemical reagents fail to detect the fever-causing element in the air of marshes, fail to explain the violent effects of venoms and viruses, fail in the analysis of many mineral waters, the efficacy of which no one contests. How, then, after all these examples, conclude from negative results of chemical analysis, as to the absence of a substance which very certainly enters into the first dilutions of a pharmaceutic preparation, and

which minute precautions must have spread through all the subsequent dilutions? And why ask of chemical analysis the solution of a question which clinical observation only can furnish? Why? Because the Academy has the presentiment that observation would turn against it, because it has registered against homœopathic doses a decision which it cannot revoke. It cannot recognize its wrong in persecuting physicians who, notwithstanding its ire, have persevered in the clinical verification of homœopathic doses. Thus the Academy, which had already accepted the law of similitude as an important principle in medicine, and the experimentation of medicines upon the subject in health, as the principal basis of the *materia medica*; now accepts the efficacy of infinitesimal doses as far as the third dilution. The Academy of Paris is much more Hahnemannian than a number of homœopaths, who employ only dilutions of one-tenth strength, and accept the "*simile*" only within certain limits. JOUSSET.

Toxic Influence of Carbonic Acid in Uterine Injections.

BY PROFESSOR SCANZONI.

From the Beitrage fuer Geburtskunde (1856).

In an analysis of a thesis of M. Dor, published by himself, it is said that douches or injections of carbonic acid *per vaginam* are free from danger. Here is an opposite fact:

Observation:

Cervix uteri prolapsed and hypertrophied.

Previous to extirpation of the diseased parts, Scanzoni allowed a bladder full of carbonic acid to be injected through a canula into the gaping mouth of the neck.

Hardly had three cubic inches of gas entered, when the patient cried that she felt air entering her *stomach*, her *head*, her *throat*. She was seized with general tetanic spasms, the respiration became embarrassed, the pulse weak and frequent, and the patient died in less than two hours. The autopsy showed nothing that could explain this death. There was no peritonitis. Scanzoni believes that the carbonic acid entered one of the large uterine vessels of the hypertrophied part. I will remark, that there was pulmonary œdema in this woman's case, and that, in taking account of this fact, and of the toxic influence of carbonic acid as observed by MM. Charles Bernard and

Lejuge, asphyxia may fairly be ascribed to the small quantity of carbonic acid injected and absorbed.—BROWN SEQUARD.

M. F. W. Pavy's Researches on Glycogene and the Functions of the Liver.

In the last number of *Guy's Hospital Reports*, the author announces :

1. That the blood of the right ventricle in living animals contains but an excessively small quantity of sugar.
2. That the liver itself hardly contains any sugar in the normal state.
3. That the presence of much sugar is due to causes of disturbance which have determined the transformation of the glycogenic matter which the liver contains.
4. That as to the blood, when much sugar is found in it, in a living animal ; it is because the liver has been subjected to some cause of congestion, of compression by the abdominal walls, etc.

In another memoir, Mr. P. shows that the liver notably increases among dogs fed with amylaceous matters or with meat and sugar, and that in these animals the quantity of glycogenic matter in the liver becomes more considerable than in dogs fed with meat.

Allopathy in Typhoid Fever.

“ In consequence of the difference of opinion between those physicians who have had the greatest experience in the treatment of typhoid fever, it is impossible to give any therapeutic management that would obtain a general assent.”

The foregoing is a brief extract from a report on Typhoid Fever of a committee appointed for that purpose by an Allopathic Medical Society of Ohio, which report, as read, was adopted at a meeting of the society. A better commentary on that system of practice could not well be produced.

It is no longer, then, a mooted question, whether allopathic “doctors disagree” or not, and whether there is such a thing as the “glorious uncertainty of medicine ;” but it is not often that *regular* scientific physicians, in solemn conclave assembled, have the boldness to march

upon the witness-stand in a herd, and confess the *truth*. All honor, then, to the medical society of Ohio.

Go on, gentlemen, and treat this formidable disease in just such a way as you think best, for "it is *impossible* to give any therapeutic management that would obtain a general assent." All the six hundred and forty therapeutical agents are at your service: go select just such of them, or all of them, or as many of them, as you see fit, —it is not in our power to give you any instruction. Every good physician treats disease in his own way (any how, you know), and *each* physician has a treatment of Typhoid Fever of his own: it is, therefore, impossible to give you, in a brief report, *every* physician's treatment. The world could not contain all the books which would be written, if such were the case. Go on, then; here are remedies, a host, selected from the four kingdoms of the earth; pick out (don't be particular) a lot of them for this disease, and make unto yourselves a medical hobby, which you are at liberty to ride all the days of your professional life.

Affections of the Skin, depending on an influence of the Nervous System.

By DR. CHARCOT, Ancien Secrétaire de la Soc. de Biol., Med. des Hop., etc.

FOLLOWED BY REMARKS ON THE MODE OF INFLUENCE OF THE NERVOUS SYSTEM ON NUTRITION.—By Dr. E. B.-SEQUARD.

Condensed from the "Journal de la Physiologie," by DR. LAZARUS.

OBS. 1.

Peculiar eruption seated on the dorsum of a hand and of the fingers, and probably consecutive on the lesion of the nervous fibrils which are distributed to these parts. (Hopital de la Pitié, Salle St. Benjamin, No. 24.)

C. R., day laborer, aged forty-two, of good constitution. No serious malady up to the present time; no symptoms of scrofula during his childhood.

In the course of the year 1852, after great fatigue, a phlegmon upon the fore-arm necessitated a large incision on its dorsal surface. Next year, another phlegmon on the left fore-arm. The tumefaction was considerable, and extended to the hand and fingers; five large incisions, during six days, gave issue to a great quantity of pus.

Soon afterwards, the left fore-arm and hand lose strength; the

sensibility becomes obtuse, and is gradually lost, while replaced by sticking and formicating sensations, of varying intensity, with occasional paroxysms of neuralgia. Pains shoot from an old cicatrix, and spread in the hand and fingers, especially in the thumb, index, and medius. The skin covering these parts is now completely insensible. Partial atrophy of the hand and fore-arm succeed, with distortions of the hand, and finally the eruption. The four last fingers are demi-flexed, and can be moved but with difficulty. The thumb is deformed in its metacarpo-phalagian articulation, and especially by the upper end of the first phalanx, which is swollen at the joint, and keeps it nearly motionless. No adduction, nor apposition of the thumb with the fingers, which, half flexed, are all swollen at the ends—the index especially. The muscles of the first interosseous space are atrophied, and those of the others in a less degree, as well as the fore-arm, which bears five scars. One cicatrix on the external fore-arm, a little behind, about an inch long, is very firm, deep, retracted, and manifestly adherent to the subjacent tissues, right upon the track of an important branch of the radial nerve (the cutaneous of Cruveilhier.)

For eighteen months, the external part of the dorsal surface of the left hand and the dorsum of the index, medius and ring finger have been covered with bullæ, chiefly about the joints, and appearing one by one at very unequal intervals. A bulla forms in a few hours, attaining the size of a filbert; when it breaks, a superficial ulceration beneath heals in about thirteen days. These bullæ are neither painful nor surrounded with inflammatory aureoles. Their scars are superficial, oval, of a deep rose color, shiny, radiated, and slightly depressed. Ten such bullæ have come upon the metacarpo-phalagian joint of the index, and four at its last joint; one upon the middle joint of the middle, and one on the first joint of the ring finger. After the left arm and hand had long been thus affected, the same series of troubles attacked the right arm and hand, though with less intensity, and without bullæ hitherto. During two years, the malady has been gaining ground, and hardly a trace of sensibility now remains to the arms and hands. The general health and strength have not suffered in any appreciable respect. The anæsthesia, in this case, has predominated over the atrophy, which constitutes a local shade of difference from "*progressive atrophy*." Romberg shows that the lesion of nerve has, in several cases, become the point of departure for ascending neuralgias, as from the hand, through the arm, to the

face. Farther experience in analogous cases is needed to show whether such an explanation can be given to the anæsthesia and atrophy observed here upon the right arm. Herpetic vesicles are known to affect the skin of neuralgic parts. Many such cases are cited by Rayer, Romberg, Henle, Notta, and Parrot.

I have myself preserved the following :

OBS. II.

Herpes Zoster upon the course of a Sciatica.

Hopl. de Lariboisière, July, 1857.—Man of forty-three, twice attacked, at a year's interval, by a very refractory sciatica on the left side. Eighteen days after the second attack had commenced, numerous and confluent groups of herpetic vesicles covered the skin of the leg and lower part of the thigh during a fortnight, the neuralgia still continuing several weeks after the herpes had disappeared.

OBS. III.

Neuralgia consecutive on a wound and accompanied by a herpetic eruption.

A man admitted into the ward of Mr. Rayer, in 1851, had received a musket ball in the lower and external part of the thigh behind. Some time after the wound healed, sharp and almost constant pains, with fits of exasperation, parting from the cicatrix, spread over the back of the foot, and evidently followed the track of the nerves. This neuralgia, which resisted all means employed, was several times accompanied by groups of herpetic vesicles, that resembled zoster. Whatever the differences in the cases precited, the eruption seems in all alike to have been an expression of lesions of nutrition in the parts to which the affected nerve is distributed.

REMARKS OF MR. BROWN-SEQUARD.

Pathology abounds in facts which demonstrate in the most positive manner that the nervous system is capable of determining the most varied alterations of nutrition in the different organs. The facts mentioned by Mr. Charcot are additional proofs of this influence, and assist in establishing a capital distinction between two series of facts that are every day confounded by a great number of physicians and physiologists. Thanks to this confusion, they maintain that the actions of the different tissues and organs, as well as their nutrition, are under the dependence of the nervous system. We shall see how much they deceive themselves. The comparison of the effects of the

section with those of the compression of a nerve, shows that there are very considerable differences between these two cases. It is the same with regard to the nervous centres.

Science abounds in facts showing that the complete section of a nerve is followed by no other alterations in nutrition than an atrophy slowly produced in all the paralyzed parts. Experiments on animals show also the same absence of alteration of nutrition after the section of the nerves of the limbs. We have elsewhere signalized the causes to which are really due those gangrenes which Schröder, Van der Kolk, and others have attributed to the absence of an action necessary to nutrition, after the section of the nerves of a limb. We have shown that these alterations are simple effects of a prolonged compression, and of the multiplied frictions of a part of the limb against a hard soil. These alterations do not occur in paralyzed parts when in contact with soft substances only. See *Comptes Rendus de la Soc. de Biol.*, vol. 1, 1849, p. 136, and my *Exper. Researches*, 1853, p. 10.

If we compare the effects of the compression of nerves with those of section, we find a great difference. In one case, reported by Mr. James Paget, and observed by one of the most distinguished surgeons of London, Mr. Hilton; a man who had had a fracture of the lower extremity of the radius, cured after the production of a good deal of new bone, had the median nerve compressed. His thumb, as well as the index and medius fingers, ulcerated. These ulcerations resisted many kinds of treatment, and were cured only after the wrist had been so bent that, by the relaxation of the parts on the palmar side, the pressure on the nerve ceased. While this state of things continued, the ulcers healed kindly; but as soon as the man had been permitted to use his hand, the pressure on the nerve was renewed and the ulceration of the parts to which it is distributed re-appeared.

A similar case, observed by Mr. Swan, is also reported by Mr. Paget in his *Surgical Pathology*. These are cases of the *irritation* of nerves, and the surgeons who treated them might have cured them at once by cutting the irritated nerves.

Our friend, Dr. Ch. Rouget, has related to us a case which bears some analogy with the preceding and with the third of Mr. Charcot. A farmer, in leaping a ditch, shot himself with a charge of small shot in the internal face of the left arm, near the middle. At the bottom of the wound, which was about five inches large, was seen the humeral artery, the basilic vein torn, and several nerves—especially the internal cutaneous—contused. The wound soon healed, but within three months afterwards, there came upon the

posterior and internal part of the fore-arm an eruption resembling zona, occupying a surface of from four to five centimetres in diameter, in a part of the fore-arm deprived of sensibility. Relatively to the spinal axis, we daily observe facts which clearly establish the distinction between irritation and the cessation of action. Sir B. Brodie has seen the heel begin to mortify twenty-four hours after a lesion of the spinal cord, and few surgeons have not seen ulcerations and even eschars appear upon the sacrum and elsewhere, in the first week after a fracture or luxation of the spine. If these cases be compared with those wherein the eschars appeared only a long time after injury to the spine, we see that, in the first case, the cord is compressed and consequently irritated, while it is not so in the second. Here then, still, it is not paralysis—it is not inertia of the nervous system that causes the altered nutrition; but, on the contrary, a morbid state of this system consequent on irritation, that produces this alteration. I have seen at least several hundreds of animals survive, whole months, the section of the cord, and present in the parts paralyzed no other lesion of nutrition than an atrophy, generally slow in showing itself. In two cases, on the contrary, there was considerable atrophy in five or six days, with a gangrenous ulceration of the sacrum and of some points of the thigh. We must distinguish then, the effects of morbid action, from what occurs in absence of action.

The first case of Mr. Charcot belongs to a very large group, in which alterations of nutrition occur by reflex action.



Bibliographical Notices.

Metcalfe on Caloric.

This is a two-volume octavo, published by Lippincott & Grambo, and although rather ponderous, has in a high degree the attributes of American popular science, viz. :

1. It is extremely diffuse, the substance of a page being usually diluted into a chapter.

2. It treats a great variety of subjects, without being thorough in any one.

3. It is full of crude and hasty generalizations.

4. It has the affectation of being novel and profound, in a loose compilation, under the one head of caloric.

5. Amused with resemblances, more or less vague, among the powers of nature, it forbears to tax the mind with research into those *characteristic differences* which constitute the province of true science.

6. It conciliates religious notions by the worship of an abstraction, caloric being the scientific term for God.

7. It assumes authority, and appeals to its own crudest hypotheses as demonstrative evidence.

8. It repudiates with self-sufficient sneers the conclusions of the greatest geniuses in science, such as Coulomb and Becquerel in electricity, Liebig in animal chemistry, not minding a little mis-statement when convenient.

Finally, it is an encyclopædia of facts, the common property of science, loosely cemented with philosophical twaddle.

EXAMPLES.

Metcalfe begins by materializing caloric, so as to speak of its atoms, molecules, or particles; he then makes a petition for them of an idio-repulsive power as common to all forms of matter, citing the axiom that like atoms repel each other, and attract those of a different nature: he argues from the great difference between the imponderable matter of caloric, and other ponderable matters, to explain the diffusion of caloric in them as an attraction of its molecules for theirs. In maximum, its idio-repulsion dilates their molecules in the expansion of solids, in liquefaction and vaporization; in smaller quantities, it constitutes the bond of union between their molecules,

also supposed to be endowed with idio-repulsive powers; and this bond (curiously enough) is made stronger in their cohesion, proportionally as they are deprived of the binding principle, caloric.

The main point in Mr. Metcalfe's hypothesis is that "solar caloric is the basis of lightning." He conceives the solar ray as consisting only of heat and light; but interpreting the composition of the ray by its effects; we have the same right to speak of its chemic, electric, or magnetic element, as of its caloric or luminous. If the red ray heats most, and the blue ray lights most, so the violet ray is most potent in determining chemical changes.

Metcalfe objects (193, v. 1) to the electro-chemical theory of electricity, on the ground that "bodies assumed to be in the same electric state unite chemically; viz., oxygen with chlorine, iodine and bromine." But in the next phrase he invalidates this statement by denying "that these elements are uniformly in the same electric state, since they are conveyed, when their compounds are decomposed, to the opposite poles of the battery. . . . Dr. Thomson observes, that if chemical affinity were merely the result of the different states of electricity, bodies could not remain united, unless these different electrical states were permanent. But if the positive and negative electricities combine and fly off in the form of fire, there must be an end of the different electrical states which caused them to unite, and of course, the union must cease; which is contrary to matter of fact."

Our Answer.—1. The free or radiant caloric of bodies might, upon the theory that caloric is a function of electricity, be ascribed to the oscillations of electricity in their structure, or in other words, to the facility with which its equilibrium is disturbed and its polarities manifested. This kind and degree of electric oscillation does not imply the oxidation or disaggregation of bodies. It may be classed, therefore, as static electricity, and this term has already been applied to all the phenomena of the electricity developed by friction or otherwise, independently of currents evolved either by chemical action or magnetic induction. The heat of organic bodies is not merely a function of the oscillations of static electricity, like that of inorganic bodies; it is a result of chemical changes, as well as of opposite polarities.

2. The continued evolution of electricity by friction, is known to be derived from the Earth and atmosphere, and ceases by insulation.

3. In the evolution of chemical affinities, bodies do not remain united, but decompose or are decomposed. When the evolution ceases, the static equilibrium of bodies is resumed in those parts which had

not yet "combined with electricity, and passed off in the form of fire."

Metcalfé explains cohesion thus: the molecules of caloric, idio-repellent, form the bond of union between the molecules of other bodies. Then as he finds cohesion to maintain a force, of ratio inverse to the heat of bodies, he accounts for this by the contraction of the caloric atmosphere, and by a more intimate union of the molecules of caloric with those of the substance cohering. Hypothesis upon hypothesis, which is far from being equally satisfactory to the mind, with the simple admission, that cohesion, the normal state of certain forms of matter, may be disturbed by the undulations of electricity or of caloric in its structure, whether we regard caloric as a function of electricity, or as a distinct athermal force. Metcalfé, page 167, says: "It is self-evident that if the attraction of caloric for metals, ice and other bodies, augments in proportion as they are deprived of it, it must be an attractive as well as a repulsive agent, an ethereal bond of cohesion," &c. But what consistency is there in the admission that these strongly cohesive bodies—metals, ice, &c.—are *deprived* of caloric, with the previous assumption that, at low temperatures, they had only condensed the caloric molecules in union with their own, and that this was the cause of cohesion? Now then, what are we to understand? for Mr. M.'s propositions, put together, will read thus: Bodies owe their cohesion to the presence and intimate combination with caloric, the privation of which, proportional to their cohesion, as the temperature falls, is the cause of their greater attraction for caloric and of their stronger cohesion.—Confusion worse confounded! But what occasion have we for any other statement than that electricity or caloric, whichever be considered the parent force, in spontaneously tending to equilibrium, will, like air or water, rush to fill the comparative vacuum which cold, inert bodies present to it?

I am not disposed to reduce by arbitrary hypotheses any one of the solar manifestations to the exclusive attitude of a function in relation to another. All may be, in their turn, primary, and functional—convertible terms of a common equation—aspects of the integral solar ray. Under certain conditions, caloric appears as a function, phenomenon, or effect of electricity; or of magnetism; or of mechanical motion; or of chemical change: under other conditions, it may appear as their cause. Exclusive or sectarian views in science, as in theology, only complicate questions, and waste time in idle discussions. Partial statements and one-sided hypotheses are ever unsatisfactory, and the false is often but another name for the incomplete. Truth resides in synthesis.

At another place we find :—"The number of volcanoes, and the forces they exert, are in proportion to the energy of the solar ray."

"Among 270 volcanoes now acting, 180 are tropical, 43 of which are in the island of Java. The highest mountains of the earth are nearly all found within 32 deg. of the equator. The average elevation of the tropical table land is equal to that of the mountains of middle latitudes, whose table lands average the height of Polar mountains."

Hence, Dr. Metcalfe concludes that "the aggregate force by which mountains, islands and continents have been raised from beneath the ocean, like all chemical transformations on the surface of our planet, *is in proportion to the heating power of the sun: ceteris paribus.*" Would it not be more correct here to say, *have coincided with?* Here are two effects, viz.: the inequalities of surface and the equatorial exposure of this varied surface to the solar influence, both alike due to the axis and force of the earth's self-centred revolution. It has been proved that a semi-fluid globe, in cooling while it revolves, will bulge its equatorial line and flatten its poles. Now the same force which expands the whole earth at her equator, and renders the distance from that surface to her center greater than thence to either pole, will naturally increase the inequalities or excrescences of surface resulting from the differences of texture in the crust, and the results of local energies. It is the more remarkable that Mr. Metcalfe should have overlooked the influence of revolution upon the inequalities of surface, since, in following out his one idea, caloric, he comes to observe, that "we must not overlook the influence of variations in the inclinations of the earth's axis, in modifying the mean temperature of different latitudes."

The same remarkable deficiency in analytical acumen appears in Dr. Metcalfe's views upon malaria. He does not hesitate to assert, that "carbonic acid, in the proportions breathed in ill-ventilated churches or crowded assemblies, etc., for a sufficient length of time, would so far impair the vital properties of the blood and derange the nutritive process, as to induce all the symptoms of malarious fever."

"I therefore appeal to the candor of all enlightened minds, whether it is not more in the spirit of true science to ascertain the influence of carbonic acid, and of all other gaseous emanations which are known to arise from the decomposition of dead matter, than to seek for the nature of malaria in some mysterious and hypothetical condition of the atmosphere, about which nothing is known?" Then shifting his ground again, he continues: "And whether *vicissitudes of temperature* do not constitute a still more important condition of what is termed

malaria, than even carbonic acid, or any other mephitic gas? For it is certain that in hot climates and seasons, exposure to fatigue during the heat of the day and to the cool damp air of night, are by far the most common exciting causes of fever, the malignity of which is in proportion to the elevation of temperature where it prevails; *ceteris paribus*. Sir James Clark observes, 'that a person may sleep with perfect safety in the center of the Pontine marshes by having his room kept well heated by a fire during the night.' But he should no less guard against the excessive heat of the day, than the chilling dampness of evening fogs, which weaken the circulation and predispose to fever." Here are practical common-places, that would suit the Fowlers and Wells style of popular physiology, but which have no scientific accuracy. Indeed, it is not necessary to be a physician, to answer that, 1st, If carbonic acid were the cause of malarious fevers—i. e., of intermittent and remittent bilious and yellow fever—these would be most frequent and violent among the confined populations of cities in the winter, when they breathe most of this gas in their houses, shops and assemblies; which is exactly contrary to the truth. Neither is it necessary to be medically acquainted with the distinctions between *zymotic* fevers, typhoid, and others which may be caused by the effluvia of dead organic matters; and the *malarious* fevers, in which zymosis is no longer the typical character; in order to answer that, were the views precited even approximatively true, the class most subject to malarious fevers would be, after the "*carbonic acidized*" sewing girls, school children, church goers and attendants on courts of law; the butchers, the scavengers, and the tanners — classes so remarkably exempt from malarious fevers, that the putrid emanations, which they habitually breathe, have been cited both as preventive and as curative to the malarial poison. Mr. Tardieu, Professor of Legal Medicine in the University of Paris, has adduced the remarkable case of an officer, whose health, undermined by the malarial fever of a marshy province, was restored by a change to the superintendence of a great "*roirie*," where he breathed an air charged with animal putridity. Farther on, as to "*vicissitudes of temperature*," they are certainly greatest in the winter, and for those who go out, after sessions of business in stove-heated rooms; also normally, in many healthy locations on the Pacific coast, between night and day, and in the New England States, and in districts near the great lakes of the North. Yet in this season, the winter, the frequenters of heated rooms, and of the localities mentioned are the least visited by malarial fevers, which

reserve their bear-hug and shake for the out-door laborer, in warmer seasons, and in localities altogether distinct.

Journal de la Physiologie de l'Homme et des Animaux. Publié sous la direction du Dr. E. BROWN-SEQUARD. Paris: Baillière.

A condensed résumé of such articles in this valuable contribution to science as immediately bear upon the practice of medicine and surgery, will from time to time be given in our General Record.

The name of Brown-Sequard is now well known in all scientific circles. Bearing with him from Mauritius, civic honors, the spontaneous tribute of his grateful fellow citizens, he lives in Paris at present, a chief among the savans of Europe and America.

The medical public of to-day is already familiar with the radical modifications which Dr. Brown-Sequard's experiments have impressed upon the physiology of the nervous system, since the time of Sir Charles Bell. It does not devolve upon a magazine of this character to enter the field of science militant in physiological anatomy, but we shall make brief allusions to such physiological facts as appear to be new, and of general interest to medical men. Dr. Brown-Sequard has written partly in English. His experimental researches in physiology and pathology, and his more recent researches on epilepsy, are to be found in this country at Westermann's, New York, and at Pennington's book store in Philadelphia.

Craig on Epidemics.

This is among the many valuable works, which constructed under the tension of one idea, do not prove what they intended, but repay us for their study by collateral uses. I have frequently availed myself of Mr. Craig's compilation, in my own work on Endemiology, of which a first chapter on Malaria, &c., has appeared in this number. I shall here limit myself to a general criticism, without making any quotations.

Mr. Craig has attempted to show that a negatively electrical state is the common pathological basis, cause, and interpretation of the malarial and the zymotic fevers, embracing the cholera, and of course, the plague and yellow fever, with intermittents, remittents, continued, typhoid, and typhus types, in all their varieties.

He attributes these different expressions to different degrees of intensity in the same cause.

He observes the coincidence between the most formidable of the precipitated types, and those climatic sites where the rapid evaporation of heavy rain-falls determines extreme and sudden variations in the electrical states of the surface; positive under the blaze of a tropical sun, negative during the hours of the night,—viz.: Yellow fever at Vera Cruz, malignant remittents off the Guinea coast, &c. He enlarges on the meteorological changes which preceded and attended the Asiatic cholera. He adduces the sickliness of certain sea-beaten rocks, and other spots where neither heat and moisture, nor yet the decomposition of organic matters, could account for pestilence, but where the soil is magnetic; others, where the rocks were in a state of disintegration. We shall return upon all this by and by.

Mr. Craig seems to be constitutionally deficient in the differentiating faculty. If, instead of trying to identify lesions and morbid expressions so varied, under the one head of capillary congestion from nervous exhaustion or electrical depletion, in order to refer them with more plausibility to one and the same cause; had he been content to study the influence of telluric and atmospheric electricity in its changes, as a factor in *predisposing* to maladies which vary with the specific miasms of each endemic site, then Mr. Craig's work might have counted as a progress in positive science. Actually, it is but a collection of materials from other authors, to which no value has been added either by original research and observation on the one side, nor by a vigorous style and logical analysis on the other; for Mr. C. holds a feeble and sprawling pen, fatiguing by its platitudes and repetitions. His book is deficient in those meteorological data which are needed to place the reader in the possibility of drawing any logical conclusion from the facts stated. No first principles are established, and you seem to be threading your way through catacombs of science with a flickering rush-light.

There are real difficulties in applying to a new series of problems the observations made by Becquerel, Peltier, Read, Ronalds, De Sausure, Coulomb, Quetelet, and other authorities in atmospheric electricity, who had not in view the etiology of diseases; these difficulties Mr. Craig has respected. He has lifted no sacrilegious hand to that vail which descends over the august physiognomy of science. He abounds, however—or, at least, the facts cited by him abound—in hygienic suggestions, every valuable point of which we shall endeavor hereafter to develop.

"What may be Learned from a Tree."

This is the title of a handsome volume of 200 pages, from the pen of Mr. Harland Coultas, and from the press of Messrs. C. Sherman & Son, Philadelphia.

Hugh Miller has given us "The Testimony of the Rocks," and Mr. Coultas here offers *The Testimony of the Trees*. After a careful perusal of the work, we feel deeply interested in its wide-spread circulation, believing that it must prove highly instructive, both as to botany and the true aims and rewards of life, morally, socially, and spiritually. Seldom do we find an author so exact in detail, and so philosophical, who writes with so much ease and life as Mr. Coultas. We venture the opinion, that no one who reads two pages of his work could willingly turn away till the last page is read. And we further venture the opinion, that no one who reads it thoughtfully can cherish any but feelings of kindness for the author, and the best of wishes for the circulation of his book. Buy a copy, my friend, and read it well; and our word for it, when you go forth again into the "grim old wood" or shady grove, you will be astonished to find how talkative and companionable are the *trees*, through whose habitations you have hitherto found only silence and solitude.

The Avoidable Causes of Disease, Insanity, and Deformity.

BY JOHN ELLIS, M.D.,

Profr. of the Principles and Practice of Medicine in the Medical College of Cleveland, Ohio, &c.

New York: Published by the Author, Cooper's Institute, 1860. 12mo., pp. 348.

There is scarcely any subject on which so many books have been written as on the art of preserving health; and we know of no books that have been so generally disregarded. The subject is one on which more persons are ready to give advice than to follow it, even when they know it to be good. Epicurus is more popular everywhere than Louis Cornaro, and the people have generally treated the teachers of hygiene and dietetics as they did "Poor Richard," when he made them an oration on economy. "They approve the doctrine, but practice the contrary."

But the fault is not all on the side of the people. The books written by popular writers and lecturers on this subject have gen-

erally been composed of fragments of truth and relics of worn-out theories, brought together to support a new system of practice, or advance an individual interest. We have now before us a work of a very different character. Its author has made the "*avoidable causes of disease*" a special study for years; he has made some efforts to attract public attention to the subject, through popular lectures and essays, and now presents in a comprehensive and symmetrical form the results of his extensive and varied researches. After a preliminary examination of the sources of physical degeneration, particularly among the American people, and some suggestions on "the only true foundation for a real reformation of the evils of society," the author enumerates and explains the *mental or spiritual causes of disease*, and then, at greater length, he enters upon his main subject—the *physical causes of disease* which could and ought to be avoided. Of his manner of treating the various topics embraced in the volume, it is sufficient, at present, to say that the following causes of disease are discussed and explained with a degree of clearness, scientific accuracy, and felicitous illustration, that can nowhere else be found in a readable and attractive form. We transcribe only a portion of the Table of Contents:

Use and abuse of the Digestive Organs.—In eating, drinking, domestic drugging, &c.

Violation of the conditions requisite for physical development and preservation.—Water, Air, Sunlight, Exercise, mental and physical.

Children.—Their proper and improper management—The causes of disease and mortality among them.

Our imperfect system of education a cause of disease, insanity, and deformity.—Comparative neglect of moral education, Neglect of physical education, Neglect of elocution and oratory.

Clergymen's throat disease.—Its causes and cure.

Fashions and Habits of the Ladies.—Causes of their ill health, and of so many dying prematurely from Consumption and other diseases.

Neglect of proper amusements, and indulgence in those which are demoralizing and injurious to physical health.

Improper use of Poisons.—Narcotics, Opium, Tobacco.

Alcoholic and fermented drinks.

Excessive labor, bad positions of body, Wounds — Proper and improper methods of dressing them.

Should Homœopathy be Introduced into our Public Institutions?

AN ADDRESS TO THE FRIENDS OF HOMŒOPATHY.

This Address was prepared by a committee consisting of Drs. J. R. Coxe, Jr., J. Jeanes, J. Berens, J. F. Geary, R. Gardiner, J. Kitchen and W. A. Reed, appointed for that purpose at a general meeting of the Homœopathic Physicians of Philadelphia, and adopted at a subsequent meeting and directed to be published.

(Signed,)

WALTER WILLIAMSON, *Chairman.*SILAS S. BROOKS, *Sec'y.*

The Address presents the claims of Homœopathy to a public recognition by the authorities who have charge of the public health in the city of Philadelphia. It recounts, in a brief but forcible manner, the progress of medical science; shows that this science has grown up through successive centuries to what we find it in our day; but claims that the last great improvement in the treatment of disease, yet discovered, has not yet been recognized and accepted by the medical profession at large, though it is now rapidly making its way to public favor. The Address presents the following "undeniable facts" as evidence that the Homœopathic system of practice deserves to be admitted and tested in the "almshouses, prisons, lunatic asylums, and other public institutions:"

"*First.*—That under the Homœopathic mode of treatment the duration of disease is much contracted, the high degree of aggravation peculiar to most maladies modified and materially lessened, when compared with Allopathy.

"*Secondly.*—That it effectually guards against the injurious and dangerous consequences known to result from the large doses and other heroic measures,—such as bleeding, cupping, blistering, setons, &c.,—of the old school.

"*Thirdly.*—That the rate of mortality has, under all circumstances, been less under Homœopathy; whilst in the treatment of Yellow Fever and Cholera, it has shown a pre-eminent advantage over Allopathy.

"*Fourthly.*—That in this treatment, the evils resulting from the extensive adulteration of drugs, is entirely obviated, and the large sacrifice of life which annually takes place, through the mistakes and ignorance of apothecaries' apprentices and assistants, as well as nurses, is entirely prevented."

The Homœopathist's Visiting List and Book of Engagements ; and Pocket Repertory for 1860. Compiled and arranged by HENRY MINTON, M.D., Brooklyn, N.Y. J. T. P. SMITH, Publisher.

A convenient Pocket Diary and Memorandum Book is an indispensable article with every business man ; and we find this work better suited for all the purposes of the Homœopathic physician than any other we have examined. It contains :

A calendar for 1860 ; table of signs ; a table of poisons and their antidotes, in connection with the repertory ; blank leaves for visiting list ; ditto for obstetrical record ; for vaccination engagements ; for nurses' addresses and references ; for addresses of patients and others ; for bills and accounts rendered ; for bills payable ; a general summary for the year ; blank leaves for list of things lent ; memoranda of wants ; and general memoranda. The arrangement is such that the name of each patient, the date of each visit, the prescription made, and the fee charged or collected, can be seen at one view ; and the physician who wishes to compare the results of his various prescriptions, in different cases of the same disease, has the cases already *tabulated* before him. The entire plan comprises neatness, convenience, and utility in every respect. The work is well got up ; the paper and binding are good ; and it would seem to be scarcely possible to embrace so many advantages in a more convenient and compact form.

Miscellaneous.

HOMŒOPATHIC MEDICAL COLLEGES IN THE
UNITED STATES.

It is gratifying to every friend of improvement in science and human progress, to know that the demand for the services of thorough and efficient homœopathic practitioners is increasing in every portion of our country ; and, also, that our school is already prepared to meet that demand by the establishment of *Homœopathic Medical Colleges*. The system of practice, which, in 1830, had not more than three advocates in America, is, at the commencement of 1860, taught and defended in three colleges, furnishing to students of the Atlantic States, to those

of the Central Valley of the Union, and to those of the far West, every desirable facility for the acquisition of a thorough, solid, progressive *homœopathic medical education*. These colleges are not rival institutions, but harmonious co-workers in a common cause. The same principles are advocated in the lecture-rooms of each, and the friends of each find their own best interests advanced by the general prosperity of all. And all the professors of the different colleges are men of known ability and reputation as teachers, authors and practitioners.

Homœopathic Medical College of Pennsylvania.

This is the oldest homœopathic medical college in this country, and has now reached its twelfth session. The catalogue for 1859, exhibits eighty matriculants and twenty-six graduates. This Institution is now so firmly established, that it is only necessary to allude to the high reputation of the professors composing the Faculty.

The Western Homœopathic College, Cleveland, Ohio.

The French philosopher, Volney, after exploring the ruins of the Old World and the forests of the New, said, about sixty years ago, "that of all countries he had seen, he would prefer to live *about a century hence on the shore of Lake Erie.*" The "century," has not yet passed away, but the "shore of Lake Erie" has become the home of civilized, refined, and enterprising people. The State of Ohio and four sister Commonwealths have been formed out of a territory, which, when Volney saw it, had never been permitted to send even a delegate to Congress. The City of Cleveland, which contained then but *one family*, has become a flourishing and beautiful city, competing with Buffalo, Toledo, Sandusky, Detroit, Milwaukie, and Chicago, for the commerce of the Northern Lakes. It has scientific and educational institutions, that would do honor to older cities; but highest among them all, if we may look to the best interests of the city, the country, and the race, is the Western Homœopathic College. It has now been for several years in successful operation. The professors are able and zealous men, ardently enlisted in the acquisition and dissemination of the highest scientific truth; and so well have they succeeded in establishing the character of the school in the West, that homœopathic physicians are beginning to more fully realize the importance of graduating at a homœopathic college. The Western Homœopathic College is situated near the borders of Michigan, and has to compete with the Free Medical (Allopathic) College of Michigan, sustained by that State; but so strong is the popular feeling among the intelligent people of Michigan, that for several years they have sent more students (according to their population), to homœopathic colleges, than any of the Eastern States have done; and the catalogue of the Western Homœopathic College, for 1859, contains the names of not less than ten students from Michigan, who chose to pay for homœopathic instruction at Cleveland, rather than receive the allopathic teaching of Ann Arbor as a gratuity.

Homœopathic Medical College of Missouri, St. Louis.

The first annual course of lectures in this Institution was commenced on the fourth Monday in October last, with a series of popular introductions by the several professors composing the Faculty, which is now constituted as follows:

John T. Temple, M.D., Prof. of Materia Medica; R. E. W. Adams, M.D., Prof.

of the Theory and Practice of Medicine; B. S. Hill, M.D., Prof. of the Institutes and Practice of Surgery; I. Brainard, M.D., Prof. of Chemistry and Medical Botany; A. R. Bartlett, M.D., Prof. of Physiology and General Pathology; E. A. Guilbert, M.D., Prof. of Obstetrics and Diseases of Women and Children; William Tod Helmuth, M.D., Prof. of Anatomy.

Of the Introductory Lectures (so far as we have received copies of them), we may safely say, that they all give ample evidence of that degree of ability, energy, and devotion to homœopathy, that is necessary to render the advancement of our science a tower of strength in the Metropolitan City of the Upper Mississippi—the geographical centre of the American Republic. We can but briefly notice them in the order in which they have reached us.

After the usual preliminary services, and a salutatory address by Mr. H. W. Williams, Secretary of the Board of Trustees of the College, an Introductory Lecture was given by Prof. Guilbert, who selected for his theme, "The Hero as Physician." Taking Harvey, Jenner and Hahnemann as types, he alluded to the life, character, and memorable discoveries of the two first in brief terms, noting the gross injustice with which they were treated by their contemporaries—the penalty that all must pay who are wiser than those of their own day and generation. Passing, then, to the consideration of the still more illustrious Hahnemann, the professor sketched his biography, his discoveries, the misrepresentations and jealousies of his medical rivals, their legal persecutions, his wanderings from place to place, and his sublime self-reliance amid "trials that would have appalled the soul and broken the heart of one not divinely commissioned to bring order out of the chaos of medical incongruities." We can do no justice within the limits of a brief notice to the history of the "successive stages of Hahnemann's journey up the mountain of fame; the gradual spread of his opinions, his expulsion, in 1821, from Leipsic, by the authorities, because he refused to allow the apothecaries to prepare his prescriptions;" the erection, in after years, in the same city, in the midst of assembled thousands, of a bronze statue of the master who was beginning to be recognized by the awaking nations as the world's benefactor; of his final triumphs in the city of Paris; "the number and ability of his disciples, his unexampled literary and professional labors," and serene and tranquil death at the great age of 89, burdened with accumulating emoluments and honors.

Professor Temple gives an animated sketch of the History of Homœopathy in our own country, from the arrival of Dr. Gram, its first advocate in America, in the autumn of 1825, to the establishment of the Homœopathic College of Missouri. He says the object of the Institution is, "the promotion of the Medical Sciences, the elevation of medical ethics, the imparting of correct medical education, and the raising of the moral and intellectual standard of our profession." After establishing the claims which science and humanity have on the medical profession, he closed by saying, "that it was, most emphatically, the light of medical science, which God, in his providence, has ordained to conduct a 'world sojourning in the desert to the promised land of its hopes;' that medicine is destined thus to 'take her place in the vanguard of the sciences, and thus to win for herself the laurels of a world's benediction;' that when pure religion and true medical science shall traverse the earth, hand in hand, that then, and not till then, will be realized the perfection of 'that good time coming,' when sin, and sorrow, and suffering, shall give place to the joys of a redeemed world."

The Introductory of Professor Adams occupies twenty-two octavo pages, and is devoted to the purpose of answering the misrepresentations of homœopathy, contained in the Introductory Lecture of Professor Linton, of the St. Louis Medical College. These arguments against homœopathy have been so often repeated, and so often refuted, that it would seem to be almost impossible to display much originality in answering them again. Professor Adams has, however, accepted the challenge thrown out by a rival school, and honored every argument and objection of his learned competitor, with a direct, conclusive, and spirited answer. He proves, in the clearest manner, that while the *theory* upon which the results of homœopathic practice can be explained may be intelligible to the most ignorant, but sound-minded person; the *results* of our treatment of disease are matters of fact and observation, that may be seen and read by men of every grade of the intellectual scale; and the only way to avoid seeing them, is that which was pursued by the professor of philosophy at Padua, when he was requested to look through Galileo's telescope at the Satellites of Jupiter: the philosopher was *afraid he would see them*, and by refusing to look in the direction of the heretical satellites, he saved himself the humiliation of confessing that he believed in their existence.

In following up the numerous criticisms and quibbles of his antagonist, Professor Adams clearly proves that the objections urged against homœopathy are all founded in utter ignorance of the principle on which it rests; that this principle, which we now know to be a general *law of cure*, has been grasped at, though imperfectly apprehended, by advanced minds in other ages, from Basil, Valentine, Paracelsus, and others, reaching down to the time when Hahnemann grappled with the mighty problem and reduced it to the simple proposition contained in three potent words. And all questions of authority, conflicts of opinion among the learned, progress or decline in the growth of the new doctrines, are settled by the significant fact that, from the day on which Hahnemann was banished from his own city, to that on which the standard of his faith was unfurled on the Upper Mississippi, its partisans have constantly been increasing in number; every position once taken has been permanently maintained, and every step of its advance has been a victory over venerated authority, combined interests, and strongly fortified prejudices.

The Introductory of Professor Brainard presented the Homœopathic System of Medical Practice to the world as an elaborately constructed edifice, based upon a series of carefully conducted experiments with drugs upon the healthy subject, as well as upon patient clinical observation and experience, and therefore entitled to take rank as science. He showed that the remedies it employs have a definite and fixed chemical constitution, and the therapeutical effects and relations of each remedy having been well established by actual provings on the healthy subject, and thus shown to have a uniform specific action, their specific action in disease may also be relied upon. "In chemistry, the grouping of elementary atoms in the formation of binary compounds, such as water, mineral acids, alkalies, chlorides, oxides, etc., are based upon chemical affinities, or polar relations; the perfect geometrical forms of crystals in the mineral kingdom are generally due to the same laws; and a disturbance in the polar relation of these produces a decomposition or destruction of the parts—the atoms thus separated generally arranging themselves under new forms."

"In the development of the vegetable cell, definite and fixed laws exist, and the plant receives its nourishment from a solution of binary compounds in a highly diluted state; the vegetable cell, in its vital activity possesses polarity, which is clearly demonstrated by the circulation of the cell contents." He further claimed, "that if these polar relations were disturbed, a destruction of the living vegetable tissue would be the inevitable result: precisely the same action would take place in the decomposition of a mineral substance by disturbing its polar relations."

In answer to the question, "What is Medicine, and how does it act in curing Disease?" Professor Brainard answers: "Medicinal remedies are not neutral bodies. If they were, no therapeutical effect could be produced by them. They are all more or less poisonous, and possess properties capable of inducing polar disturbances upon the healthy system. In disease, when properly administered, they act by *presence* or *katalysis*, restoring the normal reaction to the diseased part. 'To act upon diseases—that is, to restore the healthy polar arrangement—requires a remedy capable of inducing upon the healthy organism the same derangement—one which can excite the same polar relation as the disturbing molecules.'"

"The physics of imponderables furnishes an apt illustration. Suppose a row of balls representing an organism, to be suddenly polarized by electricity induced in them, and propagated from ball to ball, by charging the first, say with positive electricity.

"Now, here is a derangement due to the actual possession of abnormal electricity, by the first ball. The same effect would occur, if, instead of charging the first ball with positive electricity, I should approach to it a ball negatively electrified: the first ball would then become positive by induction, and so long as the negative ball remained near it, would affect the neighboring balls as before."

"The first case may represent natural disease—the second, drug disease; the difference being, that the first ball, in the former case, is permanently, positively electrified; in the latter, it is only positive by induction."

We have then, a positively electrified organic state, and a negatively electrified drug, occasioning similar forms of disease. "Now, suppose a disease caused by the organic presence of positively electrified atoms, I administer the drug that would cause a similar state—a negatively electrified drug, correlating a direct positive, with an actual negative: if of equal power, they will entirely neutralize each other, thus the other atoms will be freed from their influence, and a healthy action restored."

It is not claimed that electricity is the real agent through which drug action is manifested. The homœopathist, however, must always administer a remedy exciting the same polarity or derangement as the disturbing molecules, and which by its presence, depolarizes or renders neutral the disturbing atoms." In conclusion, Professor Brainard gave the following summary of homœopathic principles:

"1. The totality of the symptoms is the index to the character of the malady.

"2. The remedy is a drug capable of producing a similar disease upon a healthy organism.

"3. The remedial action is independent of the mass of the remedy."

Professor Bartlett commenced his Introductory Lecture with an allusion to the great amount of sickness and suffering among mankind in our day; the shortness of the average of human life, and the fearful mortality among children. He showed that these evils were not the necessary liability of our race; and that the intelligent study of the mechanism and vital functions of the human frame, impressed conviction that the average duration of earthly existence ought to extend to one hundred years or more of active, vigorous, useful life. The facts furnished by daily observation reveal a condition of things very different. The bills of mortality of the city of St. Louis show that very few deaths occur in persons over forty-five. In one week during the summer just closing, which has been remarkably healthy and free from epidemics or contagious diseases, the whole number of deaths amounted to one hundred and thirty, and of these, sixty-seven were under five years of age. During a period of five months, more than half the mortality was with children under ten years; and of the entire number who died, a very large proportion were from diseases that are seldom fatal under homœopathic treatment. The fatality complained of cannot be accounted for by the common exposure to atmospheric inclemencies, bad air, food, etc., for cases were cited to show that the human body could, to a great extent, adapt itself to these evils. It was therefore evident that "some deep and tolerated causes were to be looked for as underlying the feeble constitutions, shortened lives and infant sacrifices of the present age." Professor B. then proceeded to show that "a universal habit of drugging, under the sanction and example of allopathic systems of medicine, was the most prominent of these causes. 'From the cradle to the grave,' people are drugged by the regular doctors, by the apothecaries, by the secret nostrum venders, who have borrowed their prescriptions from the approved formularies of the regulars, and by the unprofessional advice of those who carefully preserve the unassorted prescriptions of their allopathic advisers for the benefit of their sick neighbors. A glance at the canons of medicine shows us sixteen hundred different poisonous preparations, which have been, and are being, poured down the throats of the people. Even war, with all its attendant evils, vices, false habits, and waste of life, is less destructive to human health and happiness than the reckless drugging practices of the allopathic fraternity and their imitators."

The last of the course of the Introductory was delivered by professor Helmut, and was devoted to a review of "The Relations of Homœopathy to the Improvements of the Nineteenth Century." Of the present condition of science in general, he said, "It is science, and science only, that can look upon the ocean, the desert, and those yet mystic elevations of mountain grandeur, and still can turn and gaze with enquiring eye upon a single grain of sand, and thence again upon man, the lord of creation, and can tell us by careful comparison and research, that each constituent of all that exists in finite nature has not in itself the entire aim of its own existence, but that all conjointly form one mighty universe, the architect of which is God; that this great globe of ours is but a condition of our own existence, the instrument by which the mind is expanded, and our sentiments elevated and enlarged. It is science that bids us understand the wonderful and mighty harmony of the creation—that inorganic nature lives for the organic, the world for man, and man for his Creator." The vast accessions that have been made to the sciences within the last half century, and the com-

prehension of the great truths developed in the various branches of knowledge within the last few years, have elevated man in the scale of being, and exalted the most enlightened and civilized people among the nations of the earth. After showing that each step in the progress of discovery was followed by others in still more rapid succession, he said: "But if it be desired to bring this comparison more forcibly before the mind, let us suppose ourselves in Rome, under the dominion of the Caesars,—Rome, that laid a belt about the Mediterranean of a thousand miles in breadth, and within this boundary comprehended all the cities of the ancient world—Rome, with her vast military force, and the grandeur and magnificence of her architectural display, and containing within her suburbs over four millions of souls. Let us remember the dress, the manners and customs of its individuals, and let us imagine that, by some sudden unforeseen power there could, in an instant, be laid down a railroad from Ostia to the Eternal City, and that a mighty steam engine, with its screaming whistle and its clouds of smoke, should whirl a Roman Cohort along the road, at the rate of thirty miles per hour; place in the Forum a printing-press, with its fast-moving cylinders, and let it scatter its ten thousand sheets per hour to the Roman people; let there be a telegraph from Italy to Gaul; a sewing machine in the Palace of the Caesars; a manufacturing depot upon the Quirinal, and a detachment of flying artillery on the Campus Martius, and we can begin to comprehend the relations of this great age."

PROCEEDINGS OF MEDICAL SOCIETIES.

Illinois State Homœopathic Medical Association.

This Association held its fourth annual meeting at Chicago, December 2d and 3d, 1858. Its proceedings occupy a large pamphlet of one hundred pages. The following were elected officers for the year ending December 1st, 1859:

President.—LEONARD PRATT, M.D., Rock Creek, Carroll County, Illinois.

Vice-Presidents.—R. LUDLAM, M.D., Chicago; JEREMIAH GREEN, M.D., Rockford, Illinois; CHARLES DAVIS, M.D., Lacon, Illinois.

Recording Secretary and Treasurer.—E. A. GUILBERT, M.D., Dubuque, Iowa.

Corresponding Secretary.—MCCANN DUNN, M.D., Bloomington, Illinois.

Board of Censors.—GEO. E. SHIPMAN, M.D., Chicago, Illinois; R. E. W. ADAMS, M.D., Springfield; JAS. MELROSE, M.D., Canton; M. M. L. REED, M.D., Jacksonville; M. J. CHASE, Macomb, Illinois.

Clinical Notes from the various Reports and Discussions brought forward during the Session. Dysentery.

Dr. Dunn, of Bloomington, said he had not found *mercurius* so effectual in the treatment of dysentery, during the past summer, as it had formerly been; but he had been highly successful with *hamamelis virg.*, in cases of dysentery in which the alvine evacuations were largely loaded with blood. Dr. Shirley, of Jacksonville, said he had uniformly succeeded with *mercurius*, but he often gave *morphia* in first or second triturations to palliate intense pain. Dr. Chase, of Macomb,

Illinois, had found *mercurius* less successful than in former years; but he had cured the greatest number of his cases with *ipéc.*, a first trituration, alternated with *aconite*, second or third. Dr. Pratt, of Carroll County, Illinois, said in one case *merc. cor.* produced pyalism without removing the disease. Dr. Guilbert, of Dubuque, said he had seen three females, on whom pyalism was induced by *merc. sol.* In one case, he gave the third, in another the sixth attenuation, and in a third case he gave it as high as the twentieth. (Report, p. 10.)

Dr. C. A. Jaeger, of Elgin, Illinois, says, in a communication to Dr. Ludlam, that dysentery has been less prevalent for the last year, and the evacuations were of a less bloody character than in former years, containing more of a green mucus. In those cases attended with violent tenesmus and griping pains, *merc. sol.*, *merc. viv.*, *coloc.*, *nux vom.*, *podophyllum*, were tried without benefit; but *merc. iodium*, first and second triturations, produced the most satisfactory and often most surprising results. In many of these cases, where the evacuations were as frequent as twenty-four to forty in twenty-four hours, only two doses of the *merc. iodium*, second and third triturations, have been sufficient to change the dark green or grass-green discharges to a whitish fermenting character, with from six to twenty ascarides.

Dr. L. Pratt said he had found *merc. sol.* and *merc. cor.* less effectual in dysentery than formerly. He had lost but one case, and that was one in which there was considerable alteration in the mucous membrane when first prescribed for. The patients who took *aconite* in small doses every half hour during the first 24 or 48 hours of the attack, recovered much sooner than the others. *Colchicum* seemed to have a good effect in some instances.

Dr. I. W. Johnson, of Peoria, says the dysentery of the past season presented the peculiarity of not yielding to *mercurius* in any form. The best substitute he had found was *aloes*, which succeeded in all the cases where *merc. cor.* had failed.

INTERMITTENT FEVER.—Dr. Chase stated, in the course of a discussion on this subject, that "in only *one* case out of over *sixteen hundred*, which he treated several years since in Indiana, during a six weeks' epidemic of the disease, did he have occasion to exhibit *quinine*. The remedies he used most often were *china*, *arsenicum*, *ipécac.* and *nux vomica*, from the 1st to the 3d attenuations. He had found, then and since, that a strict adherence to the rule *similia*, gave him the most prompt curative results."

Dr. Dunn said he had generally found it necessary to give *quinine*, and preferred to give 3 grain doses of the 1st (dec.) trituration.

Dr. Adams said he had been most uniformly successful with *arsenicum*, 1st decimal trituration, and had rarely witnessed the prolongation of the disease beyond three paroxysms after treatment was commenced. He gives the remedy during the apyrexia in those cases in which allopathic remedies have been profusely used. In other cases, he only gives the remedy, one grain at a dose, every two hours during the pyrexia. The experience of Dr. Shirley coincided with that of Dr. Adams. Dr. Dunn thought the first trituration too low, and likely to produce marked pathogenetic effects. He said he had seldom given *quinine*, and then only in the first decimal trituration; and had always found *nux vomica* useful in this disease when prescribed with care.

Dr. R. Ludlam, of Chicago, in an able and elaborate Report on the Endemic and Epidemic Diseases of Illinois, presents the following summary as the result of observations already published, as well as of others since collected:

"1. Intermittent and remittent fevers, in much the larger section of the State of Illinois, are of late years comparatively infrequent.

"2. Where they do prevail, typically free from complication with other disorders, they are more readily cured by the homœopathic attenuations than formerly.

"3. In the stead of regular intermittents and remittents as they once prevailed, there is an increased tendency to an *atypical* typhoid complication, involving more especially the functions of the cerebro-spinal system." The correctness of these propositions will be acknowledged by western men generally.

Dr. A. P. Holt, of Lyndon, writes that he has ordinarily succeeded in curing agues with *sax.*, the first trituration, and seldom found it necessary to give *quinine*. One lady had had ague in regular paroxysms for six weeks, and had taken *quinine* and *salicine* during the whole time, without benefit from either. Dr. Holt says: "I gave her one pill of *aconite* 300, and the ague did not return for six weeks. When the symptoms appeared again, I gave her at one dose three pills of *arsenicum* 300, and she has not had the disease for two and a half years since, although living on the bank of Rock river." For the same disease, her husband had taken *quinine* without relief, and complained much of pain in the top of his head. "I gave him five pills of *bell.* 6, and he has not had a shake since. In another case, a dose of *carb. veg.* was given to a man who had had a very hard chill; high fever, with copious bilious vomiting, followed. I gave one dose of *ipsec.*, and he has not had the ague since. I must, however, acknowledge my inability to combat the disease successfully in all cases with minute doses."

Dr. Melrose, of Canton, says: "Intermittents, if chronic, yield best to *high* attenuations; if acute, they appear to demand the *lower* preparations of our remedies."

Dr. Johnson, of Peoria, says the intermittents of his region have recently presented "one universal peculiarity—*i. e.* of being undeveloped. Very seldom does there occur a well developed ague fit of chill, heat and sweat, in regular succession. I have found *arsenicum* to be curative in almost every case. To adults I have given the *second* or *third* trituration. In very many cases, *stomacace* has appeared, particularly where there was a typhoid tendency. In these cases, I have succeeded with *baptista tinct.*, alternated with *arsenicum*."

Several other able and important reports were made to the association, all of which we shall endeavor to notice as soon as possible.

New York County Homœopathic Medical Society.

WEDNESDAY, Nov. 9, 1859.

The society held its regular meeting, it being also the annual meeting for the election of officers.

PRESENT—Drs. Kiersted, Leon, Mitchell, Dowling, Freligh, Ward, Lovejoy, Kirby, Wright, Beakley, Smith, Freeman, Lilienthal, King, Marcy, Hunt, Sherrill, Houghton, Fullgraff, Wilder, Hallock, Bartlett, Bowers, Joslin, Baldwin, Pfaff, Bolles, Joslin, jr., McMurray, Leach, Wetmore, Carmichael, Ball, Kellogg, Forbes, Barlow and Alley.

Dr. B. F. Joslin, President, in the chair. Minutes of the last meeting were read and adopted.

Dr. Wilder was then balloted for and unanimously elected a member of the society, receiving 30 votes.

The meeting then proceeded to the election of officers, Drs. Hunt and Alley acting as tellers.

Dr. Barlow	was elected	President,	receiving	30	votes.
Dr. Ball	"	Vice-President,	"	24	"
Dr. Alley	"	Secretary,	"	18	"
Dr. Hallock	"	Treasurer,	"	30	"
Dr. Marcy	"	Censor,	"	32	"
Dr. Freligh	"	"	"	28	"
Dr. Wright	"	"	"	27	"
Dr. McMurray	"	"	"	21	"
Dr. Kirby	"	"	"	29	"

The Treasurer then presented the Annual Report, which was adopted.

On motion of Dr. Smith, the Committees on Sanitary Reports, Hospitals, and Preparing Seal for Diploma, not having reported for some months, were discharged.

Dr. McMurray's amendment to the Constitution, proposed in August last, was then taken up, and after some discussion, with all the other amendments, was indefinitely postponed.

On motion of Dr. Smith, a Committee of three was appointed by the Chair, to draft a certificate of membership and prepare a seal for diploma. Chair appointed Drs. Freligh, Joslin and Kellogg.

On motion of Dr. Freligh, a vote of thanks was tendered the officers of the past year for their faithful services during their term of office.

On motion of Dr. Smith, a Committee on sanitary matters was appointed by the Chair. The Chair appointed Drs. Smith, Hunt, Bowers, Marcy and Kirby.

On motion, adjourned.

J. T. ALLEY, M. D., Secretary.

Proceedings of the New York County Society.

December 14, 1859.

The society met at 105 Fourth avenue, Dr. Ball, Vice-President, in the chair.

The Minutes were read and approved.

Dr. Freligh reported that their Committee had not been able to perfect arrangements for the certificate, and seal for diploma, but would probably present them at the next meeting of the society.

Dr. D. D. Smith, from the Sanitary Committee, reported that they had not had sufficient time to embody their ideas for submission to the society, but would read a fragment which he had just prepared, on a subject which would receive their farther notice. He then read the commencement of a paper on quack nostrums, condemning these as the cause, by their empirical admixture, of seriously affecting the public health.

Dr. Freligh related a case of facial erysipelas, with much swelling of the eyelids and nose, extending to the sides of the face and ears, swelling also beneath

the eyes, severe headache, pain on movement, deranged stomach, edges and tip of the tongue red and glazed, which, after the use of bell. and rhus, was cured by a few doses of bryonia.

Several cases of disease resembling Albany sore throat were then reported.

Dr. Hallock spoke of a little child who was taken with high fever, intense headache, followed by swelled sore throat with red appearance, pain on swallowing; next morning, ash-colored spot on one tonsil; next day, spot gone, but uvula hanging down, and covered as if by tissue paper; also, papillary eminences on tongue. He did not consider it entitled to be called the Albany disease, but was an uncommon form of general throat disease.

Dr. Barlow had seen several cases of this disease, in which a scarlet rash showed itself and disappeared half-a-dozen times before the termination. The rash first appears on the knees; the fauces are covered with patches of lymph. He considers it nothing different from the scarlatina maligna of twenty years ago.

Dr. Ball did not consider such cases scarlatina, for in every case of the latter which he had ever seen, where there was no eruption, the patient died in less than forty-eight hours.

Dr. Ward also believed it to differ from scarlatina, both in the symptoms and the class of persons attacked. When the disease prevailed in Albany, a majority of the cases were adults, and there was no scarlatina prevailing at the time.

Dr. Wright had seen no more severe throat affections than usual, and none which had not readily yielded to acon., bell., and mercurius.

Dr. Smith reported a case of varioloid and measles occurring in the same patient, the eruption of the measles appearing as soon as the febrile symptoms of the varioloid subsided.

Dr. Freigh described a case of typhus, wherein the dry black tongue, thrust out with great difficulty, was perceptibly moistened and brought under control in three hours by rhus.

Drs. Kirby and Barlow had seen that condition of tongue produced in fifteen minutes by lachesis 3^o or 2^o.

Dr. Kirby thought we were in the habit of giving too much aconite in the febrile stage of eruptive diseases. Where there is a violent resistance on the part of the system, as shown by a high grade of fever, etc., the patient rarely dies; but look out for those cases where there is but slight reaction.

J. T. ALLEY, M. D., Secretary.

Homœopathic Medical Society of Warren, Washington, Saratoga and Rensselaer Counties, N. Y.

This society held its annual meeting at the Mansion House, Troy, January 4, 1860. After the meeting had been called to order by the President, the Minutes of the last meeting were read and approved. The society then proceeded to the election of officers for the ensuing year, and the following were declared duly elected:

President—DR. W. G. WOLCOTT. *Vice-President*—DR. MOSHER. *Secretary*—DR. S. J. PEARSALL. *Censors*—DRS. COOK, MOSHER, CAMPBELL, COLE, HARDING and SEARLES.

Upon invitation of the society, the Ex-President delivered an address, after which it was voted, "That the thanks of the Society be tendered to Dr. Bloss for his able address." It was, on motion,

"Resolved, That the relative power of the triturations and dilutions of drugs be a subject of discussion at our semi-annual meeting."

After some discussion on the action of drugs in disease, measures were taken for the publication of proceedings, and the admission of new members. The society resolved to hold its semi-annual meeting at Saratoga Springs, on the last Wednesday in July, 1860.

S. J. PEARSALL, Secretary.

Medical Notes and Suggestions. By W. P. BAIRD, M.D.

In order to treat disease successfully, the first *sine qua non* is an accurate and analytic diagnosis, not merely of its symptoms and organic changes, but of their order of evolution and interdependence.

There are two kinds of symptoms, which may be designated as positive or primary, and secondary. Now, if the physician mistake the secondary symptoms for those of the primary, or characteristic, and base his therapeutic efforts upon the indications thereby furnished; ten chances to one, he will fail to cure the disease.

Is it not probable, then, that the want of success which sometimes attends the efforts of Homœopathic practitioners is to be attributed to the fact, that the sympathetic symptoms alone furnished the data from which the remedy is selected? We admit that these symptoms are often very severe and distressing, and that they should be mitigated or dispelled by the use of appropriate remedies; but so long as the organ which gave rise to these remote sympathetic symptoms remains diseased, just so long will the disease continue, liable, at any moment, to manifest itself by a recurrence of the same sympathetic phenomena. It is the duty of the Homœopathic practitioner to *cure* the disease. Whatever may be said of the labors of practitioners of other systems of medicine, how much soever they may be disposed to palliate, by their anodynes and counter-irritants, by their bleeding and their purging; the practitioner of our system fails in the obligations he is under to the profession of which he is a member, and in his duty to his patient, if he merely palliates the symptoms of his patient, and turns him out into the world as an exhibition of his skill, and as a medical missionary to bring in penitents to the Homœopathic altar. If he expects these, he will be likely to be disappointed. As well might a machinist expect to obtain a reputation as a mechanic, by sending from his shop a rickety engine, which tugs and jerks at every

movement of the piston, or which is liable to explode at any moment, as a physician to gain credit and honor to himself, and to the system he practices, by sending a rickety, quarter-cured patient from his office. Wherever such a person goes, he will carry with him a physician-condemning influence in his very looks. Whenever he opens his mouth, in yawning strains of complaint, in murmurs of horrible pains and aches, in groanings which cannot be uttered, it will be a living commentary on the physician and his system, not creditable to either,—a commentary known and read of all men.

We have seen a delicate and modest female treated, for months together, for headache and facial neuralgia of the most violent and distressing character, when, on being seriously and earnestly questioned, the patient confessed what led to the discovery of her complaint, namely, that she was suffering from disease of the womb. Of course, so long as the uterine difficulty existed, it would be impossible to effect a permanent cure of the headache and neuralgia, since the latter was a mere reflection, so to speak, of the former; and by omitting the uterine phenomena, the "totality of the symptoms" of the case was quite imperfect. To attempt to cure a disease with such characteristic phenomena, and in this way, is to do that which, under other circumstances, would be regarded as the quintessence of folly. As well might a man expect to dry up a fountain by exhausting the water from the streamlet far down its course. He who aims his therapeutical ordnance at the bomb-shell which explodes near by, hurled from the enemy's fortification, will not be likely to rout the enemy himself—*disease*—from his stronghold.

When we consider how frequently diseases give rise to sympathetic symptoms, and furthermore, that these symptoms are often of a most decided character—so much so, indeed, that the patient is led to overlook or disregard others less severe, but actually of more importance to the physician—is it not probable, we repeat, that our failure to cure is, sometimes at least, because we do not understand the disease, and thus fail to get a fair image of the symptomatic phenomena, &c? Is it not probable that often when we suppose we are grappling with the monster disease, we are only playing with shadows?

We shall not pursue this subject further, but conclude by saying that these thoughts have been thrown out as food for reflection, if possible to lead us to more diligence in study and care in diagnosis.

*Homœopathy as Professed by Dr. TROUSSEAU, of Paris,
at Hotel Dieu.*

A pupil of Mr. Bretonneau, Mr. Trousseau, the Clinical Professor of the Faculty, has continued and endeavored to complete the work which the venerable physician of Tours had commenced: *Specificism in Pathology and Therapeutics.*

On the cover of his treatise on materia medica and therapeutics, written in collaboration with Mr. Pidoux, we find as the epigraph, that famous aphorism of Hippocrates: "*Naturam morborum curationes ostendunt.*"*

"The idea of the speciality of medicines, applied by M. Bretonneau to certain agents, examined in their relations with certain affections, has by us been extended to all. But in order that a corresponding idea should run through our pathology, we have equally extended the idea of specificity, of diatheses connected with changes of matter in the system, reëstablished by Laennec and Mr. Bretonneau, to the other diseases unattended with such changes, to neuroses, neuralgias, fluxions and hemorrhages." The distinction to be drawn between the ground of the homœopathists and that of Mr. T. is, that the former seek the specific remedy for a particular case of malady, the latter for a nosological species.

The learned Professor often seizes, and sometimes confesses, the relation of similitude between the medicine and the disease. Thus, with regard to the Quinque fever, he quotes from Mr. Bretonneau: "Daily observation proves a decided febrile movement when Quinine is administered in strong doses.

"The character of this fever and its epochs vary with individuals. Its access is usually preceded by ringing in the ears, deafness, and a kind of drunkenness. Light chill, dry heat with headache supervene, the whole terminating with moisture on the skin. Fresh doses of quinine exacerbate this fever."

"Experience proves," say MM. Trousseau and Pidoux, t. 11, p. 70, "that a great number of diseases are cured by those therapeutic agents which seem to act in the same direction as the cause of the malady in question."

Caloric is employed by Dr. T. as an *antiphlogistic*; hot compresses to the head in brain fever; hot sand-bags in congestive headache or in acute arthritis; also, to arrest uterine hemorrhages, warm injections,—

*"By the remedies which cure them, the nature of diseases is revealed."

favoring indeed as he remarks, for the moment, hemorrhagic congestion but after a little while, reducing the excitement that caused it. "I know," says he, "no antiphlogistic more energetic than caloric, no irritant more severe than cold. Caloric applied to any part of the body during a certain time, gives rise to a reaction in the opposite direction.

So, sea baths are potent as derivatives toward the skin, while frequent warm baths diminish excessive cutaneous sensibility. Dermatologists attack a facial eczema by warm douches, repeated during two months on the affected part. The action of caloric is coercitive and antiphlogistic; that of cold is phlogistic and fluxionary. The cook and the baker, who pass several hours every day before ovens heated to 70 deg. centigrade, have their faces then red, but pale enough in the morning and evening, for to fluxion defluxion succeeds.

With similar views, Fernel and Hunter relate the grave inconveniences of cold water in the treatment of burns, and very much prefer holding the parts to the fire. Sydenham and Bell employed alcohol, and Mr. Velpeau uses concentrated alcohol, to scatter little boils and arrest the inflammatory accidents which accompany them. "Intestinal phlegmasias, characterized by an obstinate diarrhœa, often lead," says Mr. Trousseau, "to an hypertrophy of the liver, by the congestive movement it occasions to this organ.

"The most important means to be employed against the diarrhœa and hepatic affection are *mercurials*."

Convulsions, epileptiform spasms, and even epilepsy, are treated by Mr. T. with belladonna,—1 centigramme in powder every day for one month, and 2 centig. the second month. Several cases of cure thus obtained are cited by the "Gaz. des Hôp." for 1858, p. 70.

Mr. T. treats chorea with strychnine, in small doses, until the jaws stiffen and shocks are felt in the limbs, which indicate that the therapeutic action is sufficient. In citing the efficacy of belladonna against hooping cough, Mr. T. recommends quinine for the nasal hemorrhages sometimes concomitant.

"Do not, however, believe," says he, "that the prophylactic or curative virtue of cinchona, either in nasal or uterine hemorrhages, is due to its small quantity of tannin; for you can obtain no such effect with catechu, which contains quite as much tannin."

In the same specific views, Mr. Beau prescribes ruta or sabina, in grain doses, against menorrhagia consequent on abortions. "La France Médicale et Pharmaceutique" of Jan. 3, 1856, acknowledges the homœopathic character of this treatment.

As a curative method in asthma, Mr. T. advises, for the first ten evenings of each month, a dose of belladonna; for the next ten, a spoonful of syrup of turpentine; for the third ten, arsenical fumigations. He cites 15 years of successful experience to the credit of this method.

Adoption of Hahnemann's Antipsoric Views by Mr. TROUSSEAU.
(Gaz. des Hôp., 1857, p. 550.)

"The herpetic, syphilitic and strumous diatheses are equally manifested by cutaneous lesions and by those of mucous membranes. For the syphilitic diathesis, this is universally conceded; for the dartrous, do we not daily witness the transition of affections from the skin toward the internal organs, in gradation from the more superficial to the deeper, revealing unity of origin and cause? An eczema first appears upon the lip or nose; next, in the form of a chronic coryza or ozœna, as it traverses the sinuosities of the nasal fossæ; next, the coryza may become an angina, taking the granular character of a herpetic angina. Women who suffer with uterine catarrhs the most intractable, have a chronic eczema of the womb, as others of the skin. And why should we shut our eyes to similar manifestations in the bronchia, or gastro-intestinal canal, betrayed in each site by functional derangements peculiar to the organ attacked? How often do we not witness the coincidence, or rather succession, of these internal lesions, upon the cessation of herpetic manifestations on the skin." "How often have sulphureous waters, so potent in bronchial and uterine catarrhs, cured them only by reaching the herpetic diathesis. At Caunterets, Bagnères, Luchon, Enghein, Aix la Chapelle; among the patients under treatment for chronic catarrhs by these mineral springs, you will find that the greater number have had, if not through their lives, at least in their youth, decided herpetic manifestations; and that whenever they reappear upon the surface, the internal organs cease to suffer.

"A dartrous subject may have to-day no darte; a strumous subject, no scrofula; but the dartrous or strumous diathesis exists potentially even during a latency of 5, 10, 20, 40 years.

"Diatheses are impressed upon the constitutions of patients; they descend to the child with the organic likeness of his parents; and, as the child, having reached his fortieth year, will then bear the greatest physical resemblance to his parent at forty, so the dartrous diathesis, until then latent but hereditary, may make its first appearance on the skin."

Hence, the indication for a prophylactic treatment against diathetic affections. Mr. Gastier has published a valuable work on this subject.

Accord of Mr. TROUSSEAU with Hahnemann on the Morbid Elements and Complications of Diseases.

The elements of a malady and its complications are two very different things. Various accidents may traverse the course of a disease, and complicate, but not denature it. A new morbid element, on the contrary, may not only complicate, but dominate, the original malady.

A herpetic subject, having actually no darte, takes cold, gets a sore throat; the herpetic element is awakened by this irritation, dominates the pathological scene, and occasions a dartrous angina. In an arthritic subject, the diathetic expression may supervene upon a sprain, how slight soever, which serves as pretext for the localization of a regular attack of gout. The child of strumous parents may not reveal his scrofula until an articular rheumatism degenerates into white swelling. In all these cases, the curative treatment must of course be general, and directed against the diathesis. When our therapeutical means can prevail against that diathetic expression which so often crosses the path of acute or of chronic affections, they destroy the complication.

Reprobation of Blood-letting in Apoplexy. (Gaz. des Hôp., 1857, p. 332.)

Mr. Trousseau generally does nothing in cases of apoplexy, because he regards the cerebral hemorrhage as a fact accomplished. He asks, of what use can the lancet, cups or purges be, in presence of a foreign body, of a clot of blood?

Mr. T., instead of bleeding a man who has just fallen from an apoplectic fit, encourages him to sit up, to eat, and finds more of his patients recover, and faster, than when he used to bleed them, keep them in bed, and purge them. He cites remarkable cases where bleeding seemed to have suddenly determined the apoplectic attacks against which it had been employed as prophylactic. Here he is in full accord with the teachings of Cruveilhier, (Dict. de Med. et de Chir. prat., p. 259;) of Andral, (Clin. Med., t. iv., p. 499,) and of Ch. Robin and Béraud, who cite copious bleedings as among the causes of apoplexy.

Official science of the present day denounces bleeding also in inflammatory affections, even in the most decided phlegmasias, which, since the works of Andral, Gavarret, Becquerel, Rodier, are no longer attributed to the richness or plasticity of the blood. On the contrary, the idea prevails that "phlegmasias chiefly attack the debilitated.

"That weakness and globular anæmia predispose to them.

"That the more blood such patients lose, the more liable they are to inflammation."

These new ideas are perfectly developed in a clinical lesson of Mr. Beau at the Charité ("Gaz. des Hôp.," 1850, Sept. 6th.)

"It is known that mercurials specially excite the hepatic secretion. Is this an irritant action? I know not; but certainly the pathological irritation for which mercurials are prescribed is not exasperated by them, but on the contrary, diminished. The biliary secretion is modified, and calomel acts with more energy in hepatic affections than in pleurisy.

"But it must be given in very small doses, 25 milligrammes in 10 powders, without which the malady would be very much aggravated, and serious accidents would supervene."*

In peritonitis also, Mr. Trousseau coincides with the homœopaths in prescribing mercury in very small doses, as well as belladonna. He has remarked, as the effect of an overdose, retention of urine, symptomatic of paralysis of the bladder, the discernment of which he attributes to an Algerian physician.

For intestinal catarrh, Mr. Trousseau's treatment, if there be nausea vomiting, and saburral state of the primæ viæ, is ipecac. If the stomach be not disordered, the remedy, *par excellence*, is the sulphate of soda. In refractory diarrhœas, the arsenite of potash works wonders. (See the pathogenesis of these drugs in "Jahr's Manual.")

Vomits are recommended for the incoercible vomiting of pregnant women, and homœopathy credited.

"As chronic coryza and chronic ophthalmia are treated by substitutive agents; so, in the diseases of the stomach, if sub-acute phlegmasias, vomits are the most potent agents of substitution, ipecac., tartrate of antimony, veratrum; you substitute for the phlegmasia of the gastric mucous membrane, another phlegmasia, which is more acute, more transient, and which yields spontaneously.

* The milligramme is in grains, 0.01544.

Nux vomica is ordered by the learned professor in dyspepsias, to re-establish the activity of the digestive functions, especially when there is constipation.

"It excites the contractility of the muscular fibres of the digestive apparatus." He prescribed the nux vomica in a case of hysterical tympanitis, with constipation, crampy pains in the stomach, aggravated after meals, or by coffee, or late and early, with nausea, vomiting, waterbrash, hypochondriac humor. ("Gaz. des Hôp.," 1859, p. 36; "Jahr's Manual," article Nux Vomica.)

In dyspepsia with diarrhœa, Mr. T. employs belladonna, remarking, at the same time, the property common to the solanœe to relax the belly. It would be wrong, however, he adds, to neglect belladonna in diarrhœas dependent on an exaggerated excitability of the intestinal muscular fibre.

In dyspepsias, with excessive secretion of acids, Mr. T. advises acids, especially the muriatic, one to three drops in water, after meals, and cites several remarkable cures by this method. Concerning alkaline drugs and mineral waters in acid eructations, he remarks that their use is not chemical, but altogether vital, in modifying the secretions. On the benefits of a thermal alkaline treatment of malarial cachexias, with visceral engorgements, he says: "What can be, however, more contrary to chemical theories, than to use, in a state of the blood so aplastic as often to occasion dropsies, a medication reputed by chemical theorists the solvent, *par excellence*, of the blood!"

Employment of Small Doses.

In a remarkable session of the Academy of Medicine, on April 26, 1859, the princes of science were examining a work of M. le Dr. Labourdette, showing the therapeutic advantage of the milk of animals, medicated by digestive assimilation, in passing certain drugs through their bodies.

On this occasion, Professor Trousseau proclaimed the dynamic action of drugs, tried to demonstrate their virtue in the smallest doses, the very secondary importance of the dose, and that contact of the drug in its crude form is not necessary to its action on the living body. In this connection, he alludes to the tonic action of iron, now known to be assimilated only in infinitesimal proportions, and to be chiefly useful in stimulating the assimilative organs to help themselves from the common food.

So of other drugs—mercury, for example. "Milk from a cow or

nurse, subjected to mercurial treatment, will act, by virtue of dynamic properties imparted by the general state determined in the animal, irrespective of the quantity of mercury which it contains."

Mr. Chatin, who also sustains these ideas, cites cases of goitre cured by the administration of vegetables naturally containing traces of iodine, after the treatment by iodine in the crude state and in massive doses had failed.

In these citations, chiefly drawn from the "Gazette des Hôpitaux," the dates and page references have been for the most part omitted for brevity sake, but they can be supplied on demand. Moreover, the pathogenesis of the drugs referred to, being either in the hands or mind of every homœopathic physician, it has been deemed superfluous to quote for each remark of Professor Trousseau the corresponding text from Hahnemann, "Jahr's Manual," &c.

Dr. Bourgeois, commenting, in the "Journal Gallicane," on the political necessity under which the princes of science lie, to employ dissimulation, and not to acknowledge their indebtedness to the homœopathic provings, well observes:

"So much the better for homœopathy—the more toil and tribulation it shall pass through, the stronger it will become. Neither covert persecution, nor the odious conspiracy of silence, nor the disdain of envy, nor the injuries of calumny, can stifle the expansive power of its regenerative truth."

The Hydrophone.

This is an invention by Dr. S. S. ALISON, Assistant in the London Hospital for Consumption.

What he calls the hydrophone is a caoutchouc membrane, about the size of a large watch, and one-third of an inch thick, filled with water. It intensifies sounds nearly as much as wood, having the advantage of fitting exactly to the walls of the chest, however uneven, whether over a projecting rib, or deeply sunken intercostal space, over the clavicle, or spine of the scapula. By its other side, the hydrophone fits as exactly to the aperture of the hearing tube of a flexible stethoscope, or to the exterior of the human ear. Thus it may be employed either alone or with stethoscopes, but only with those into whose construction flexible tubes enter, and which are essentially *air instruments*. Under this head come Camman's double stethoscope, and Alison's differential stethoscope, in which only part of

the tube is flexible, as well as the ordinary ones, in which the whole tube is flexible. It is important that the cup of flexible stethoscopes should be perfectly free. A cup held rather firmly upon a piece of wood, on which a tuning fork is placed, gives a fainter sound than when held loose—and much fainter still, if they be glued together, which reduces the vibration. It is not pretended that flexible instruments, even with the aid of the hydrophone, convey sound quite as well as the simple wooden instrument; but they are more available in certain positions, and particularly in examining the sharply-curved chests of young children, and the wasted and tender chests of females, into the hollowed spaces of which the water-pad sinks gently.

For the ear alone, the hydrophone gives still greater acoustic advantages in preventing the escape of any sonorous undulations; it intensifies sounds, heard through the clothes, in a degree equal to the wooden stethoscope. The whole of a large surface may be run over, without once lifting the head, the hydrophone being shifted, with the ear upon it. With the flexible stethoscope, it is so far from looking formidable, that children are generally amused by it, and remain so quiet, that we may examine them with the utmost care and deliberation. Their cries and restlessness under the unequal pressure of the wooden stethoscope, seldom permit this.

Dr. Alison answers the query, why serous effusions suppress the sounds of the heart or lungs? Besides direct pressure within closed cavities which prevents the very production of the sounds to be conveyed, the liquid in the chest is separated from the hearing-tube by the whole thickness of the walls of the cavity; whereas in employing water to conduct sound, it is brought into almost immediate contact with the aperture of the stethoscope—a condition essential to its availability.

Topical Applications in the Treatment of Disease.

A Report by E. A. GUILBERT, M.D. (from a committee consisting of Drs. E. A. Guilbert, T. S. Weed, and L. Pratt,) to the Illinois State Homœopathic Association, Session of December, 1858.

The object of this report is to embody, within the limits of less than 20 pages, the experience of the author in the use of topical applications in the treatment of various diseases. The arguments by which he supports their importance may not now be necessary to direct the attention of physicians to their use; but his facts possess the highest

value to every practitioner who wishes to enlarge the field of his resources; and from these we must select a few, though compelled to abridge them for want of room.

ERYSIPELAS (œdematous).—Dr. Guilbert gives four cases. 1. A vigorous and plethoric man, blind from cataract of both eyes. Erysipelas, involving the face, scalp, neck, and upper third of the chest, "erratically leaping thence to the *dorsal* surface of the hands, and the *plantar* surface of the feet;" features hideously disfigured; eyes closed, lower maxilla almost immovable, owing to the extraordinary tumefaction of the tissues involved; color of the affected parts bluish-red, and the heat thereof most pungent; dangerous cerebral symptoms, from the second day to the subsidence of the disease. In this case, no topical application was used but strong tincture of iodine, to create a barrier, by which the march of the inflammation might be arrested; and when that barrier was reached, the disease was suddenly translated to the hands and feet. Internal remedies: Acon. Bell. Arsen. Rhus tox, and Kali carb. The patient recovered, but more slowly than others, equally severe and dangerous, afterward treated by the same general remedies, with the addition of the topical application of Arsen. and Rhus tox. Case 2. A boy, of nine years, at Galena, Ill., treated internally for several days by Arsen. and Bell. The topical treatment, begun at nine o'clock on one evening, produced evident amendment by the next morning; and the patient, in 36 hours, was out of danger. The fourth case was a boy, aged 19, at Cleveland, Ohio. The internal treatment had been continued several days; "the disease was still extending its ravages, and the cerebral symptoms were particularly ominous." *Arsen.* and *rhus rad.* internally and the same (20 drops of the tinct. or 40 drops of the first dilution to a pint of water) locally applied; "an impression was made on the disease within 24 hours, and the patient rapidly convalesced."

RHEUMATISM.—Dr. Guilbert says he has contrasted the results of the treatment of this disease by internal remedies only, with those in which they were aided by external applications of the same remedy; and he is convinced that the latter recover more rapidly, and are less liable to relapses. *Actea racemosa*, *Acon.*, *Rhus rad.*, *Rhus tox.*, *Bell.* have been used; and of these, *Actea* is the most powerful. Two tea-spoonsful of the tincture may be added to a pint of soft water, and used warm or cold, as the patient's feelings may direct; and after the selected remedy has been used for 12 hours, it is better to change it for another. Both externally and internally, the remedies may be used in various attenuations, and often in the crude tincture. Dr. S. H. Guilbert

treated successfully a case of rheumatism, in a delicate woman, with *Actea racemosa* externally; and internally, *Bry.*, *Colch.* and *Actea*, the latter proving most serviceable of the three.

CRUSTA LACTEA.—Professor G. says that ninety-nine of every hundred cases of all the varieties of *Porrigo* “soonest recover under the use of the topical and internal treatment combined, the former being the servant of the latter.” *Sulphur* is the leading internal remedy, and is necessary at intervals, even when some one of the following is preferred: *Clematis erac.*, *Phytolacca dec.*, *Arsen.*, *Dulc.*, *Croton tig.*, *Conium*, or *Hepar*. Attenuations from the 1st, upward to the 30th, have been successfully tried.

PHYSIOLOGICAL.

The Pulse and Vascular Sounds.

Extracts from an article by Dr. J. MAREY, Member of the Société de Biologie, &c., in E. B.-Sequard's “Journal de la Physiologie.”

Only by the manometer, can we justly appreciate the arterial tension. Its extreme variations can be best ascertained by the hæmometer of Magendie. The sphygmograph of Mr. Vierordt gives the form of the pulse without a vivisection, and may consequently be utilized in human semeiology. A long lever is raised by the vessel, and its free extremity traces curves on the turning cylinder, re-producing the form of the pulsations and amplifying them at the will of the manipulator. The defect in this instrument is, a false appearance of dicrotism, to avoid which Mr. Vierordt graduates the charge of his lever up to complete suppression of the double pulsation. Long perplexed by this false dicrotism in all our experiments, we have succeeded in avoiding it by employing a lever of extreme lightness, and by replacing the weights which are to exert a pressure on the artery by the traction of an elastic band, which incessantly tends to depress the lever with a force which is easily graduated.

This means hinders the production of false dicrotism only, and not of the real, while it gives traces much more exact of all possible forms of pulsations.

Among the facts established by this instrument is, that all pulsations commence at the same time, but are not complete at the same instant. There is no real retardation of the pulse, but only of its maximum.

Our compensating manometer represents by physical results the average force of any given number of pulsations, and simultaneously, the maximum and minimum of tension.

Among its advantages is to indicate the duration of the two periods of the increase and decrease of each pulsation. It is conveniently portable and easily employed in vivisections. We may compare with it the force either of two pulsations of the same animal or of different animals.

Influence of the Elasticity of the Tube or Vessel on the Characters of the Pulsation.

If the pulsations are more transformed in points most distant from the orifice of the aorta, it is because elasticity has acted more completely. For a given transformation, the length of the tube must be greater inversely to its elasticity.

If, during cold weather, we operate on an India-rubber tube, the pulsation will preserve at a considerable distance its initial characters of short expansion. Pass warm water through our apparatus, the pulsations will be gradually modified; and when the tube shall be quite supple, those near the orifice will have assumed the characters which the distant ones had at first.

The same thing occurs if, instead of modifying the elasticity of the tube, you vary its parietes by a dilatation. One elastic bulge in the passage of a tube will suffice to transform the movement as completely as a considerable length of tube, and if the bulge be large and elastic enough, all pulsation below it will be suppressed. The compensating manometer will have its two columns fixed at the same level, showing that the effect of elasticity is to reduce the inequalities of tension to their mean term.

In the same manner act aneurisms, developed upon the passage of an artery, in modifying the pulsation below them, which they enfeeble or suppress.

The suppression of the pulse by an aneurism is a fact well known, and utilized for the diagnosis of this affection; but its interpretation is defective when we attribute this diminution of the pulse to the presence in the sac, of clots, which more or less obstruct the channel of the vessel. This cause may sometimes exist, and gangrenes of variable extent too often show that the circulation was impeded in the tumor; but in most cases, the aneurism acts by its elasticity, and there is no obstruction. Aneurisms at the origin of the aorta are on record,

which suppressed the pulse in all the arteries of the body, without immediately compromising the life of the patients; proving clearly, that the circulation continued throughout the system, and that the pulse was suppressed only by the *regulation* of the sanguine current.

When the pulse is not completely suppressed by an aneurism, it is because the unequal tension due to the afflux of the wave has not been sufficiently transformed by the action of the elasticity of the sac; yet it has been so in a certain degree, and consequently the ampliation of the pulse is less sudden and its extent less. The movement has gained in duration and lost in intensity. The pulse then offers the same character as in the arteries very distant from the heart, even in case the aneurismal sac exists on a vessel very near that organ. An apparent delay of the pulse below the aneurism is then perceived. This is mentioned by Valleix and other clinicians.

M. Broca, in his excellent treatise on aneurisms, has shown that he understood, in part at least, those effects of elasticity usually attributed to clots in the aneurismal sac.

[To be continued.]

Remarks on a note of Mr. Budge, published in the *Comptes Rendus de L'Académie des Sciences*, for October, 1858. By E. BROWN-SEQUARD.

We here (*Journal de la Physiologie*) give integrally the note of this able physiologist, but we believe that he draws false conclusions.

From the fact that excitement of a certain point of the spine determines contractions of the vasa deferentia, it does not ensue that their nerves arise at this point and remount no higher in the spinal axis. The absence of action upon the deferent vessels, when other parts of the spinal axis are excited, is no proof that these parts do not contain conductors of nervous influence upon these vessels; for it is perfectly known to-day that the conductors of diverse nervous influences for the diverse sensitive impressions, as well as for the diverse muscular contractions, may be completely *unexcitable by our agents of excitement*. What we have just said applies equally to the conclusion of Mr. Budge relative to the bladder and rectum. As to the paralysis of these different contractile organs, consequent on the destruction of their pretended spinal centre, it has no other significance than the paralysis of these organs consequent on the section of the nerves which repair to them; otherwise we should have to admit that every

muscle of animal life has also a spinal centre in that point of the spine whence its motor nerve departs.

NOTE OF MR. BUDGE.

Decisive and irrefutable experiments have proven that the cervical part of the great sympathetic takes its source in the spinal axis, and that all the phenomena dependent on this nerve, viz. its influence upon the pupil and on the heat of the head, may be determined by the irritation or the destruction of that point of the spinal axis comprised between the sixth cervical and third dorsal vertebra.

Now, for the lumbar part of the great sympathetic, I have found a spinal centre. This nerve is, in rabbits, situated between the two psoas muscles, behind the descending aorta and the inferior vena cava. The nerves of the two sides are situated quite near each other, and are often conjoined by fine intermediary branches.

In order to ascertain whether this nerve presided over certain movements, I have etherized a grown buck rabbit, then insulated the nerves on both sides with strips of glass, then galvanized them. Every irritation causes instant contractions of the rectum, bladder and vasa deferentia. This phenomenon does not usually occur spontaneously in the latter, as in the two former. Galvanization only energizes and suddenly manifests the normal order of movement in the muscular fibres of the bladder and rectum, while it awakens peristaltic motions in the deferent vessels which had been previously immobile.

I have observed that the effect of galvanism only attains its maximum after a certain time, and does not cease at the same moment with the irritation. This observation applies to most of the muscles subjected to the sympathetic nerve.

In irritating one point after another, we define the spot whence the lumbar part of the sympathetic nerve acts on the rectum, the bladder, and the deferent vessels. This spot is the ganglion situated near the fifth lumbar vertebra. Above this ganglion, irritation has no longer any effect on the organs designated.

In order to remount still higher, and especially to seek whether the cause of the effect lie in the ganglion or in the spinal axis, I had denuded the lumbar spine of a rabbit from the third to the sixth vertebra. In galvanizing that region of the spine which corresponds to the fourth lumbar vertebra, and over a space limited within about three lines only, I have seen energetic contractions of the deferent vessels. This spot I have called the *genito-spinal centre*.

Here, but also extending a little farther, is the spinal centre for the movements of the bladder and rectum.

If the great sympathetic nerve is cut on one side of the lumbar centre, the irritation of this centre excites lively movements of the vessel on the side intact; on the cut side there is not an utter absence of movements, because

combinations take place between the two sympathetic nerves, but they are usually very limited.

The two communicating branches issuing from the fourth lumbar nerve, found between the fourth and fifth lumbar vertebræ, unite the genito-spinal centre with the sympathetic nerve presiding over the movements of the rectum, bladder and deferent vessels.

Inosite replacing Sugar in the Urine of a Diabetic Patient.

(Gazette Hebd. de Med. et de Chir., 1859.)

In examining the urine of a diabetic subject, Mr. Hohl found in them, at first, all the characters which they habitually present in subjects affected with saccharine diabetes. Density 1.036, odor mawkish, not urinous, and they contained a certain quantity, not indicated, of animal glucose. The proportion of sugar gradually diminished, the urea, instead of becoming more abundant, fell nearly in the same proportions, while the quantity of urine notably increased. The general state of the patient was growing worse. Mr. Hohl, recollecting Coletta's observation, that albuminuric urine sometimes contains inosite, sought this substance in the liquid subjected to examination, and found that it showed itself there in a proportion increasing inversely to that of urea and of sugar. Finally, the sugar had disappeared, the urea appeared, but in minimum quantity, and Mr. Hohl could obtain 18 to 20 grammes of inosite from the urine passed in 24 hours. The analyses, made every three days, were unfortunately interrupted at this epoch.

Mr. Hohl made some experiments in order to assure himself whether diabetic or grape sugar might be artificially transformed into inosite, and although he could not obtain this transformation, he is disposed to admit that it might be effected in the organism.

Virchow's Cellular Pathology.

Dr. Virchow proposes to relay the foundations of medical induction. He places before us histological facts, as discerned by the microscope and reproduced in drawings. Rokitansky, in his third edition, having rejected the doctrine of crases in favor of the cellular pathology, attributes the development of cells and nuclei, indifferently, to mother cells and nuclei endogenously, or immediately to a blastema. The

latter Virchow repudiates as equivocal generation, asserting the axiom—*omnis cellula ab cellula*.

He holds that the inflammatory process occurs, not in the capillaries, but in the very elements of tissues, and originates in the increased activity of their cells, which, attracting the blood corpuscle, thicken and swell.

Neither is exudation a peculiar product, but the ordinary transudation from the capillaries, mixed with fibrin, pus, mucus, etc., formed in the diseased structures outside the vessels. Malignant growths are "pathological substitutions of tissues," by the tissues normal to some other part of the body. Malignity consists in the pernicious effect of the fluids secreted by these substitutive tissues, upon the vicinal structures. Dyscrasies result from the propagation by the blood of morbid local products. The phenomena of growth, of nutrition, and of disease, are explained as evolutions of organized elements.—*Condensed from Schmidt's "Jahr Buch."*

Autoxication by Carbonate of Ammonia.

I had once under my care, writes the celebrated Dr. Huxham, a gentleman of fortune and family, who so habituated himself to the use of vast quantities of the volatile salt that ladies commonly smell to—carbonate of ammonia—that at length he would eat it in a very astonishing manner, as other people eat sugared caraway seeds, *with a vengeance*. The consequence was, that he brought on a hectic fever, vast hemorrhages from the intestines, nose, and gums, while every one of his teeth dropped out, and he could eat nothing solid. He wasted away in flesh, and his muscles became as soft and flabby as those of a new-born infant. He broke out, all over his body, in pustules. He was at last, with great difficulty, persuaded to leave off this pernicious custom. He rubbed on, in a miserable manner, for several months, but died in the highest degree of a marasmus.

SURGICAL.

The New Disinfectant,

DISCOVERED BY MESSRS. CROME AND DEMEAUX, IN JULY, 1859.

This comes under the patronage of M. Velpeau, who verified its efficiency in the complete and instantaneous arrest of decomposition on sloughing surfaces, and prevention of the insects there engendered. The composition is as follows :

Pulverized plaster of commerce, 100 parts ; coal tar, 1 to 3 parts. After mechanical admixture in a mortar, or otherwise, this preparation is made into a paste with olive oil, and thus may be kept for indefinite periods, in close vessels. It absorbs infectious liquids by contact with the surfaces diseased, and cleanses the sore without causing pain. The most horrible stenches are instantly neutralized. It may be applied as a poultice, or on cotton, and obviates the necessity of lint.

Electrical Anæsthesia in Dental Operations.

By W. G. OLIVER, of Buffalo, N. Y.

At least three committees have been appointed by different dental societies, to experiment and test the merits of the electric current in dental practice, and they have all reported adversely to its usefulness. According to report, a vast majority of the dentists who have used it also pronounce against it. Notwithstanding which, I assert that, if properly applied, electricity is a perfect local anæsthetic in almost every case, and more uniform in its action than any other agent heretofore employed, either locally or generally. My apparatus consists of an electro-magnetic machine, with a metallic rod at the end of each cord, the rod at the positive pole to be connected by means of a steel hook. An extensor a foot long is made of flexible conducting cord, with a metal loop at each end, *one very small*. A conductor of copper wire has a bit of sponge at one end : this wire is covered with a gutta percha tube, to which the sponge is drawn up close—while at the other end, the wire forms a loop.

The battery is placed behind the operating chair. The patient first tests its force by taking a rod in each hand, while the piston is passed into the helix until the muscles of his wrists begin to contract. Note the position of the piston, and withdraw it. Now, pass a bit of spool thread through the *small* loop of the extensor, tying a loop full large

enough to pass over the tooth, snip the ends, wet the loop and slip it over the tooth, twist the cord until the thread fits close. Take the rod of the positive pole from the patient, let him grasp the negative with both hands, unhook the positive rod and connect with the extensor. Introduce the current by passing the piston slowly into the helix. If the patient wince at all, keep the piston stationary a few seconds, then pass it still farther, *slowly and carefully*, until the measure of force manifested by the muscular contractions at the wrists is reached, or the sensation is so strong as to border on the disagreeable. This may be managed by an aid, while you are holding the forceps in position to extract a tooth. When the measure of the current is right, draw, and *the slower the better*.

For the extraction of roots, after measuring the susceptibility and withdrawing the piston, attach the *conductor* to the battery, wet the sponge, and apply it to the part to be operated on. Re-introduce the piston as before recommended, and now remove the root or fang by the best mode that suggests itself. The length of the operation is of no consequence, since, if directions are scrupulously followed, no pain will be inflicted. In all cases of extraction, or excavation of sensitive cavities, it is best to use the extensor and thread bandage; but in removing fangs, or extirpating living nerves, use the conductor with the sponge. The main point to ensure success is *care and delicacy in the introduction of the current*.—*Condensed from the Dental Cosmos for Nov., 1859.*

Arthritic Blennorrhœa.

When attending, in Paris, the precious clinical lessons of Messrs. Caudmont and Phillips, our attention was frequently drawn to the evolution of arthritic symptoms in either idiopathic or surgical lesions of the urethra and neck of the bladder, even in cases where there had been no exposure to cold, and where the relation of cause and effect appeared manifest. Prof. Thiry, of Brussels, has controverted this point. M. Rollet, of Lyons, has published a memoir maintaining the speciality of rheumatism, which he has observed to affect very rarely the heart, muscles, nerves, or viscera, and to be often confined to one knee-joint, with marked tendency to hydrarthritis. The iritis, not infrequently concomitant, affects, he says, "especially the anterior layer of irian fibres, and sometimes the posterior membrane of the cornea." We should look, in such cases, for punctuated keratitis.

These serous inflammations do not run high, and rarely suppurate but dispose to ankylosis, and may develop latent strumous tendencies. They have rarely, if ever, been observed in women. They coincide with exasperations of the first local lesions, which are not metastatically removed. The blennorrhœa is usually, but not always, diminished. M. Rollet has only once seen it suppressed, and fresh prostatic irritations, as by the introduction of bougies, react unfavorably on the sphere of arthritic radiation.

Development of Buccal Cancer among Smokers.

In a malady much more frequent than cancer, to wit, syphilis, we are continually struck with the effect of tobacco in localizing the diathesis. The *mucous tubercle* replaces the accustomed pipe or segar, as a matter of course.

We are not, then, surprised at the influence of this powerful irritant, when reduced by habit to a slow and insidious modification of the living tissues, in provoking the evolution of heterologous cells, such as the epithelial form of cancer on the lips. Dr. Bouisson, of Montpellier, has published 68 cases in smokers, remarking, at the same time, the extreme rarity of this lesion during the last century. Not a word about the frequency of labial cancer in the works of Boyer, Delpech, Bell, Richerand, Heister, Jourdain! Never before this age of smoking, was cheiloplasty a subject of so much surgical importance. The lower lip is most frequently affected, and the older the smoker, the more common the disease, especially among the poor, who smoke short pipes and bad tobacco. M. Bouisson has removed epithelial vegetations from the nostrils of a Spanish gentleman, which he ascribes to the practice, common among the Spaniards, of expelling the smoke through their noses. Dr. Parmlly, and other dentists of high distinction, have found it so difficult to fix the plates for artificial teeth in the mouths of chewers and smokers, on account of the softening and degenerescence of their mucous membrane and submucous cellular tissue, that they have considerably raised the tariff of such work on all who use tobacco. A. Vogel, Jr., and C. Reischaur (Chemical Central Bl.) find tobacco smoke invariably to contain sulphuretted hydrogen and prussic acid.

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Caries of the Teeth.

Mr. Tomes* insists upon the vitiated secretions of buccal mucus, generally connected with dyspepsia, as the chief agent of mischief. The salivary secretion may be either copious or deficient; but the morbid mucus, in either case, clings round the teeth, and is not easily dissolved. In other cases, the saliva itself is perverted. Dr. Bowditch, of Boston, after making microscopic observations on the tartar, or animalcular deposit upon the teeth, found it refractory to most soaps and dentifrices; but dissolved by the chemical action of a soap, peculiarly bland, which was sold as "Babbitt's Cytherean Cream." Some such article should be advised as a palliative, while attacking the dyspeptic foundation of the mischief.

Teucrium Marum (Marine Germander—*Germandrée Maritime* :)

ITS ACTION ON MUCOUS POLYPI.

By E. HERMEL :—Translated from L'Art Médical.

In Roth's *Materia Medica Pura*, we find among the phenomena produced by the *teucrium marum* internally, effects very similar to the principal symptoms caused by polypi of the nasal fossæ; they are, irritating formication in the right nostril, with running of tears from the right eye. This sensation frequently recurs soon after taking the drug. The right nostril feels half stopped up, and neither blowing nor sneezing relieve it (third and fourth days). Tearing, shooting at the summit of the right nostril; the nose runs for several days, whenever exposed to the air; frequent obstruction of both nostrils in the day time, and especially in the evening, when reading aloud.

Gersdorf, Bethmann and Gaspari have repeatedly noted these manifestations of *teucrium*. *Arch. Hom. All.*, vol. v. book ii. p. 149. There is, then, reason to suppose that *teucrium* occasions swelling of the nostril. Farther on, in the same work, we find the following notes :

1. A puffy swelling of the nasal mucous membrane, after a facial erysipelas, was cured in six days, by the use of the powder of *marum* leaves.
2. A recent polypus of the nose cured by *marum* in a very short time.

* System of Dental Surgery.

3. A nasal polypus, already thrice torn away, has not again reappeared, after the use of *teucrium*, 3, taken internally, a drop every evening for several months. The loss of smell, which was of twenty years' standing, was equally cured. *Sturms Gaz. hom. d' Augsbourg*, vol. i., p. 69.

A mucous polypus, which entirely filled one nostril, has disappeared in a few weeks by the external use of this drug. *Veith. Hygea*, vol. v., p. 450.

The foregoing positive indications led to our success in the following case:—On July 14th, 1854, Madam S., aged 25, complained of a polypus seated in the left nostril. During three years, this polypus had already returned twice, and had been twice torn away by Dr. Le Breton. Six months afterwards, in consequence of a cold in the head, it had begun to reappear. It was visibly closing the upper part of the left nostril. The patient experienced painful formications and shootings at the root of the nose, in the frontal sinus of that side; the eye ran tears, and mucus flowed copiously from that nostril; she could not blow her nose without acute pain and some bleeding; nasal respiration was impossible on this side. The sixth dilution of *teucrium* having produced no impression during a fortnight, the first and third were resorted to. At the end of another week, a sensible diminution was observed; there was little flow of mucus; the air could traverse the affected nostril. This treatment having been continued during three weeks longer, the polypus had then entirely disappeared, and the breathing was nearly free. I verified this cure a year after; but four years later, having her nose stopped with a cold, and fearing a relapse of the polypus, she resumed the *teucrium*, and was relieved by the first dose.

Dr. Gabalda gives the following case:—Joseph D., aged 42, consulted me on the 9th of May, 1854, for polypi of the nasal fossæ. He had long experienced an increasing difficulty in respiration, and which extended to both sides. I ascertained the presence of mucous polypi in the left nostril. I advised him to sniff, every day, water, to which some drops of the tincture of *Thuja* had been added. No change occurring in a fortnight, *Calc. 30°* was substituted. On the 9th of June, the respiration is freer. The right nostril, which at first appeared the most embarrassed (although the polypus mass was not distinctly seen in it), is now the most free. A small polypus is visible in the left, but reduced in size. \mathfrak{R} *Teuc. Mar.* 12°, every morning.

July 25. Great amelioration. β *Teuc. Mar.* 30°, every morning. The cure was rapid, complete, and persists.

Kleemann (*Rust's Magazine*, vol. xviii.) : The use of *Teucrium Marum*, in form of snuff, during two months, in a case of mucous polypus, caused, even in wet weather, the air to pass through the nostril; while before, even during dry weather, the polypus hung down almost to the orifice, and in wet weather passed the orifice.

C. Mayer* had, from his 14th year, suffered from an obstinate polypus, which, extirpated and cauterized already several times, always returned. A good woman advised him to snuff the *Teucrium Marum*, which he did; and was thus delivered from his troublesome guest.

J. Mayer (*Hufeland's Journal*, vol. lxiv.) relates : A large polypus, produced by the softening of the mucous membrane, consequent on a prolonged coryza, was treated in a child, aged 11, by *Pulv. Mar. Ver.*, three to five sniffs a day. The cure was so prompt, that, from the twelfth day, there were no traces of polypus left. During the use of the plant, there had been heaviness of the head, vertigo, and bleeding from the nose. Some months after, she returned with a still larger polypus, which had equally appeared in consequence of a violent coryza. The same powder, this time, provoked more violent pains in the head; but on the third day, a sneeze detached the polypus, which was brought to us dry. On immersion for some hours in hot water, it resumed its pyriform shape. It did not reappear, a snuff, now and then, having been taken as prophylactic.

Roth cites the case of a woman, aged 25, complaining of annoyance when walking, caused by a foreign body between the labia. The hymen was intact, but from the small vaginal orifice issued the pedicle of a polypus three inches in length—pyriform, smooth and polished. The tincture of *marum* was employed during several weeks, in fomentations, lotions and injections. The polyp withered, and came away at the touch of a ligature. The patient has since married, and become the mother of several children. No relapse.

Thus it appears that the *teucrium marum* has succeeded, whether taken internally or applied externally—whether in the crude form, tincture, or dilution. Nenning and Roth report each a case of insuccess. The indications for this drug need to be more accurately defined by future observers.

* Merat and Delen's *Dict. Univ. de Mat. Med.*

HYGIENE.

Cynesiology; or, the Science of Exercises.

Condensed and translated from the historical work of Mr. Dally.

Nicholas Andry, Dean of the Faculty of Medicine of Paris, (1658–1742), appears to us in France, as Frederic Hoffmann in Germany, the true modern founder of the doctrine of movement applied to hygiene and to therapeutics.

The social conditions of these two peoples were, on the whole, similar and unitary. The habit of exercise was then, also, preserved chiefly among the great. The harmonic perfection of the body and the stability of health were no longer in question; but, above all, they wanted vigorous and dextrous bodies, trained for the joust and tournament, and ready for perilous enterprize. Francis I., the restorer of letters and the arts, as well as his successors, were much given to all kinds of exercises, and shone among the most skilful.

Archange Tuccaro, who wrote under Charles IX., Henry III. and Henry IV., discourseth as follows:

“I should keep no measure did I here narrate what brave captains and great princes have industriously disciplined their bodies by the exercises necessary to the art of war. I shall, however, here represent that magnanimous king who will never be sufficiently praised—Charles IX. by name, who, in all corporeal exercises whatsoever, displayed great ardor, with certain rule and measure. With such prudence as art and his good judgment taught him, he conquered the proudest and most restive steed, he stood his ground against the strongest wrestler, he studied himself in the race, he practised every kind of leaping, showing himself therein most dextrous and alert, he drew his blade with the greatest masters of fence, he was marvellously agile in vaulting upon the wooden horse. He esteemed it highly honorable to understand all kinds of balls and dances wherein measure and cadence are most essential. He was desirous to exercise himself especially in perilous leaps,” etc., etc.

The rude and varied exercises requisite in order to appear with distinction in tournaments and campaigns, constituted a physical education which had endowed the middle ages with strong and handsome generations of noble blood. But the revolution in arms and in manners undermined this education by rendering it aimless. Kings, princes and seigneurs had, indeed, preserved the habit of certain physical exercises, and had their *ecuyer gymnaste*, or master of athletic sports, and the *turnsäal* or jousting-hall; but the system of regular

exercises that belonged to the preceding age had fallen into desuetude, and its dissociated elements had lost their generative force.

The people had also had its physical education in its multiplied games and public fêtes. The societies called *Fencerschulen* (fencing-schools) mainly contributed to fashion the popular manners. The societies of St. Mark and of the *Franc Tireurs* (free fencers) were still in high renown. They had always their statutes, their privileges, their central houses, their assemblies, their public fêtes. Nearly all the artisan corporations of Germany were enrolled in these fencing-schools, and, following the example of the nobility, the sons of many honored masters-at-arms early prepared themselves to perpetuate the reputation of their fathers. But all this gradually disappeared, carried away piece-meal by the evolutionary movement of humanity, and as nothing regular or serious had yet come to replace these corporeal exercises, great changes were remarked in the physical constitution of the people and in that of the nobility.

More than this, a profound reaction had been effected against the corporeal exercises, as well as against the religious and social traditions of the middle ages. A prejudice, rooted in that ascetic phase of Christianity which affected to assure the empire of the soul by the mortification of the flesh—the same that had bred the mystic sainthood of the Brahmin, that had formed the whimsical yogis of the East and dervishes of Islam—now attacked among European peoples the foundations of physical integrity. They wanted no more the things of the past, those athletic bodies, those ponderous men-at-arms, those generations of fencers, doubtless well suited for the warrior prowess of antiquity, but unmeet for the struggles of the spirit. A new life—the life of the intellect—revealed itself to the heart of humanity, and became the chief aim of modern societies. Great attention was then given to public instruction, and John Amor Comenius, of Moravia, propagated, in the middle of the 17th century, wise ideas of practical education. As to that of the mind, combined with that of the body, in their proportional relations with the unity of the human being, there existed an utter chasm, although, from the 16th century, Michael Montaigne had clearly stated the logical principle of an integral education. "I would," said he, "that the externals of gentlemanly deportment, and the ways of the world, and the art of giving relief to the person, should be fashioned, act by act, with the soul. It is not a soul merely, it is not a body merely, that is being formed. It is a man. We are not to make him double or by halves,

nor train one side of his nature without the other, but conduct them both equally and in unity."

But the unfortunate reaction against the honor of the body was not expended. Its consequences will long be marked upon the brow of humanity.

Amid this general accusation of the progressive deterioration of human nature, the best minds began to understand the necessity of combatting the evil from early youth, and of connecting with exercises proper for the development of the intellectual faculties, regular and moderate exercises which favor that of the corporeal faculties.

Thus, when in 1761, the *Emile* of J. J. Rousseau appeared, Germany was prepared to receive it. Jean Jaques Rousseau repels the reactionary idea, and states the true bases of the education of man.

He has repeated to the world, that it is a very pitiful error to imagine that corporeal exercise injures the operations of the mind, as if these two acts were not to march in concert, or one of them should not direct the other.

Would you cultivate your pupil's intelligence, cultivate the forces which it is to govern. Continually exercise his body; render it robust and wholesome, in order to make him wise and rational.

Hoffman had already formalized the same principles. When considering the living body as the servant and instrument of the immortal mind, he had deduced thence the necessity of perfecting the corporeal faculties, whence radiate the intellectual faculties.

This was another return to the anthropologic ideas of antiquity. From the sixteenth century, a new social formation gradually disengaged itself from the ruins of the past. All the attempts made to associate corporeal with intellectual education, simple and true as this seems, yet forgotten during so many centuries, everywhere met with obstacles of divers nature. These obstacles were the more serious, because of the absence of any accredited work in which corporeal exercises were methodically combined. It is true, that Frederic Hoffmann had established their principles with precepts and general practice; but the method of instruction, the pedagogic form, was wanting. It was Guts-Muths who undertook this labor, in his "*Gymnastics of Youth.*"

The author begins by showing the necessity of corporeal education for youth; then he addresses himself to parents—to teachers of all classes, of all degrees—to his whole nation, so worthy of sustaining its ancient reputation for glory and loyalty—to all princes who have at heart the good of their subjects! But as chief condition of organ-

ization, public instruction must submit to the introduction of corporeal education. "A complete education," says he, "should aspire to combine physical force with moral force—courage and virility with the gifts of the heart and mind."

In order not to innovate, but to render the application of his system facile and prompt, he collects sagaciously the habitual games and exercises of youth, and endeavors so to combine them in a unitary system of instruction that the corporeal exercises should form a relaxation from studies, while fulfilling their use in the development of youth towards the dignity and nobility of manhood. It is the thought which Plato has expressed in these terms :

"Good education is that which can give to the body and to the soul all the beauty, all the perfection, of which they are capable. In order to acquire this beauty, it is simply necessary that the *body* should develop itself with perfect regularity from the earliest childhood."

The first development is always the greatest and strongest.

When the body develops farther, if it do not take exercises frequent and proportioned to its actual forces, it becomes subject to numberless infirmities.

This is well ; but in order to obtain the result, it was necessary first to study the gymnastic movement in itself, and in its relations with the anatomy and physiology of the living body—otherwise, uncertainty, ignorance ; and the gymnast is neither conscious of the means of which he disposes, nor of the results that he would obtain. Guts-Muths says, indeed, a few words of this in the first edition of his manual, but omits them afterwards. Thus, gymnastic instruction commences in Germany where antiquity dropped it, viz. by exercises of which no precise and scientific analysis is rendered, and this system is to spread in Europe as the prototype of rational gymnastics ! The only gymnastic element which Guts-Muths would set in play for the education of the body, is a movement radiating from the centre to the circumference, the movement of evolution and of expansion—in a word, active or free motion.

This he considers relatively to strength, and to skill, and to grace, and divides it into three orders.

The first order, which aims at the development of force, has three genera : *Leaping*, *Running*, and *Wrestling*, each highly varied in species and particular games.

The second order, in which skill predominates, contains four genera: The art of swimming, of throwing the lance, of climbing, of equilibrium or balancing, with their natural varieties.

The arts of hurling embrace—1. Throwing of stones. 2. Slings. 3. The javelin. 4. Archery. 5. Quoits; besides the games of Ball and Billiards, and the arts of Balancing, including the tight rope, the swing, stilts, skating, and somersaults, as well as leaping through a hoop, and other circus exercises.

The third order, or development of grace, contains three genera:

1. Equestrian.
2. Dancing and military manœuvres.
3. Fencing.

Such is the general plan of the *Gymnastics for Youth*, translated from the German of Guts-Muths, into French, by Amar Durivier and Jauffret.

He indicates, also, the exercises of the voice, declamation, &c., the exercise of the senses—instrument of thought.

Guts-Muths (Saltzmann) completed in many publications his ideas on the renovation of gymnastics. He treats in them of gymnasiums, of apparatus, of the military discipline, of the introduction of physical exercises into all the normal schools of Prussia. He traces the organization of life for the different periods of youth, and indicates the connection between the exercises of the body and those of the mind, according to age, constitution, and habit; so that, for example, from their twelfth year, six hours only are allowed for studies, and six hours for manual labor and sportive exercises, while the habit of consecrating to disciplines of the body, three hours every day, was to be kept up through life.

The work of Vieth is a progress on that of Guts-Muths, by its distinction of positions and attitudes, the exercise of the senses, and the anatomical study of the movements of which the members of the body are susceptible.

The Swedish medico-gymnastic system pretends to localize muscular excitement, by substituting for the natural antagonist actions the resistance of the assistant's hand, and by the inactivity of other muscles, in consequence of the positions maintained. As, in such cases, the action and reaction of two men are necessary, the movements are termed duplicate, double concentric, and double eccentric, according as flexion or extension is called into play. Then, there are passive motions, suitable to the feeblest subjects, which are communicated entirely by the assistant, and which constitute a development

upon the pressure and kneading, or *massage*, practised in the Turkish bath.

In the gradual execution of these duplicated movements, ample time is allowed for the phenomena of innervation and capillary exhalation, uninterrupted by sudden and contradictory motions, and making the least demand on the nervous centres, proportionally to their stimulation of the nutritive processes. Among the movements calculated especially to strengthen the abdominal muscles of women, let us cite, as peculiar to Ling's system, duplicated extension of the trunk backwards, flexion in front with resistance applied at the sternum, and torsions of the trunk backward. The passive movements are particularly serviceable in case of stiffness, either rheumatic, or consequent on traumatic lesions, which prevents the active or voluntary performance of much-needed exercises. Not only the muscles, but the joints and synovial tissues are thus restored to their normal state. Hernias, vertigo, headaches, affections of the lungs and heart, and many chronic maladies which preclude the resources of ordinary or athletic sports and exercises, constitute, on the other hand, special indications for the appropriate passive duplicated or mixed movements which Ling has classified in numerous series. Some have a tendency to the cure of hernias, by causing the muscles of the abdomen to contract in certain conditions so that their fibres shall close the orifice.

In the great number and variation of attitudes and movements, the interest of novelty is secured to the mind. Let us suppose the case of a slight deviation of the vertebral column. In the exercises of an ordinary gymnasium, a person thus affected will exercise like any other, at the rack, at the ladder, or swing himself up by the handles of the suspension ropes, executing movements of the right arm likely to increase the deviation, and which are even capable, in excess, of occasioning one where it has not pre-existed. This deviation may be due to a retraction and relaxation of the muscular tissue, with a certain degree of atrophy. Ling's system will here bring into play double eccentric movements of the anterior muscles of the neck on both sides, of those on the right side of the chest, those of the left scapula, left intercostal and supercostal, right anterior abdominal, femoral, &c., with double concentric movements of the muscles of the opposite side; the patient being placed in favorable attitudes, such as oblique to the left, extension on the left.

To act in a certain manner upon determinate organs and systems, to metamorphose, to excite, fortify, and produce derivation, are the

aims of Ling's method. The fact that there are two persons and two wills, acting either in consonance or in opposition, adds a magnetic and social stimulus to these exercises.

Under the direction of M. Blache, at the Hospital des Enfants de Paris, M. Laisné has employed the ordinary gymnastics with success in divers affections of glands, in anchyloses, paralysis, rachitism, and chorea. This last malady has often been cured without any medicines having been given, by the effect of gentle frictions (passes) which were alternated with other exercises, when the cure had begun to be manifested.

The Ta Vou of ancient China.

We read in the *Abrégé Chronologique de l'Histoire Universelle de l'Empire Chinois*, by Father Amiot, that under the reign of Yu-Kang-Chi, the air was almost always rainy and unwholesome, and diseases seemed to inundate the earth. The emperor caused military exercises to be every day performed by his subjects. The movements thus obligatory contributed not a little toward the cure of those who were languishing, and the maintenance in health of those who were not sick.

Father Prémare* quotes another Chinese historian of the same reign, who says that the waters did not flow off, nor the rivers keep their ordinary course, which caused a great prevalence of diseases, and that the emperor instituted the dances called Ta Vou (the great turnings). "The life of man," says he, "depends upon the union of the heavens with the earth, and upon the use of all creatures. The subtile matter circulates in the body; if, then, the body be not in movement, the humors do not flow, the matters are congested, and hence diseases, which all proceed from some obstruction."

The movements in question, centrifugal, were, in fact, very suitable to reanimate the functions of the skin, and to give tone and vigor to the whole economy.

It is likewise reported in the *Chou-King* that the emperor Yu, to whom China owes its great system of canals, applied himself to make the virtues flourish, and caused dances to be executed, with bucklers and with standards. These two kinds of dances were the first consecrated in the Li-Ki, or ritual of civil and religious ceremonial.

A reign may be judged, says this sacred book, by the dances customary in it. Such importance did Chinese antiquity attach to

* *Panthier; Livres Sacrés de l'Orient.*

the regular exercises of the body. It was much the same in Greece, where to sing well and to dance well belonged to a good education. Would to God we had the same notions among us now! Tradescant Lay, in his work *The Chinese as They Are*, remarks that there is no people more addicted to those exercises which give to the body all its force and suppleness.

Mechanical treatment of Epistaxis, by the elevation of the arms.

Mr. Negrier of Angers advised that the nostril should be plugged, and the arm of the side affected raised upright, so that the blood propelled from the heart should experience more resistance than usual in reaching the fingers, and the effort to overcome this, act as a derivative from the organic force usually expended in the carotids.

The success of this treatment has been confirmed by M. Journez. During the march of a detachment of troops in the month of July, under prolonged insolation, twenty-eight cases of epistaxis, several of which were very profuse, occurred. In every case, it was promptly arrested by causing the soldiers to raise their arms, or the arm on the side of the nostril affected, suddenly—holding the head high, the body straight, the hands joined above the shako, and breathing only through the mouth while on the march. In two cases only was there ever a relapse after this treatment.

This Swedish method has long availed itself of this influence of position, to which is added, for chronic and passive epistaxis, a vibration impressed upon the bridge of the nose with the finger and thumb. This movement is also employed to relieve catarrhal congestions of the nose.

Mechanical Treatment of Headache (Migraine.)

M. Marc de Molènes, after distinguishing the predisposing and determining causes of headache, shows that all occasion cephalic venous congestion and compression of the fifth pair, especially of its ophthalmic branch, in the external wall of the cavernous sinus. The treatment effectual in palliating the symptomatic pain is mechanical, and not to be confounded with the various constitutional measures calculated to prevent returns of the same affection.

Among the principal elements of prophylaxy will be the avoidance of occupations requiring close attention after meals, moderate daily

exercise, loose garments, early hours, regular meals, well selected viands, pure air within doors, and warm hands and feet.

Palliative measures: The motions of chewing, especially when no food is swallowed, by derivation from the cavernous sinus and the plexus called subpetrosphenoidal, internally, which communicate with the pterygoidian, masseteric and alveolar plexuses externally. The latter are emptied by the contractions of the pterygoid muscles in moving the lower jaw, and the void is immediately filled from the internal sinuses through the veins which traverse the sphenoidal fissure, the inferior maxillary and sphenospinous holes, the carotid canal, &c.

"In the details of a mechanical treatment, we may recommend, conformably with the method of Ling," says Mr. Dally—

"1. Pressure with the fingers from before backwards along the track of the longitudinal sinus and transverse sinus of the dura mater.

"2. Passive torsion of the trunk, the knees being fixed.

"3. Rotation of the feet.

"4. The hand of the assistant, on the seat of the pain, resists the effort of the patient to incline the head on that side.

"5. Passive torsion of the head.

"6. Slight circular percussions of the head with the palms or fingers.

"7. Concentric vibration of the head, by the hands of the aid, placed one upon the brow, the other on the occiput.

"Of course the state of the digestive organs will not be neglected."

These views, to which Mr. Auzias Turenne first called attention in 1849, harmonize with the advice of Aretæus and of Cœlius Aurelianus. A citation from their works, (*De curat morb. diuturn*, L. 1, c. 1, and *Morb. Chron.*, L. 1, *Cephalœa*) would be only repeating the substance of what has just been said. They would have the procedures of general hygiene relative to baths and lotions, diet, amusements, &c., combined in a method of regular training, called *metasynergetic*, (resumptivus cyclus,) with a view to the molecular regeneration of all the parts of the body in the conditions most favorable to physiological perfection.

On the same principle, yawning relieves the pain of certain headaches by increasing the flow of venous blood, as well as air into the lungs. The pains are less acute during inspiration than during expiration; hence an indication to draw long and full breaths at the beginning of a headache. The positions of the head most favorable to the disengagement of the cavernous sinus, are, thrown backwards,

and to the affected side, so that the middle lobe of the brain may not bear upon the sinus of this side. Manifest relief has in some cases been afforded, by causing sudden and interrupted movements to be executed, as in jumping the rope. In attacks of moderate severity, external pressure, with some force, assists in accelerating the venous circulation of the scalp. A walk in the cool, pure air, with one's garments fitting loosely, especially about the neck and chest, dissipates many attacks when the premonitory sensations are heeded. Instead of seeking silence, darkness and stillness, like a wounded animal, we should take courage at the incipient stage, and without minding the momentary increase of pain; run, leap, and take forced exercises, which, in re-establishing the equilibrium of circulation, soon bring relief, especially when no anatomical lesion exists, and no customary flux has been suppressed.

Trousseau's Damascene Preserve; or Raw Meat in Diarrhœa.

This Russian mode of treatment, originating with Dr. J. A. Weisse, director of the children's hospital at St. Petersburg, continues to extend its reputation. Its efficacy in the diarrhœa of weaned children justifies the minutest detail in directions for use. Meat of the closest and tenderest texture, such as the fillet of beef, is cut fine, pounded, and passed through a sieve or cullender, so as to separate from the areolar tissue the pulp, which, combined with conserve of roses, forms the "Damascene Preserve."

The dose for the first day should not exceed $2\frac{1}{2}$ dr., in four meals; it may be doubled the second day, and on the third attain 8 dr., without any other food than albuminous water. It may be carried thus up to ten or twelve ounces, while the children gradually recover their flesh and strength.

The principle is as simple as splinting a broken limb. From the moment we knew the several roles of the stomach, the duodenum, and other organs, in digesting the different kinds of food, and could find one near enough to our blood to be absorbed directly from the stomach, we were able to allow repose during a reasonable period to the lower parts of the intestinal tract, the seats of irritation in diarrhœas. To aid the debilitated stomach itself, we may add a dilution of pepsine, with or without minute proportions of lactic and muriatic acids, accomplishing in the body, as has so often been done out of it, artificial chymification. Fortunately, the stomach is

more powerfully organized and less easily deranged than other portions of the digestive system.

The *Journal für Kinderkrankheiten*, January and February, 1858, contains a communication from Dr. Weisse, in which he avouches nearly twenty years of experience in favor of the "meat cure," which he says is now completely naturalized at St. Petersburg, and has obtained the general adhesion of the faculty. Dr. Behrend of Berlin, M. Marotte, *Medecin du Bureau Central des Hôpitaux de Paris*, Herr Eichelberg, and the celebrated Trousseau, have contributed to enlarge its sphere of usefulness. Here are the points which should fix our attention :

1. The muscular *substance*, and not merely its juice, is taken into the stomach.

2. Children who are in a state to need this food generally consume it with manifest relish ; and when they cease to need it, their instinct turns against it.

3. The addition of salt, which, like osmazome, is often craved, counteracts the tendency of raw meat and sweets to breed worms. The *tænia solium* is especially to be guarded against. Von Siebold remarks, that this worm, not indigenous at St. Petersburg, but passed by children after the raw meat diet, may have been conveyed thither in the undeveloped state in the flesh of oxen from Tacherskask and Podolia.

4. It can only be expected to act as a palliative after the extension of the malady to the stomach itself, with softening of its mucous membrane, of which continual thirst and vomiting are symptomatic.

5. Without being the specific, it is often successful in the diarrhœas of older children, and where intestinal ulcerations exist.

6. Dr. Weisse recommends, in the lientery of adults, raw oysters instead of raw beef or mutton. His experience here was limited to two cases.

7. To meet the demand of those organisms in which the passion of taste is considerably developed, or the assimilative instincts which, though admitting raw meat, are not contented with it ; we may vary the accessories, by administering it to one as meat balls, in a delicately seasoned broth, aromatized with rosemary, sassafras, thyme, sage, sweet marjorum, lemon peel, &c. ; to another, powdered with the racahout of the Parisian pharmacies, or the alkethrepta of Smith's, aromatized with the nutritious cacao ; to a third, rolled in blackberry jelly, a delicious flavor and gentle astringent, possessing in some slight degree the medicinal virtues of the blackberry root, well

known in the domestic treatment of diarrhœa; to a fourth, with the syrup of glycerine.

The Testimony of a Convert to Homœopathy.

From L'Art Medical.

When a new fact in the experimental order, already guaranteed by numerous adhesions, claims a necessary verification, the physician who believes in medicine, the observer who believes in observation, regards himself as bound to subject this new fact—especially if it promise practical uses in art—to the touchstone of experience. He does not hesitate, without prejudice or anger, to bend the pride of his reason and the vanity of his systems before the irresistible sovereignty of facts. He knows that life is short, experience often deceptive, and judgment difficult; consequently, instead of losing his time and his dignity in insults, in disputes, and in vain denials, he applies himself in silence, with patience and maturity, to render himself an adequate witness of the truth. This is what we have tried to do within the measure of our strength, by seeking to know the reality of the infinitesimal posology, that magnificent conquest of modern art. But it never came into our minds to defy homœopathy; still less to challenge its adepts to work miracles under the high supervision of the police, reinforced by members of the learned academy.*—JULES DAVASSE.

* In allusion to a challenge made by Mr. Boullaud of La Charité, and taken up by the homœopaths of Paris.

RECTIFICATIONS.

(1.)

In the article "*Syphilitisation*," it was the "*The Archives de Médecine*," for February and March, 1859, and not the "*Gazette Hebdomadaire*," which should have been credited for the memoir of Dr. Rollet on the contagion of the secondary evolutions. The facts contained in this memoir are all clinical. The inoculation related by Mr. Guyennot was not made by Mr. Rollet, nor at his suggestion, nor upon a patient of his wards.

"Clinical observation," remarks Mr. Rollet, "is the field where all must meet. It is, or ought to be, exclusively so, on account of the dangers of experimenting in the only conditions which can now give results of real value. The transmission of pus from a syphilitic subject to one pure of this disease could only have been permitted, in order to subserve scientific and social uses, at an epoch when the Hunterian inoculations were not known to be futile, and set aside. Now, humanity and reason both command us to hold to the clinique, and we shall never go beyond it."

(2.)

The article "*Ipecac. in Choroiditis*," p. 54, to Dr. E. HERMEL.

Materia Medica and Toxicology.

Fragmentary Provings of Gelsemium Sempervirens.

YELLOW JESSAMINE—TINCTURE OF THE ROOT.

By J. S. DOUGLASS, M.D., of Milwaukee, Wis.

I commenced my proving of this most valuable drug in the spring of 1858. I have since proved it on at least fifty persons. It has since been somewhat extensively used in this region, and my own high estimate of its virtues have been very fully endorsed by those who have employed it. I am anxious to extend to the profession generally the knowledge of a drug second to none in the frequency of its applicability, and the beneficence of its results.

I propose to give a brief digest of its pathogenesis, as obtained from numerous provers, with examples, somewhat varied, of its therapeutic results in my own experience.

Head.—Pain of the head is a very constant symptom, generally dull stupifying and pressive; more frequently in the forehead and temples. Bruised pain above and back of the orbits. Tightness of the brain. Often more or less nausea, with headache. Giddiness is pretty constant—an intoxicated feeling, and tendency to stagger; often with dizziness or imperfection of vision. The head symptoms are aggravated by smoking. They are felt very soon, sometimes within five minutes.

Mental.—Irritable, impatient; incapacity to think or fix the attention; confusion of mind; stupid intoxicated feeling; dullness of all the mental faculties. In one case, great and almost uncontrollable mirthfulness, but it is not said at what stage.

Eyes.—Great heaviness of the lids; difficulty of opening the eyes, or keeping them open; eyes close in spite of him, on looking steadily at an object; fullness and congestion of the lids; diplopia when inclining the head towards either shoulder, but vision single when holding the head erect (in one case.) Objects seemed double upon raising the head from a stooping position or on looking sidewise, but not when looking directly at them, (one case.) Dryness of the eyes;

misty or glimmering appearance before the eyes; pain in the orbits, sometimes excessive.

Nose.—In a few cases, watery discharge from the nose.

Taste and Appetite.—Thirst during the sweating; mawkish taste of the mouth; clammy, feverish feeling and taste; great hunger (in one case.)

Gastric.—Feeling of emptiness and weakness in the stomach and bowels; eructations; nausea; hiccough.

Abdomen, &c.—Slight pain in the transverse colon, with yellow color of the skin of the face, (one case.) Gnawing pain in region of the transverse colon all the afternoon. Slight pain in the left iliac region, (two cases.) Frequent sharp darting pain through left hypochondriac region. After experiencing chills, headache, fever and prolonged sweating, seventeen hours after taking the drug, was awakened by severe moving pains in the lower abdomen, which were soon followed by a very large but natural stool, without relief of pain, and soon after, a deeply bilious discharge, with instant relief of pain. Nine hours after, another bilious evacuation, without pain, (one case.) Relief of constipation, (several cases.) Rumbling in the region of the umbilicus.

Urine.—Urine increased in quantity, clear and watery; frequent micturition; wants to urinate every half-hour.

Larynx and Trachea.—Paroxysms of hoarseness, with dryness of throat; voice seems weak; stitching sensation in the region of the heart; stitches in the chest; shuddering pain in the right breast; constrictive pain round the lower part of chest.

Back.—Pain in the back, as in the cold stage of ague, (many cases.)

Extremities.—Coldness of the extremities, especially the feet—often severe; feet feel as if in cold water; this symptom occurs at an early stage, and is generally accompanied with heat of the head and face and with headache. Feels aguish, with pain in and between the bones of the calf of the left leg; not able to go down stairs without holding to something. Pain under the right knee when walking; pain in the lower limbs (very common).

Fever.—Febrile chilliness, with cold extremities and heat of head and face, with headache; an early symptom, in most cases. Pulse very uniformly depressed, and rendered less frequent by ten to twenty beats per minute, within the first five or ten minutes, if the subject remains quiet, but subject to great variations from exercise. In one case, the pulse increased from sixty to seventy in the first five

minutes, but in the next trial it was diminished ten beats in five minutes. Pulse soon becomes very feeble, in many cases; sometimes scarcely perceptible, with chilliness, cold feet, heat and pain of head, &c. All the afternoon, pulse very small and quick. After one to several hours, chilliness subsides, general heat supervenes, mostly about the head and face, with full pulse from eighty to one hundred. In most cases, perspiration follows after the febrile reaction has continued from a few minutes to several hours.

Perspiration sometimes profuse, and continuing from a few hours to twenty-four, with languor and prostration. One feels as though he had had "a fit of sickness." "Every symptom of ague; would have thought he had the ague."

The pathogenesis of no drug represents so completely and so uniformly all the stages of the ordinary fevers of this country.

Sleep.—Disposition to yawn; a sort of stupor; cannot keep the eyes open; is obliged to lie down and sleep. Sleepiness and long and sound sleep are very general symptoms.

Skin.—The *gelsemium* produces a peculiar and very marked eruption in most of the provings. It appears most on the face, less frequently and less conspicuously on the back, between the shoulders, &c. It is papulous, very much the color of the eruption of measles, which it considerably resembles; but the papulæ are larger, and more distant and distinct. Though very conspicuous, they are attended with little or no sensation, the subject being unaware of their existence until he happens to see himself. Persons have frequently been asked what was the matter, if they had measles, &c., when they were not aware of the eruption. This generally appears the second or third day of the proving, and would seem to be more constantly produced by the 2^o or 3^o dilution than by the tincture. The eruption continues one or two weeks, or more.

General Symptoms.—Weakness and trembling through the whole system; listless and languid; great lassitude; feeling of lightness of the body, and a sense of instability of the whole system; a feeling of danger of stumbling or falling; fugitive or fixed pains here and there; easily fatigued, especially the lower limbs; general feeling of illness, as in fever.

Most of the above symptoms were elicited from the tincture, in doses of one to five drops. A few provings were made with the 3^o dilution. In all these last, the characteristic eruption was produced.

Cases illustrating the therapeutic uses of the Gelsemium, from my note-book.

June 30th, 1858.—W. P., aged twenty-one, sanguine temperament, has been unwell for some weeks, and for the last week decidedly ill. Has taken a cathartic, and feels worse. Present symptoms: Pulse rather full, weak, vascillating, and about 100 per minute; tongue red and dry; hands and tongue tremulous; when a little drowsy, the mind wanders, and he reaches after imaginary objects; lips dry and parched, and with the teeth covered with sordes. ℞. *Gelsemium tincture*, one drop every hour till fever is abated.

July 1.—Commenced perspiring in half an hour after the first dose; slept quietly during the night; tongue and lips moist; sordes removed; mind clear; pulse 84, and steady; thinks himself nearly well.

℞. Same occasionally, if more feverish.

July 2.—Greatly improved; has appetite.

July 3.—Is out of doors; feels well; dismissed.

Case II. D. A., aged twenty-two, July 3, 1858, was well till last evening, when he was attacked with a severe chill, with a feeling of great weariness and prostration, pains in the back, head, and limbs. But the most prominent and distressing symptom was an extreme oppression of the chest and dyspepsia. This increased till midnight, when I saw him. Present symptoms: Extreme and alarming difficulty of breathing, with distressing sense of fullness and oppression of the chest, great chilliness; extremities cold; pulse slow, sluggish, and laboring; extreme restlessness from threatened suffocation; continued demand for fresh air; respiratory murmurs feeble and obscure. ℞. One drop *gelsemium tincture* every half-hour till relieved.

July 4, 7 A.M.—Has had profuse perspiration fifteen minutes after the first dose, with constant and rapid improvement. Chills ceased in five minutes. Respiration greatly relieved. Pulse quicker, fuller, and more free. ℞. Same dose every two hours.

July 5.—Dismissed.

Case III.—J. W., aged nineteen, July 12, has complained for a week of languor, loss of appetite, confusion of head, &c. Has been confined to the house for two days.

Present symptoms: Confused headache; pains in the back and limbs; no appetite; bad taste of the mouth; nausea; tongue covered with a thick dirty-white coat; feels languid, listless, and prostrated;

pulse quick ; skin hot and dry. ℞. *Gelsemium*, one drop of the tincture, and *belladonna* ʒ, alternated hourly.

July 13.—Has been in perspiration since the first doses ; slept soundly ; is now free from fever ; tongue cleaning ; feels himself well, but weak. He took no more medicine, and was out the following day.

Case IV.—Rev. Dr. P., bilious temperament, October 20, 1858. has been sick two days. Present symptoms : Constant chilliness, with internal febrile heat ; pain in the back and limbs ; severe headache, with such a sensation in the head and such a sense of profound prostration, that he is sensible that his attack is of an unusually grave character ; pulse labored, and only 60 per minute ; tongue coated. ℞. *Gelsemium*, one drop hourly.

October 21.—Chills ceased in ten minutes after the first dose. Perspiration soon followed, which still continues. The pains are relieved. Pulse 80, full and soft. Tongue cleaner. In all respects greatly improved, but prostrated as though he had had a long and severe illness. ℞. Continue same, less frequently.

October 22.—Feels free from disease. Tongue nearly clean. Has appetite, but cannot dismiss the conviction that his disease—so quickly and happily terminated—was of a very grave character. On the 24th he occupied the pulpit, as usual.

Case V.—Mrs. C., slender, scrofulous diathesis. October 21.—Has not been well for a week, but first seriously ill yesterday. Present symptoms : Feels greatly prostrated ; pain of head and back ; skin hot and dry ; pulse 110, small and weak ; the gums are swollen, red, separated from the teeth, and pus oozing from them when pressed, the edges dark, and some of the points black and gangrenous ; ulcerated points on the edges of the tongue ; the left half of the roof of the mouth covered with confluent patches of superficial ulcerations, some points of which are gangrenous ; intolerable odor from the mouth. For two days, has had a chill in the morning, lasting from two to three hours. ℞. *Ammonium carbonicum* ʒ, 2 grs. in 4 oz. water—a teaspoonful every two hours.

October 22.—Mouth and gums greatly improved ; dark color disappeared ; minute sloughs have fallen off ; pulse 84, full and stronger ; had the usual chill this morning for two hours, followed by fever. ℞. Continue *ammonium carbonicum*, alternated with *nux* ; on first feeling of chill to-morrow, take *gelsemium*.

October 23.—Much improved ; had chill as usual this morning, which ceased immediately on taking *gelsemium*, and in twenty minutes perspiration followed without fever.

October 24.—Ulcers healing; feels much better. . *Nux.*

October 25.—No chill; ulcers nearly healed. Dismissed.

The above are specimens of the action of *gelsemium* in more than a hundred cases of febrile attacks.

Case VI.—Miss E., aged nineteen, March 16, 1859, was suddenly attacked with the following symptoms: Constant sneezing; profuse watery discharge from the nose, producing excoriation; raw, rough, sore, excoriated feeling of the throat, trachea, and bronchiæ; constant dry cough, which is very painful from the soreness of the chest; feeling of prostration; chilliness; quick weak pulse; and feeling of general severe illness. One drop of *gelsemium* produced perspiration, with removal of the soreness and fever, and in a few hours there only remained a loose easy cough, without further inconvenience.

Many cases of a similar character occurred about the same time, with similar results.

I have employed it in a great number of febrile attacks from colds, with equal success. It seems especially appropriate to febrile attacks from whatever cause, coming on suddenly, with chilliness, and pains in the head, back or limbs.

My strong conviction, from my own first proving, was, that it would prove eminently homœopathic to our ordinary fevers, and to measles. The latter disease has not been very prevalent since that time, but seven or eight cases have been treated with this drug alone. Though some of the cases were severe at the beginning, they all proved mild under its use; and the eruption in nearly all the cases was very sparing. It has seemed to me to greatly diminish the eruption, and with it, the attending fever.

It has given very prompt relief in several severe cases of neuralgia.

In almost all cases of inflammatory attacks, of whatever organ, if given in the early, congestive, or chilly stage, it seems to me more promptly curative than *aconite*, or *bryon*, or any other drug.

At the same time that it controls the circulation with a power equal to that exerted by *aconite*, its influence on the nervous system is much greater.

In conclusion, I hope these hints at a proving and clinical applications will induce others to make more extended provings, especially with the attenuations. I have no doubt there is yet much to be elicited, for my provings have been made mostly with the tincture, restricted to brief periods, and have probably only brought to light the more obvious and palpable effects.

Case of Accidental Poisoning with Corrosive Sublimate.

Through the courtesy of C. Haight, Esq., of this city, we are permitted to publish the following case of accidental poisoning of his father. We append the statements of the physician in attendance, and of C. Haight, Esq., who was present with the patient until he expired :

PLEASANTVILLE, Dec. 3, 1859.

Mr. C. Haight,—Dear Sir :

Yours of the 30th, requesting of me a statement of your father's case, is received ; and I now most cheerfully avail myself of the first opportunity to comply with your request.

On the 1st of November, being called to see Mr. H. (65 years of age, and in good health previous to the accident), I learned that he had, through mistake, swallowed about a tablespoonful of a strong solution of corrosive sublimate. He informed the family of the accident in about five or ten minutes (as near as they could ascertain) after it occurred, and immediately began to complain of pain and heat in the stomach. Dr. Pelton, being present at the time, proceeded to prepare an emetic, but before it was made ready, the patient began to vomit. Warm water was at first given, and the vomiting continued. Directly he began to give the white of eggs, which were rejected very soon after being taken ; these were continued at short intervals, until a dozen or more had been taken, after which milk was given freely, and as often rejected. When I first saw him, some two hours and a half had elapsed since he swallowed the fatal draught. Found him quite prostrate, the pulse feeble and slow, the skin cool, the vomiting continued at short intervals, rejecting now only bloody mucus. At this time he began to pass bloody urine, and very soon had two or three copious stools. The greatest suffering now complained of was a sense of burning in the throat and stomach, with nausea and retching. Presuming the stomach had been thoroughly evacuated, we directed the use of ice, with a view to allay these distressing symptoms, and prevent, as far as possible, the occurrence of inflammation ; this was so grateful to him, and afforded so much relief, that he continued to use it almost constantly to the last. The effect of the poison upon the kidneys was soon remarkable : the urine was highly colored with blood within the short space of three hours ; and during the next six hours the quantity voided was very great, probably not less than two to three quarts. After this, though the desire to pass urine was

frequent, the quantity rapidly diminished, and at the expiration of 24 hours, there was total suppression.

November 2d. Has had frequent bloody stools during the night; pulse 80; skin natural; vomiting less frequent. Ordered Anodyne Enema. As there was no abatement of the tenesmus, and frequency of stools, at evening leeches were applied to the anus.

November 3d. General condition of the patient, much as yesterday. Takes nothing into the stomach except gum-water and ice; as the irritation in the rectum continues, anodyne suppositories were used with some relief. At evening, we learned he had passed no urine for 24 hours. I found, on introducing the catheter, that there was none secreted. Ordered Leeches applied over the region of the kidneys, and the bleeding to be promoted by the application of warm poultices. \mathcal{R} . Spt. Nit. Dulc.

November 4th. Has had hiccough frequently; thirst and desire for ice more urgent; seems quite dull and drowsy; no action of the kidneys; has frequent dark and offensive stools. Ordered Emp. Canth. over the region of the kidneys. Continue the Spt. Nitr. more freely, and parsley and melon-seed tea for drink.

November 5th. Evidently failing; pulse more frequent and feeble; hiccough distressing; more drowsiness and dullness of intellect, though rational when fairly awake. \mathcal{R} . Oleum Terebinth, gtt. 20. Oleum Oliv. 3i mucilage, make mixture, and give at once.

He continued to sink during the day, and died at 5 o'clock P. M.

In giving the above details, I have been as accurate as my memory will admit of, having made no notes of the case at the time.

Very respectfully,

Yours truly,

C. W. HAIGHT, M. D.

STATEMENT OF CHARLES HAIGHT, ESQ.

The poison was taken by my father on Tuesday, the 1st of November, at about two o'clock, P. M., and about one hour after dinner. A burning pain was felt in the stomach in about three minutes after the accident. A doctor being in the house at the time, gave the white of eggs immediately; sickness of the stomach followed in ten minutes after taking the poison, and the egg was rejected as often as given. In less than an hour, diarrhoea set in, with an extremely large quantity of high colored urine, the quantity of which could not have been

less than two quarts in three hours. In the evening, he was light-headed, which continued at intervals through the night. Body warm; extremities cold.

On Wednesday morning, he suffered a good deal; and these sufferings continued through the night. His stools were very frequent, averaging once in ten minutes; with but little natural faecal matter, which looks like water mixed with blood. Has a constant desire for ice, which is given as often as his stomach will bear. Too much liquid makes him sick. At 12 M., is not able to pass off urine. In the evening, vomits blood and water, which has the same appearance as that from the bowels. Leeches were now applied at the fundament, as the greatest distress appeared to be in those parts.

Thursday morning. Complains of great pain in the left part of the bowels, for which a flaxseed poultice was applied, and continued until Saturday noon. In the evening, applied leeches on the back, near the kidneys.

Friday morning. Symptoms appear better, discharges more natural, and less frequent, but no urine. Has a desire for food, and thick rice-water was allowed, which sets well on his stomach. Less pain in the bowels, has more inclination to sleep; but in the afternoon is taken with hiccough, which the least particle of water increases.

Saturday morning. Is more feeble, wants to sleep, and when awake, complains of more distress in the stomach; is oppressed somewhat for breath, and has continual rattling in the throat; does not use the stool more than once in three hours. Twelve o'clock.—Hiccough continues, with great distress in the stomach, but not vomiting. Continues to grow more drowsy, and takes less notice of things, although perfectly sensible; extremities more cold, with a cold sweat on his forehead, in which state he breathed his last, about five o'clock P. M. He passed no urine from Wednesday morning, eight o'clock, until he died; which was about 81 hours. I believe it was thought by the doctor, that had he been able to reach the kidneys with medicine, the patient would have recovered; although I would state that he had, for many years, been troubled with his kidneys, and once had a severe attack of the gravel. He was 65 years old on the day he was taken, and in good health.

CHAS. HAIGHT.

Action of the Extract of Nux Vomica compared with that of the Curare on the Animal Economy.*

By Messrs. MARTIN MAGNON and BUISSON.

[Condensed from Mr. E. Brown-Sequard's *Journal de la Physiologie*, Dec., 1859.]

Absorption. — To appreciate the action of strychnine and curare upon the nervous system, the questions arise, whether they must be absorbed and carried with the blood to their organic localization, or need merely touch and be imbibed by the parts on which they act ?

Müller, Bernard, and others, admit that curare, like strychnine, must pass through the blood. They tie the trunks of vessels which supply a limb, then deposit in it strychnine, which occasions no convulsion. Mr. Bernard found the spinal cord of a frog still susceptible to galvanism, and determining energetic convulsions, after having been partially denuded, then steeped in the curare. But Mr. Bernard does not mention how long it was so steeped ; besides, he reasons on the presumption that the curare paralyzes the spinal cord, which we have not found it do. The poison must lie in contact, not with the white nerve substance, which does not easily imbibe it, but with the gray substance ; then it penetrates and affects almost instantly. The experiments of Mr. Harley go to show that the *pia mater* is necessary to the local absorption of poisons by the nerve centres. Whenever some drops of the solution of acetate of strychnia penetrated within the vertebral canal, the animal was tetanized. As in many of these experiments the heart had been previously removed, but the membranes and vessels remained investing the nerve substance, Mr. Harley refers absorption to the still active capillary vessels of the part subjected to the poison.

Our own experiments bear on local poisoning : 1. Of the centres ; 2. Of the nervous extremities ; 3. Of the nerve trunks.

On the centres, the action of the poison is manifested either by diminished or increased excitability ; the latter may run into convulsions or tetanus. Simple *over-excitability* has been denoted in the hind legs of frogs by the predominant action of the flexor muscles ; *convulsions*, by simultaneous contraction of the flexors and extensors—the extensors predominating ; *tetanus* by the prolonged extension of the limbs and permanent muscular contraction.

In a first series of experiments with *nux vomica* and *curare*, the

* The curare employed came from Mr. Pelouze, and from the same source as that employed in previous experiments with this poison in France. The strychnine employed has been either pure, or the sulphate or acetate of the same base, or alcoholic extract of the nux prepared by Mr. Mialhe or Mr. Durozier.

heart having been ligatured ; either of them equally, and in the same doses, when injected into the vertebral canal, caused promptly and successively the three degrees of exaggerated excitability, convulsions, and tetanus, which continued about half an hour. Under the same conditions, when the encephalon was laid bare, and distilled water injected into the vertebral canal, slight and momentary convulsions were occasioned ; after which, the animal showed nothing abnormal.

In our second series of experiments, the heart was torn away, and the head cut off, before the injection was made into the vertebral canal. Same results as the first series, except that, in varying the experiment with some frogs, by dropping upon the exposed cord a concentrated solution of sulphate of strychnine, it was 23 minutes before convulsions were induced. This delay occurred also, once, in the first series. Another time, when before injecting the vertebral canal, the cord was divided transversely behind the origin of the nerves which repair to the fore-legs, the hind-legs only were convulsed.

In a third series of frogs, the heart and viscera were torn away, and the vertebral column severed just behind the fore-legs. Injections made into the vertebral canal, with coffee and with liquorice water, occasioned only momentary and slight convulsive movements, not comparable with the more intense and prolonged effects of *nux vom.* or of *curare*. We generally awaited the entire cessation of the movement of blood in the capillaries of the limbs, but we cannot be sure that blood, in the tissues subjected to the poison, may not have been modified by it.

In the fourth series, preparing our frogs like Mr. Harley, we removed the heart and four vertebræ, beginning with the third in counting from the sacrum. The cord, behind the fore-legs, was carefully raised and a bit of oil-silk passed under it. The dura mater, and then the pia mater, were removed as well as possible, and to the part denuded, a bit of cotton, wet with a concentrated solution of *nux vom.* was applied. The voluntary movements were hardly appreciable, the reflex movements decided, in a few minutes exaggerated, and irritations of the limbs provoked convulsions. Having often repeated this experiment, we found the local poisoning greatly facilitated by the presence of the intact pia mater ; we could never completely remove the pia mater from the inferior surface of the cord, without injuring the roots of the nerves or the cord itself.

In a fifth series of frogs, the aorta was tied above its bifurcation,

the ventricles cut at their points. Into the aortic bulb we introduced a glass tube, connected with a caoutchouc bulb filled with distilled water, and attached it firmly, separating and cutting away all the vessels and the auricles behind. By injection, the tissues were cleansed of blood until, when the fore limbs were cut, colorless water ran from them. Exaggerated excitability and convulsions, under the influence of either *nux vom.* or *curare*, continued in the fore limbs, as well as in the hind limbs, in six repetitions of the experiment.

Local Poisoning of the Extremities.

We injected solutions of *strychnine*, or of *curare*, under the skin, or within the thickness of the muscles of a limb. About half an hour afterwards it appeared paralyzed, and did not share in the general motions of the trunk and other limbs, excited either by mechanical or electrical irritations.

Local Poisoning of the Nerve Trunks.

The heart having been torn out, and the two sciatic nerves insulated with bits of oil-silk, cotton steeped in water was applied to the left, cotton steeped in a solution of *nux vom.* to the right sciatic. After 15 minutes, slight convulsive twitchings occurred in both hind-legs; 19 minutes later, a feeble galvanic current, applied to the nerves above the contact of the cotton, excited movements much stronger on the left side than on the right. The nerves being then cut above the points insulated, no movements were occasioned. Raising them by a silk thread, the little battery applied over the left nerve occasions decided movements; over the right side, nothing. The greater time required to paralyze the nerves in their trunks, than at their extremities, is accounted for by the protection of the cylinder axis by its fatty tubes.

We next established, by numerous experiments on dogs, rabbits, birds, &c., the range of dose in which the *curare* poisons by absorption in the primæ viæ. Fontana found that pigeons died of 6 grains, in from 25 to 30 minutes; that at the dose of 8 grains it killed young rabbits, and of ten grains grown rabbits, within 45 minutes, and guinea pigs in 20 minutes; but they might escape altogether if the stomach were full, and 3 grains sufficed to kill them if taken while fasting. Messrs. Pelouze and Bernard held, that *curare* was neither absorbed by the gastro-intestinal mucus membrane nor modified by the action of the gastric juice. To sustain this view, they prepared with the gastric mucous membrane an endosmometer, which they filled

with sweetened water and plunged into a solution of *curare*. After two or three hours, endosmosis was effected, the level mounted in the endosmometric tube, and yet the liquid which that contained could be inoculated upon animals with impunity.

In the first place, however, no parity can be established between the physical state of the mucous membrane adapted to the endosmometer, and the physical state of this same membrane in normal life, when it is furrowed with delicate vessels containing an albuminous liquid, renewed every moment, instead of a compact mass in relation with a sweet liquid. This experiment proves nothing either for or against the absorption of *curare* by the living stomach. Is it otherwise with the case related by Mr. Bernard, p. 285 of his *Lessons on Toxic Substances*?

"From the belly of an adult dog, a loop of small intestine was drawn, and part of it isolated between two ligatures, after a solution of *curare* mixed with one of the yellow prussiate of potash had been injected. Two hours after, the animal was not dead, and the prussiate of potash was found in its urine; which proves that absorption had not been prevented. The *curare* had not, however, been absorbed, since the animal had experienced no effect." This conclusion does not appear to us well grounded; we shall presently show that even a considerable dose of poison may be absorbed without manifesting its presence in the system. See also p. 332 of Bernard's work.

No one doubts the toxic effects of strychnine when introduced within the digestive tube. We have, however, injected two decigrammes of sulphate of strychnia in solution, one decigramme of extract of *nux vomica* and two decigrammes of cyanuret of potassium into the stomach of a guinea-pig in full digestion. Ninety minutes afterwards, the urine was bluish with the sulphate of iron, the animal doing very well, and continued quite lively for several days, when it was killed by chloroform. No traces of the poison could be found in its stomach or intestines; the kidney contained no cyanuret of potassium.

This experiment shows that strychnia may traverse the organism with impunity; for even admitting as true, that retrograde hepaticorenal circulation, on which Mr. McDonnell has lately insisted, the quantity of poison thus eliminated, is incomparably smaller than what passes in the general circulation.

Mr. Bernard mentions having seen a little dog, into whose rectum five centigrammes of *curare* (77 gr.), had been introduced, die in five minutes.

Notwithstanding the experiments of Fontana precited, and the

assertion of Mr. F. de Castelnau, who in his narrative of an expedition in the central regions of South America, made under his direction, 1843 to 1847, declares that the curare, swallowed in large doses, kills instantly; La Condamine's opinion of its innocuity, when thus taken, prevailed so decidedly, that in 1858, Mr. Velpeau having poisoned, in giving it by the mouth, frogs, toads, tritons and young guinea-pigs, thought at first that he must have been dealing with a *curare* different from that previously employed. It was, however, the same. Bernard, in 1856, came to recognize that the full or empty state of the stomach has much to do with the absorption of curare. Dr. Brainard, of Chicago, has recently published experiments to the same effect.

In 1857, M. Pelikan sustained the experiments of Fontana by others made on rabbits. The dose of three decigrammes of curare in two grammes of water, killed two rabbits, nearly fasting, one in three, the other in twelve minutes, and one with its stomach full, in thirty-seven minutes. A fourth, forty-six minutes after taking the curare on a full stomach, began to show weakness in the limbs and tremble during two hours, then recovered; while a fifth showed no sign of harm. Our own experiments with guinea-pigs give similar results.

From our own and the other precited observations, it appears that curare behaves like narcotic poisons in general, and like strychnine in particular, within the digestive tube.

The same parity of action between them is true for the pulmonary mucous membrane.

We have confirmed the observations of MM. Fontana, Bernard and Ségalas, on the inactivity of curare when applied to the ocular conjunctiva and vesical mucous membrane.

We have read somewhere that male frogs coupled with the female, having been poisoned by strychnia; the latter presented, after the lapse of some time, the convulsions characteristic of the action of the poison.

We have repeated with the extract of nux vomica the experiments made with the curare; the poisoning has been more rapid, and the convulsions stronger.

Absorption through the skin takes place very slowly, and even when inserted under the skin, we have seen minimum doses of strychnine act only after twenty-four hours. Mr. Velpeau cites, (Comptes rendus de la Soc. de Biologie, for 1858), experiments with curare and strychnine upon the larvæ of frogs, in which these poisons sometimes acted only after the eighth day.

Strychnine in general acts upon the cord with more intensity than

curare, and curare upon the extremities with more intensity than strychnine. Such is the shade of difference which we obviate by varying the dose or, the mode of administration.

Now, let us suppose that a dose of strychnine, given in certain conditions of the circulation, shall act as 2 upon the cord, and as 1 upon the extremities; that a dose of curare shall act as 2 upon the extremities, and as 1 upon the cord. These two doses, simultaneously administered, if not sufficient either completely to paralyze the extremities, or to excite the cord; will prevent the convulsions, without killing the animal. And yet, each in its own way, will augment the activity of the cord, and diminish that of the extremities. It is difficult to proportion the doses. If the dose of strychnine be large, death is almost inevitable: if small, it is presumption to say, that but for the intervention of curare, it would have killed the animal. "We should always be prepared in these cases," remarks Dr. Teulon, "to excite artificial respiration, for we steer between asphyxia by permanent contraction of the muscles, and asphyxia from their absolute relaxation."

Another reason for reserve lies in the fact, that the fatal action of curare is not generally preceded by symptoms which foreshadow its effect.

In a certain number of cases, the poison seems to be inactive during ten or fifteen minutes, then suddenly comes a slight trembling, or convulsions for a minute or two previous to death, unless recourse be had to artificial respiration. Let us add, as Messrs. Vulpian, Pelikan, etc., have seen with large animals; that death nearly always comes before the motor nerves have lost their excitability.

We have injected curare under the skin of a large rabbit at 2 P.M.; at 2 A.M., the animal seemed to be dead, but the heart still beat; artificial respiration was practised until 5 o'clock, and the nerves, excited by Bunsen's battery (acting with vinegar) determined muscular contractions at 5 h. 8 m. The heart beat no longer, still the nerves were excitable.

Concluding Propositions.

Curare and strychnine differ in their action only by shades, which generally disappear with the doses employed and the mode of administration.

It is not necessary to their effects that they should reach the organs through the circulation.

Curare, like strychnine, determines convulsions by augmenting the excitability of the cord.

The encephalon and medulla oblongata being exposed, and a solution, either of curare or of strychnine introduced within the vertebral canal, the animal is soon seized with convulsions, persisting longer in a limb of which the circulation is interrupted, while its nerve communicates with the central system.

Strychnine, like curare, annuls the action which the excitement of motor nerves normally produces upon the muscles. If a frog be poisoned by a suitable dose of nux vom. or of strychnine, injected under the skin, after a variable period and sometimes without there having been the least convulsion, the nerves, subjected to the action of electro-magnetism, excite no muscular contraction; but if one limb be so prepared that the poison cannot enter it, its nerve will remain alone excitable.

Paralysis of the extremities of the motor nerves is, in so far as our experiments have gone, independent of convulsions and of tetanus: therefore section of the sciatic nerve does not prevent its loss of the aptitude to transmit galvanic excitement, or to determine muscular contractions, after the body is poisoned.

After poisoning by strychnine, as by curare, galvanization of the pneumo-gastrics does not arrest the beats of the heart. In these cases, the motor nerves have lost their excitability.

After poisoning by strychnine, alike as by curare, the muscles preserve their excitability, although the motor nerves have lost what is proper to them. We must, however, take account of convulsions when they have occurred.

Strychnine appears to have the same action as curare on the beatings of the lymphatic hearts.

In order to *have convulsions* with *curare*, it suffices to poison the cord before the nervous extremities; as in order *not to have convulsions* with *strychnine*, it is necessary to poison the extremities before the cord. In a session of the Academy of Sciences, August 29th, 1859, Mr. Bernard presented, on the part of Mr. Vella, an observation of tetanus treated by the curare. This diagnosis possesses for us the very high consideration of Mr. Salleron's authority. We do not doubt it to have been a true case of tetanus, and we remark the distinction between traumatic tetanus and that which strychnia causes, and in which Mr. Bernard has shown that curare only suppressed the convulsions, without preventing death.

Marshall Hall, M. Brown-Sequard and M. Bonnefin, have shown,

against the opinion of M.M. Bernard and Stannius, that strychnic tetanus results from the primitive augmentation of the excitability of the cord; and we think that the experiment, in which we have directly poisoned the cord, leaves no doubt in this regard. Traumatic tetanus exhibits usually the permanent contraction of a certain number of muscles, with exacerbation into general convulsions; the strychnic tetanus exhibits, usually, convulsions, in the intervals of which all the muscles are in repose, and they enter into contraction again only after some external excitement has provoked a fresh crisis. It is intelligible, from the peripheric character of traumatic tetanus; that a topical agent, which paralyzes the sensitive extremities of nerves, applied directly on the wound, in the first period of the malady, may cure this; without affording a presumption as to the cure of strychnic tetanus. But even if it should cure both, that would not prove the *antagonism* asserted between curare and nux vomica. We have the *similitude* of their action, in the facts, that they *both* diminish the excitability of the extremities, and increase that of the cord.

*Physiological observations on Animals Poisoned by the Curare,
and subjected to artificial respiration.*

BY M. VULPIAN.

Condensed from the Mémoires de la Soc. de Biol.

Subjects: Dogs, rabbits, and rats. The pulmonic insufflations were commenced at the moment when, yielding to the curare poison, the respiratory movements were dying away. The abdomen was then opened for the purpose of observing the contractility of the different abdominal vessels.

While the temperature of the body is still near the life-point, the heart movements lose most their intensity and frequency; later, as the temperature falls, the motor properties of the nerves are gradually weakened; the heart has more resistance, and longer intervals may come between two series of insufflations, without arrest of its beats. In dogs, some spontaneous movements of the diaphragm are recalled, but only for a moment.

In rats, these phrenic movements are reestablished after fifteen minutes of insufflation, become more and more regular, but still

remain less frequent than the normal movements. Thus, half an hour after a general resolution of the vital forces, and when the temperature of the body had gradually fallen to that of the atmospheric medium, I have seen the phrenic movements appear and last more than two hours; inspirations synchronous with the contractions, although incomplete, sufficed to keep up the heart's action. The blood here darkened to a semi-venous hue. In one rat, I ascertained that the motricity of the nerves of the limbs was nearly abolished at the moment when these spontaneous movements of the diaphragm commenced, but the phrenic nerve still retained a decided motricity. This special power of resistance to the action of poisons, on the part of the diaphragm and phrenic nerves, coincides with observations elsewhere recorded by me.

The phrenic nerve is the last, of those subjected to the will, which yields under the influence of anæsthetics, and the last to be paralyzed by the curare.

The kidneys resume their normal color, passing from greyish brown to near vermillion.

While the heart retains its full energy, five or six beats correspond to one pulmonic insufflation, and draw the volume of blood freshly reddened. Afterwards, ten or twenty beats correspond to one insufflation. At each insufflation there is a very marked reflux in all the veins, even to a great distance from the heart, even in the large abdominal venous trunks. Another reflux corresponds to each heart-beat, so that the abdominal vena cava is agitated by pulsations isochronous with those of the aorta.

The acceleration of the heart-beats, after insufflation, awaits the passage of the aerated blood into the vessels of the cardiac parieties. The beats of the heart correspond thus with the activity of its nutrition; yet when very slow and incomplete, towards the end of the experiment, they become still slower, and are even arrested for some moments by pulmonic insufflation. Can this be due to a reflex action on the heart?—due to peripheric excitement of the pulmonary plexus of the vagi? (See *Comptes Rendus de la Soc. de Biol.*, 1856, p. 79.)

The vagi often preserve traces of motricity three hours after artificial respiration has been carried on. Their galvanization, at this stage of enfeeblement, still arrests the heart-beats, but without determining the least contraction of the visible vessels, or any change of coloration, by which that of the smaller vessels would be revealed.

In a rabbit, ninety minutes after the commencement of artificial insufflation, I ascertained the immobility of the iris under galvanization of the cervical plexus of the great sympathetic; the other motor nerves had already long ceased to respond, yet feeble rythmic movements of the auricular arteries were still evident: so was the rythmic movement of the ureters.

The sympathetic nerve sometimes continues responsive to galvanism more than two hours after artificial respiration has been practised; but after it is paralyzed, atropine no longer determines the least dilation of the pupil: there is often even a slight contraction of it, while yet the iris is not paralyzed, but manifestly contracts under galvanism applied to the eye. As long as galvanization of the cervical plexus occasions dilation, however slight, of the pupil; so long belladonna also will determine it.

Provings of Clesculus Hippocastanum, or Horse-chestnut.

BY O. A. BUCHMANN, M.D.

Translated from the German, by OTTO FULLGRAFF, M.D.

The horse-chestnut has been used empirically with great success as a domestic remedy in catarrh of the air-passages and intestinal canal; also in glandular swellings of horses; but in order to ascertain its true specific action, I induced six other persons to join me in the proving of the drug.

1st PROVER.

Otto Buchmann, forty years old, sanguine temperament, light hair, florid complexion, inclined to corpulence, extremely sensitive, susceptible to the action of cold. Coffee, tea and liquors, even in small quantities, occasion congestion to the head; changes of temperature induce a sense of tightness in the head, with indisposition to bodily or mental labor; he is otherwise healthy.

Sept. 17th, 1857, 3 o'clock, P.M., took thirty grains of the fresh horse-chestnut, tasting like aloes; five minutes later, experienced constrictive pain in the throat, nausea, and constriction of the chest; heat in the chest, with rising coldness; sweetish taste; rattling of thick mucus; frequent empty eructations; short cough, movements of swallowing,

and during deep inspiration, violent burning in the throat with a feeling of rawness; hoarse voice; talking induces coughing; feeling of dryness and heat in the nose, principally at the point of the nose, as though a severe cold would set in; pain in the right scapula and in the left side of the chest, worse during inspiration; flying heat in the left half of the face; itching at the anus; increased temperature of the left arm and hand, and a feeling of heaviness and swelling in the same; increased flow of mucus from the nose; after the lapse of two hours from the taking of the medicine, two soft stools, and cessation of the symptoms.

Oct. 4th, 9 o'clock, A.M., again took thirty grains, as before. A few minutes after having taken the above dose; nausea, burning in the throat, feeling of scraping in the throat, inducing cough; constriction of the chest, a feeling of weight in the præcordial region, soreness in the chest, burning in the nose, and a soreness through the nasal canal, fluent coryza; burning at the inner canthi; sudden sharp stitches through the whole chest; rheumatic (?) pain in the right scapula; itching at the anus; stitches in the entrance of the urethra; in two hours, cessation of symptoms.

2d PROVER.

Augusta Buchmann, aged twenty-nine; brunette, choleric temperament; slenderly built, nervous constitution, and extremely sensitive; at the present time, is perfectly healthy; but formerly suffered from occasional hemicrania and pain in the gastric region.

Sept. 29th, 2 o'clock P.M., took thirty grains of the fresh horse chestnut; a few minutes after felt nausea; inclination to vomit, constriction of the chest, feeling of soreness in the throat and chest, burning and heat in the chest with rising coldness, similar to the sensation when eating peppermint drops; rattling of thick, and afterwards of thin mucus in throat and chest; frequent eructations with water-brash, violent burning and constriction of the throat during deglutition; pain in the chest, as from a heavy weight on præcordial region; twitching in the chest, extending to the left scapula; frequent spells of palpitation of the heart; increase of pain during inspiration, pain in the hypochondria extending towards the back, worse on breathing; chilliness; burning in the palms of the hands and soles of the feet; flying heat and redness of the left half of the face; eructations, followed by inclination to stool; relief from eructations; sweetish taste in the mouth; severe pain in the region of the xiphoid

cartilage, as if a piece were being torn out; pain in the back, with gripings in the intestines; crampy pain in the intestines, followed by a stool four times in two hours; pain in the chest, alternating with pain in the abdomen; general *malaise*, prostration, pale cadaverous aspect; uncertain gait; yawning, stretching, with inclination to sleep.

October 8th, 1857, 9 o'clock, A.M.—A dose of five drops of the tincture. Burning in the throat and constriction of the chest, distress, with inclination to vomit, accumulation of water in the mouth, empty eructations; tearing and jerking in the right arm, she is unable to raise it, feels as if it were paralyzed; periodical palpitation of the heart; tingling, sleepiness, sleeps, while sitting, for 30 minutes; on awaking, she does not recognize what she is looking at, does not know where she is; her left cheek burns; she again sleeps for 15 minutes; on awaking, is in the same condition as before, does not remember anything, feels as if a board was attached tightly to her forehead; chill of ten minutes' duration, she cannot get warm, and continually yawns; violent tingling in the nose and throat, feels as if the inspired air was more cold than ordinary; severe fluent coryza; feeling as if the right lung was moving up and down; on each inspiration, pain in the bowels—the pain moving from the intestines to the lumbo-sacral region; pale, cadaverous looks, with feeling of prostration; uncertain gait. Cessation of symptoms three hours after taking the medicine.

June 4th, 1858.—Ten drops of the tincture. Burning in the throat and stomach, accumulation of saliva in the mouth; severe periodical palpitations of the heart, with great anguish; griping pain in the bowels; continual yawning and sleepiness; tearing pain in the back, in the right side, and scapula; on inspiration, she feels the right lung moving to and fro; pressing down, with crampy pain in the abdomen; continual jerking in the right arm; chilliness throughout the body, of 30 minutes' duration, followed by four soft stools within 15 minutes; pain in the abdomen, extending to the lumbo-sacral region; griping pain before stool, followed by soreness of the anus; fluent coryza; continual sharp pain, and a feeling of soreness in the throat; inclination to sneeze, with sticking pain in the nose; heaviness over the eyes, *malaise*, nausea, inclination to sleep; cadaverous looks. Duration of symptoms, four hours.

3d PROVER.

Miss W. Br., aged 52 years, of sanguine temperament, has never been sick.

October 2d.—Took 40 grs. of the raw horse-chestnut, at two o'clock, P. M. Great distress caused by the accumulation of mucus in the throat, burning in the throat, nausea, violent vomiting, periodical vomiting of tough mucus; pressure in the forehead, as if the head was all stopped up; feeling in the nose as after having taken a pinch of snuff; constriction of the chest; labored respiration; feeling in the head as if intoxicated; heat in the head and eyes; cough, caused by the accumulation of mucus in the throat; empty eructations; heat in the whole body; flying heat previous to eructations. Two hours after having taken the medicine, several soft stools.

4th PROVER.

Miss W. N., aged 33 years, has been scrofulous when a child; of sanguine temperament. Poetess. Several years ago was afflicted with a fit of melancholy; otherwise has only been sick once, when she had Angina tonsillaris, which was cured by *Apis* 3ⁿ.

October 2d, 1857.—Took 40 grs. of the crude horse-chestnut; constrictive pain, and burning in the throat; throat feels as if scalded, sweetish taste in the mouth, which fills with saliva, frequent empty eructations, uneasiness in præcordial region; weight and periodical constriction there, with labored respiration; feeling very tired; chilly fluent coryza, with tingling in the nose; mind undisturbed.

5th PROVER.

Rev. Rudolph H., aged 48 years; hair very thin; face pale; liver spots on the body; of lively temperament; sometimes troubled with pain in the back; has had several times a slight gastric fever; is otherwise strong and healthy; is in the habit of taking snuff, but cannot bear smoking in the evening.

September 30th, 1857.—Took 40 grs. of the raw horse-chestnut at 8½ o'clock, A. M. Distress from the rising of thick mucus in the throat; heartburn of 30 minutes duration, followed by tickling in the throat, inducing him to cough; empty eructations; the irritation in the throat ceased one hour after having taken the medicine; increased inclination to urinate; great sensitiveness of the Schneiderian mem-

brane; increased by the passage of air, feeling of coldness in the nose, whose secretion, at first thick, becomes thinner, and amounts to a fluent coryza, with sneezing, in the third hour; the taste, at first astringent, becomes sweet; flatulence, stitches in the left side. The symptoms having reached their height by the fourth hour, gradually disappear.

6th PROVER.

Mr. Ed. B., Teacher, 22 years old; of sanguine temperament, light hair, red cheeks, slender stature, sometimes suffering from headache, otherwise healthy.

July 4th, 1858.—Took 30 drops of the tincture at 7 o'clock, A. M.; bitter, burning taste in the mouth, and constriction along the œsophagus; several eructations; heaviness and rumbling in the abdomen; tickling in the throat, causing cough, with mucus expectoration; fluent coryza, with a feeling of cold air passing through the nasal canal during inspiration; burning in the mouth and œsophagus; constant swallowing, with accumulation of water in the mouth; sharp pain under the ziphoid cartilage; pressure in gastric region, gradually descending; stitches in the right side, over the hip, deeply seated; headache over the left eye; watery eyes—spasmodic action of the eyelids; inclination to vomit. One hour and a quarter after taking the medicine, obscuration of sight; a quarter of an hour later, gradual disappearance of the violent symptoms.

July 25, 1858.—Dose of 60 drops of the tincture, 6 o'clock, A. M.; bitter taste in the mouth; dryness and constriction of the throat; feeling of heat in the chest; empty eructations; irritation in the throat, causing cough; tickling sensation in the throat; dry cough; stitches in the left side of the abdomen, just below the short ribs; accumulation of water in the mouth, inducing constant inclination to swallow; stitches have moved from the left to the right side of the chest; rumbling in abdomen of 15 minutes duration, followed by nausea and inclination to vomit; inclination to sneeze; griping pain just below the umbilicus; painful pressure over the left eye; increased appetite; fluent coryza; watery eyes—obscuration of sight; tingling in the nose. Duration of action, 2½ hours.

7th PROVER.

Mrs. J., aged 54 years, of nervous temperament. Has been affected occasionally with fits of melancholy, but healthy at present.

July 25, 1858.—Took 30 drops of the tincture at 7¼ o'clock, A. M., and was affected with nausea immediately; 15 minutes later, burning

in the throat, eructation; distension of the abdomen; general perspiration, and cessation of the abdominal distension; feeling of constriction in the head; sweetish taste, with dryness of the throat; she is farsighted, and can read without glasses, which she could not before taking the medicine; twitching over the right eye; tingling at the point of the tongue; burning in the mammæ. At 2 o'clock, P. M. Empty eructations; griping pain in the bowels, with discharge of flatus; she has not had her daily stool.

July 29, 1858—At 10 o'clock, A. M., took 30 drops of the tincture; nausea, eructations; heaviness of the head, dryness and burning in the throat, with sweetish taste in the mouth. At 11 o'clock, A. M., headache over the right eye; drawing pain in the right side of the nose, with fluent coryza; leucorrhœa; regular stool has not taken place.



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Original and Translated Papers.

ON DYSPEPSIA;
OR, FUNCTIONAL DISEASE OF THE STOMACH.

BY F. W. HUNT, M.D., OF NEW YORK.

(Continued from page 41.)

II.—FERMENTATION IN THE CONTENTS OF THE STOMACH,
FROM DEFICIENT SECRETION OF THE GASTRIC JUICE.

That the gastric juice in its perfect state prevents the putrefaction of meat, and even arrests it when already begun, has been known since the days of Spallanzani. It is also known to prevent the acetic, lactic, and alcoholic fermentations; but, when the vital powers fail—when the gastric fluid is deficient in quantity or quality, and chemical affinities overpower vital forces, some of these changes may occur in the contents of the stomach. In these cases, Lehmann regards the *ferment* as an unhealthy mucus, which is much disposed to fermentation, and already in a state of decomposition. In many cases, food undergoes the ordinary putrefactive changes, in which sulphuretted hydrogen gas is evolved. This gas accumulates in the stomach, distending it painfully; hence efforts to relieve it by belchings of sulphuretted hydrogen,

having the odor of rotten eggs. Symptomatic of this is severe frontal headache and chilliness, followed by febrile excitement.

CAUSES :

1. *Overheating.*—Delicate persons, who feel exhausted and weak, often eat freely for a temporary invigoration, and immediately engage in active exercise. The vital powers being thus withdrawn from the stomach, the food remains undigested, and what is called “a surfeit” occurs.

2. *Carious Teeth.*—When many decayed teeth exist, offensive saliva, imbued with the elements of that peculiar “gangrene” on which *caries* depends, passes into the stomach. (*Kæcker Dent. Surg.*)

3. *Structural Disease of the Stomach.*—In cancer of the stomach, morbid secretions are formed in that organ, which have little power to digest the food taken. At the same time, there may be stricture or morbid irritability of the pylorus, or impediment to the muscular motions of the stomach. Any of these conditions may detain the food, prevent its full digestion, and facilitate chemical decomposition.

4. *Food of Improper Quality.*—Vegetables, fruits, new bread, ill-fermented malt liquors, or new wines, pass rapidly into a fermentation, by which carbonic acid is evolved; the stomach becomes distended by the accumulated gases, and is only temporarily relieved by repeated eructations. Dr. Beaumont says, that on one occasion, when St. Martin had been in the woods all day picking whortleberries, and had eaten no food but the berries from eleven in the morning to eight in the evening, he examined the stomach through the aperture in its side, and found it “full of berries and chemifying aliment, frothing and foaming like fermenting beer or cider.”

When food already fermenting is ingested, the chemical action continues; the gas evolved is belched up, if no impediment exist at the cardiac orifice, and the fermentation gradually subsides. But when this aperture is obstructed or spas-

modically closed, the gas evolved distends the stomach, and this may even destroy life. Cattle, eating more clover than the stomach can digest, suffer such distention; and in consequence of the peculiar structure of the stomach, these gases cannot escape through the œsophagus. They cause then enormous distension of the organ, in some cases even to bursting.—Dr. BUDD, *Stomach Diseases*, p. 177.

5. *Flatulence and Distension of the Stomach from Imperfect Digestion.*—This is commonly felt an hour or two after the principal meals, when the lighter form of indigestion has become chronic. Fermentation in the stomach gives rise to products which when absorbed into the blood, have an injurious influence on the general health. The food taken is only partially digested, the body is imperfectly nourished, the spirits are depressed, and all the mental and physical energies are enfeebled. When, amid the products of unhealthy digestion, oxalic acid is formed, crystals of oxalate of lime may occur in the urine.

TREATMENT :

1. Restrict the quantity of food, while attending to its quality. Insist upon due exercise in the open air. Bad teeth should be removed; and when this is not assented to, the carious parts, particularly when there are large and offensive cavities, should be cauterized by kreosote and arsenic; thus: wet a small quantity of cotton in kreosote, and place on one side of it a minute quantity of arsenic (white oxide of arsenic as usually sold), place this cotton in the tooth, pressing the arsenic carefully down to the diseased nerve. A moment perhaps, of burning pain, but unlike toothache, is felt, then the tooth ceases to give serious trouble, and will, perhaps, be soon removed without pain. Such teeth may also be filled, remain, and do good service for years. When neatly performed, the operation is absolutely painless.

2. *Water.*—Cold water should be the common drink of dyspeptics. I have often seen its prohibition prove injurious.

“Water,” says Pereira, “repairs the aqueous parts of the blood, expended in secretion and exhalation. It is a solvent of various alimentary substances, and assists the stomach in the act of digestion—though, if taken in *very large quantities*, it may have an opposite effect, by diluting the gastric juice.”—(*Materia Med. and Therap.*)

Though this caution is properly given by Pereira, it is now much more common to err on the side of drinking too little. Bad effects from drinking too much cold water are caused by,

1. Previous overheating, from which sudden death has often resulted. General Bruat, in the late Italian campaign, died suddenly on the top of Mount Cenis. He was leading the first division of the French army, and, overheated by exertion, he drank a glass of snow water. He fell dead as if stricken down by a cannon ball.

2. Emptiness of the stomach at the time of drinking.
3. Excessive quantity of water swallowed.
4. Extreme coldness of the water.

When taken freely, under the precautions suggested by these considerations, cold water assists digestion, promotes the action of the kidneys, skin, and all the secretory and excreting organs. It soothes the morbid irritability of the stomach, and thus promotes the gastric secretion.

If a glass of pure cold water be taken a short time before eating, it acts as a real tonic, soothing that morbid craving which deceives those who habitually eat too much, and who have vainly tried to goad the secreting vessels to furnish gastric juice enough to dissolve all that a false appetite may demand. The water is also digested, and furnishes the system with much hydrogen and oxygen. The best effect will be obtained by taking the water at 50° to 60° F. When too cold, its chill is followed by too much reaction, increased afflux of blood, secretion, and absorption. Several glasses should be taken in the course of the day, and the quantity may be gradually increased, so long as there is no excessive perspiration, and when the body has not been previously over-

heated. The surface should be kept sufficiently warm to promote the action of the skin, as, when the skin is cool, the water is carried off too rapidly by the kidneys. For the first few days at least, remarks Graham, the urine is limpid, colorless, highly stimulating, inodorous, and apparently without urea; but after the system becomes more accustomed to it, the excess of water finds its way through the skin and lungs. When taken up in large quantities by the intestinal absorbents, it passes, by the *vena portarum*, through the liver, increasing largely the secretion of bile, which returns into the intestines to dissolve and expel their accumulated sordes.

The power of water, when taken in unusual quantities, to increase the transformation of organic matter or hasten the *metamorphosis* of the old tissues, has been long acknowledged, but has been nowhere acted upon, except by sojourners at mineral springs or water-cures. Mosler, in a prize essay, a few months ago, communicated some experiments made with the purest water he was able to obtain, containing only $2\frac{3}{4}$ grains of solid substances, and $1\frac{1}{10}$ grains of carbonic acid in the gallon. He obtained the following general results:

Abstinence from water diminished the secretions and excretions, principally those of the kidneys. Although the specific gravity of the urine was much increased, the actual total amount of solids excreted within a certain period was considerably diminished. This diminution was most remarkable in the urea; next in the chloride of sodium and the phosphoric and sulphuric acids. Excretion through the skin and lungs was also decreased, though in a less degree. The bowels were constipated, the tongue rather dry, the appetite defective.

The effects of drinking an excess of water, observed by M. Mosler, were: acceleration of the total metamorphosis of matter, with hyper-excretion from the skin, kidneys, liver, &c. The urine contained a greater quantity of solid constituents; most of urea, next of chloride of sodium, then of phosphoric and sulphuric acids. The body lost in weight;

but on the days following the increased ingestion of water, the excretions were diminished, and the body gained in weight.

These experiments of Mosler are important in showing the scientific basis of an old practice which has fallen too much into disuse. The dyspeptic drinks less water than a man in health, and although all his secretions are of a most acrid character, containing an undue amount of solid matter in proportion to their bulk ; every congested, torpid, indurated, or hypertrophied organ is gorged with effete matter, which, for true health, should have long ago been superseded by new tissues. Complete restoration depends, not on a supply of good food imperfectly digested by an imperfect solvent fluid secreted from a stomach over stimulated, but on complete removal of the effete matter in advance of new deposition ; and no remedies quicken absorption without the co-operation of that universal solvent — pure water. This power has often succeeded in diseases that had resisted all medical treatment. In some cases of mercurial paralysis, M. Piorry attempted to purge the system of all the poisonous matters by water alone. After various measures had been tried in vain, the patients were directed to drink as much water in the course of every day as could be borne without inconvenience. Even three gallons per day seemed to produce no other effect than a rapid washing away of the old particles of the diseased body, and a substitution of new matter through a more healthy nutrition. By this treatment, aided by long-continued baths, with friction, one case was convalescent in forty-eight hours, and four others in from three to five days. They all remained in the hospital two or three weeks, without a relapse in any case.

MEDICAL TREATMENT.

Sanguinaria Canadensis.—This is one of the most important remedies for various diseases of the stomach, throat, liver, lungs, &c. In almost every form of indigestion, for many

years, it has given me satisfactory results. It is especially useful in deficient gastric secretion, with loss of appetite and periodic nausea; heartburn, nausea, and irregular chills; torpid state of the liver; dyspeptic headache, terminating by regurgitation and vomiting of bitter greenish fluids; soreness in the abdomen, increased by eating; feeling of heat in the stomach, chronic gastritis; red tongue, which burns as if from the contact of something hot, lips red and dry, throat hot and dry, tickling at the entrance of the larynx, which excites cough; cough peculiarly severe, not relieved by expectoration, with pain in the chest and redness of the cheeks. All these symptoms, when caused by cold and damp weather, in consumptive patients with hectic symptoms—as quick pulse, burning in the palms of the hands and feet at night—I have often relieved with this remedy. When the cold especially affects the frontal sinuses, nose, and tonsils, I have always succeeded in curing with this agent alone.

When digestion is imperfect from deficiency of the true gastric fluid, when the food undergoes chemical decomposition, and gas is evolved in large quantities, *sanguinaria* will generally change the action of the stomach, and digestion become more complete. When the mucous membrane is congested, the flatus formed by fermentation is retained by a spasmodic constriction of the cardia. Its irritation is reflected through the pneumogastric nerve upon the lungs, exciting a feeling of “tickling” in the entrance to the trachea, with *sympathetic cough*. This peculiar dry cough does not yield to expectorants, but often persists for hours, and is only relieved by eructations. Aromatics and stimulants fail to expel the gas: they only increase the erethism of the coats of the stomach. The *sanguinaria* affords a better resource. It not only relaxes the constricted cardia, permitting the flatus to escape, but excites a healthy homœopathic reaction on the whole surface of the fauces, œsophagus and stomach, superseding the morbid state by a healthy one.

Pepsine.—M. Bondault, of Paris, prepared from the *pepsine* of the sheep's stomach dried in starch, with a small addition of lactic acid, a powder which he calls "*Poudre nutritive*." It has been tested by Dr. Chambers of St. Mary's Hospital, London, who says: It is an *artificial*, and therefore only a *partial*, substitute for the natural secretion. The gastric fluid formed in the stomach of a healthy animal is mixed with the food, to make up for the deficiency in the secretion which the healthy stomach ought to prepare. It acts in the body, as out of it, under the same conditions of heat and motion. In either case, it digests and dissolves the food, and in doing so suspends putrefaction. The quantity it can dissolve is not large; but by its aid, a small quantity of solid food can be relished and digested; the fetor of the evacuations changes, flatulence and distressing eructations cease, there is renewed strength and power of assimilation, sleep becomes more natural, night sweats and hectic fever diminish; dyspnoea, cough, &c. are mitigated.—*Braithw. Retros* July, 1858, p. 78.

Ipecac.—Aching pain in the head, particularly in the temple, over one eye; painful burning sensation of the mouth; smarting on the edge of the tongue, with yellowish white coating; sense of spasmodic contraction in the throat and in the chest; nausea, eructations of air or bitter fluid; distress from taking cold drink; vomiting, preceded by pain in the head—the matter thrown up consisting of green jelly-like or dark and tenacious substances; sensation of emptiness and weakness of the stomach, followed by spasmodic pain; flatulent colic, alleviated by rest.

Nux Vomica.—Hypochondriac mood, and apprehensions of misfortune and death. Excessive sensitiveness to external impressions. All ordinary dyspeptic symptoms develop themselves in succession, from the ordinary causes; but a great many *nux* symptoms are strongly marked. Among them are, putrid taste in the mouth; want of appetite or capricious appetite; heat in the forehead; dizziness and cloud over the

eyes, while eating, or immediately after, then nausea and vomiting of acid or fermenting mucus occurs periodically. The stomach is sensitive to the slightest pressure, and for some hours after eating has the sense of something solid or hard; tension and cramps of the stomach; cardialgia, from the abuse of coffee; chronic gastritis, simulating scirrhus or incipient cancer; pressure as from incarcerated flatus under the left side of the chest; stitches under the region of the liver; chronic hepatitis, &c.

Nux vomica combats the dyspeptic symptoms preceding the stage of fermentation, rather than corrects its consequences.

The development of that fermenting mucus which decomposes into fetid gases, may be prevented by any treatment that improves digestion. Among the best remedies, I have found *bryonia*, *sulphur*, *cannabis indica*, *mercurius corros.*, *nitromuriatic acid*, *hypo-sulphite of soda*, &c. All these remedies are useful, both in high and low potencies, but they need to be assisted by active exercise, judicious selection of food, and mental employments consistent with habitual cheerfulness.

Hypo-phosphite of Lime.—The use of this remedy in phthisical cases is increasing, through the efforts of many physicians, who regard it as simply a dietetic or chemical agent, rather than as a dynamic remedy. My own experience with it is sufficient to convince me that its best powers are *dynamic*, not chemical. I think that further experience will show it to be an important remedy in many forms of dyspepsia.

III.—FERMENTATION OF THE CONTENTS OF THE STOMACH, WITH DEVELOPMENT OF ORGANIC PRODUCTS.—SARCINÆ.

This form of disease from gastric fermentation was first noticed by Mr. John Goodsir, in 1842. A young man, aged nineteen, had suffered for four months from gastric disease, which resisted all ordinary treatment. On examining, with the microscope, some of the fluid ejected from the stomach,

he found in it peculiar organized living productions, to which he gave the name of *sarcinæ*, from their resemblance in shape to minute wool-packs. Other observers have since examined and described them.

Diagnosis.—Distension of the stomach on waking in the morning, partially or entirely relieved by spontaneous regurgitation and expulsion of a large quantity of a transparent or light brown fluid, which has the odor of fermenting wort, and is sometimes acid. After standing a few hours, it is covered with a mass of froth like that on a pot of porter, and a glairy, rosy, granular matter is deposited. There is sometimes but little complaint of indigestion, and the pulse is undisturbed: in one bad case, it was from fifty-six to eighty per minute. Sleep is disturbed more or less according to the quantity of undigested fermenting matter contained by the stomach, and the quantity of acid formed. There is sometimes perceptible enlargement at the epigastrium, deficiency of appetite, constipation, pain or burning in the region of the stomach, which is distended with gases, and the feeling of distress increases until it is relieved by vomiting.

The microscope gives a positive diagnostic. Organized bodies, called *sarcinæ*, abound in every one of the vomits. Each is a square or slightly oblong plate, one-eighth as thick as one of its sides is long, and divided into four equal squares, by lines crossing in the centre. Each quarter is subdivided by similar lines, more faintly marked, and the whole is like a brownish or yellow packet, one 800th to 1000th of an inch in length, bound with cords crossing at right angles. (*Goodsir, Edin. Med. and Surg. Jour.* vol. 57, p. 430.) The fluid ejected from the stomach contains some acid—the lactic (?), and a trace of muriatic; no alcohol was found by Mr. Hardwick, though it had probably existed at an earlier stage of the fermentation. With *sarcinæ*, sometimes occur small bodies resembling the *torulæ* of yeast. There is seldom fever; but sleep is disturbed by distension of the stomach. (*Busk., Microscopical Jour.*, vol. 2, p. 321.) Professor Graham

found the fluid to contain free muriatic acid, acetic acid, alcohol, and sugar, while carbonic acid was disengaged. (*Dr. Jenner, Med. Times, Aug. 1851.*) When the fluid ejected is alkaline, and not acid, no sarcinae have been found in it. The urine is generally clear, containing no albumen, and is of a specific gravity of 1022 to 1011, revealing, under the microscope, crystals of oxalate of lime. The saliva is slightly acid, the appetite good; but free indulgence in eating is followed by distension of the stomach, with burning uneasiness, or agonizing pain, if the stomach be ulcerated. In less severe cases, the heartburn or other uneasiness subsides with the absorption or expulsion of the gastric contents. When the disease is more fully developed, the distress continues till relieved by vomiting, or by eructation of a clear sour fermenting fluid. When it has continued long, the patient becomes emaciated, has a dry skin, slow pulse, and that peculiar anxious expression of countenance observed in persons suffering from organic disease of the stomach.

Causes.—This disease often originates in organic injury. In one case, given by Mr. Busk, the diaphragm of a man, previously in good health, was ruptured, and the whole stomach, with portions of the other abdominal viscera, passed through the aperture into the left pleura. From this injury, resulted the long train of gastric symptoms peculiar to obstruction of the pylorus, detention and fermentation of the contents of the stomach, and formation of sarcinae, though the stomach itself was perfectly sound. In a second case, the spine was fractured by a fall into the hold of a ship. The vomiting of a fluid containing sarcinae occurred but once, and was followed by a return to perfect digestion, though paralysis, from injury of the spine, remained. In another case, it was concomitant with the progress of a pleurisy, in a boy with disease of the hip joint. Sarcinae were expelled from the stomach by vomiting, and after death were found in the stomach, but in no other portion of the intestinal canal.—(*Busk.*) Dr. Budd says that a laborer, on whom a bank of

earth fell, throwing him violently on some pieces of board, was, in consequence, afflicted with this derangement of the stomach, with palpitation and shortness of breath.

PATHOLOGY.

Fermentation of the contents of the stomach, with development of the fungi called *sarcinæ*, is generally associated with some local injury, or with structural disease of the pylorus; frequently with that induration of the pyloric cellular tissue caused by spirit drinking. In one case, the pyloric stricture was so complete that a probe could scarcely be passed. Though the patient had taken of bi-carbonate of soda from $\frac{3}{4}$ to 1 lb. per week for months together, to relieve the acidity, there was found, after death, no thickening of the coats of the stomach, nor other indication of malignant disease.—*Budd*, on Diseases of the Stomach, p. 199.

The characteristic features of this disease appear, then, to consist: 1, in the secretion of fluids, excessive and abnormal, by the stomach; and 2, in the peculiar fermentation of these fluids, which “undergo, or excite within the stomach and in the food thrown up from it, a fermentation, with the evolution of carbonic acid and production of *torula and sarcinæ*, leading to the formation of acetic acid.” The essential characteristic is a structural change in the stomach, preventing this organ from fully discharging its contents, and causing an abnormal secretion, which rapidly ferments. *Alcoholic* fermentation may be the first step; but the alcohol is rapidly decomposed, no symptom of intoxication occurs, and the process ends in the formation of acetic acid. Though much of the acid in the fluids vomited is formed by fermentation after their expulsion, still the quantity formed within the stomach, together with its distension by the gas, greatly increases the sufferings of the patient.

TREATMENT :

The small number of cases scientifically treated have furnished as yet no reliable data from clinical experience. In one case, already mentioned, the patient, after being dug out of the embankment of earth, insensible, was treated two years afterwards for the dyspeptic fermentation, by Dr. Budd. After being restricted to a diet of lean meat and bread for five weeks, and taking two minims of kreosote, in pills, three times a day, the general symptoms abated ; but pain in the epigastrium, flatulence, and occasional vomiting or acid eructations remained. In a second case, that of a spirit drinker, the disease had lasted nearly a year, and was treated with *kreosote* pills, like the preceding. *Colocynth* and *aloetic pills* were also occasionally given. There was some improvement under this treatment, but it was discontinued, while other measures were ineffectually tried. On resuming the first, with a full diet of lean meat, bread, and coffee, again there was an improvement, but only up to a certain point. After this, an occasional emetic of *sulphate of zinc* was tried without benefit, and *nux vomica*, in five-grain doses three times a day, seemed to have no effect. Common salt, in the dose of a table-spoon full to a half-pint of water, three times a day, caused burning in the stomach, but mitigated the symptoms more than anything previously tried. The patient left the hospital ; he continued to take the salt with benefit, but was never entirely cured.—*Budd*, on Diseases of the Stomach.

In reviewing the expedients tried in this case, we remark, that every remedy tried was a good one, but rendered powerless or injurious by the crude form and large quantity in which it was administered. Any of these remedies, especially the *kreosote*, the *nux vomica*, and the *natrum muriaticum*, might be employed with advantage in the proper attenuations. The table-salt was ineffectually tried by another patient, who had taken large quantities of bi-carbonate of soda to mitigate the distress caused by the accumulation of acids in the stomach.

The patient ultimately died of complete stricture of the pylorus, the passage from the stomach into the duodenum being almost obliterated. These patients were both probably injured by the large and crude doses. All drugs so concentrated as to produce a "burning" or other unpleasant sensation in the stomach, are bad as to their form of administration; but the same medicines may possess dynamic virtues that entitle them to a trial in similar cases. Common salt is, in every form, an important antiseptic, but acts best when largely diluted, as we find it in some mineral waters, such as that of the Blue Licks, Kentucky. I have seen its influence on some most obstinate derangements of the digestive organs, particularly when dyspepsia was complicated with torpor, or chronic enlargements of the liver and spleen, of malarial origin. About four-fifths of the solids contained in this water consist of pure muriate of soda; but its medicinal effect far surpasses that of so small a quantity in common solution, and is attributed to the large quantity of water with which it is combined. *Natrum muriaticum*, in higher attenuations, is appropriate where there is fermentation or putrefactive change in the contents of the stomach, whether sarcinæ be discovered in matters vomited or not, and especially when ague complications are present. It is prescribed for the following conditions:—bitter, sour, or putrid taste in the mouth, with want of appetite, aversion to food, or excessive craving for bitter or acid food or drink, the stomach feeling full and oppressed when but little has been taken; sour regurgitation of food, persistent heartburn, hic-cough and nausea after eating, vomiting followed by extreme exhaustion, spasmodic or convulsive action of the stomach, and throbbing or burning at the pit of the stomach.

Bi-sulphite of Soda.—Its specific chemical properties constitute its first claim to attention. As an *antiseptic*, it is employed to preserve bodies for dissection. It also prevents the fermentation of vegetable juices, but owes its virtues to the affinity of its soda for vegetable acids. When it meets with

acetic or lactic acid in the stomach, it is decomposed, and sulphurous acid is liberated. This acid prevents alcoholic and acetous fermentation, and has been used to prevent the formation of acetic acid in cider. Dr. Jenner employed it to arrest fermentation in the contents of the stomach. Dr. Budd dissolved two drachms of the salt in an ounce of water, giving a teaspoonful in a wine-glass of water, as soon after meals as the fermentation began. Since this remedy is relied upon for its *chemical* rather than for any *dynamic* action, we consider, in prescribing it, whether the *sulphurous acid* formed by its decomposition be appropriate to the case.

Symptoms.—Most of the common symptoms of confirmed dyspepsia,—sour eructations, strong acid taste remaining long in the throat, which feels rough as if scraped, bitter taste in the mouth, nausea with bitter or acid vomiting, the stomach remaining sore to the touch, feeling full and distended by something solid, a burning in the stomach, obstinate constipation ending in diarrhœa, with hæmorrhoids, quick pulse, emaciation.

More recently, I have often prescribed the bi-sulphite and hypo-sulphite of soda for dyspepsias in which gastric fermentation is a prominent symptom. I have found its favorable action little dependent on the quantity given, and think it a *dynamic* rather than a *chemical* remedy. It may well be tried for protracted gastric derangements in psoric constitutions.

ON THE CHEMICAL THEORY OF MEDICINE.

BY J. T. ALLEY, M.D., NEW-YORK.

The first aim of the Chemical Theory of Medicine is to ascertain what elements of the blood, of the tissues, or the secretions are absent or depraved in the various forms of disease. Its second aim is to supply what are deficient, to correct what are depraved; guiding itself by the known reactions of elements and their compounds outside of the living body.

Chemical medicine would carry into the human economy the same principle which the scientific farmer adopts in supplying to the exhausted soil the elements therein deficient, but essential to the desired crop. Thus the hypo-phosphite of lime has been lately commended in tubercular disease, on the idea that it supplies a deficiency observed in the blood.

The chemical theory takes account of the *excesses* of certain elements in the secretions, in order to neutralize these by their chemical opposites, the acids of the gastric and urinary secretions by soda or potash, &c., the lactic acid of rheumatism and the lithic acid of gout by their correlative alkalies, while chalk stones and alkaline deposits are to be dissipated by the mineral acids.

This chemical theory, although not exclusively prevalent, yet pervades more or less all the actual systems of medicine, and seeks to engraft itself even upon homœopathy. It reposes upon the credit of transient palliations, often mitigating a troublesome effect, such as heartburn, even where it does not touch the cause of the evil or prevent its recurrence.

However incompetent the organism may at times become to the orderly fulfilment of its functions, it will never accept assistance unless this accord with the natural direction of its working. It desires and asks medicinal aid, but not mechanical or chemical interference; for the laws manifested in the body are no less sacred than those of the soul. Liberty is

the first postulate of harmony for either, and no organ will surrender its prerogative of doing its own allotted work.

This is the right which is outraged—the law which is ignored—the etiquette which is infringed—by those who endeavor to compensate organic disabilities. They will not let a stomach be a stomach; they must reconvert it into the laboratory of the old humoral pathology, and the other organs are treated as so many pieces of the same apparatus.

It is true that in various diseases the blood is deficient in the phosphates, carbonates, sulphates, lactates, acetates, &c., of soda, lime, or other ingredients of normal tissues; these salts are not, however, furnished to the blood by food, as phosphates, carbonates, &c., but are formed within the organism, and from material whence the chemist must often despair of extracting them. Whatever the absorbents receive, undergoes profound and radical transformations, provided it be not in such excess as to embarrass the functional activity of the organs which dispose of it. A controlling vital force then forms the different compounds as they are needed, instead of delegating certain organs to select them ready made.

Mr. Gundlach, of Cassel, shows experimentally that wax is formed from honey in the body of the bee, although the honey contained apparently no trace of wax.

Liebig remarks the absence of fat in the flesh of the carnivora, which, of all animals, eat most fat; while the cow extracts butter from herbs and roots, suet from hay and fodder, &c., &c. Has starch or sugar been found in the arterial blood of animals exclusively fed upon these matters?

The sugar of the maple is found, not in its roots, but in the woody substance of its trunk, increasing only up to a certain height.

If we supply plants with those substances which are the products of their own action, these have apparently no effect upon their growth or fecundity. Sugar, gum, starch, and humic acid so nearly allied to them in composition, are not food for plants. Sugar, placed in the body of the tree, is not

absorbed and appropriated as its saccharine ingredient, but undergoes decomposition like any other foreign matter. The animal viruses and venoms, hydrophobine and the serpent poisons, on the other hand, when taken into the stomach in quantities, and amenable to its peptic action, are rendered inert; while bread and milk, or other plain and wholesome food will not only supply to the body every element of nutrition and the secretions, but reconstitute in the organism of the viper, for instance, a deadly venom. Lehmann and others have proved that sugar, found in the blood, is not assimilated as sugar from those aliments which most abound in saccharine matter; but Lehmann attributes the origin of liver sugar in part to the fibrine and albumen, the proportions of which are reduced in the blood of the hepatic vein, as compared with that of the portal vein. While sugar is absent in the latter, it abounds in the former.

Albumen, ammonia, and many other compounds, illustrate the same organic principles. The vital force executes disintegration and reconstruction upon every compound presented to it.

As to potash and other salts of alkaline base, they may indeed be detected after absorption, in the blood, sweat, chyle, gall, or splenic veins, but are presently excreted with the urine. So it is with copaiba, turpentine, and garlic, the peculiar odor of which reappears after their passage through the system.

We have already admitted that relative excess in quantity may place any substance beyond the pale of assimilation or of transformation. In such cases, the particles of bodies not transformed are so reduced in size that by endosmos they are passed through the finest tissues. The phenomena of disease contribute, in the prodigious exaggeration of various secretions, such as bile or urine, their testimony to the organic energies. The diabetic patient, who daily receives but a few pints of fluid, may pass three gallons of urine every twenty-four hours for weeks together. Dr. Watson mentions a boy who, though

restricted to one and a half pints in twenty-four hours, passed during that time ten and a half pints, without losing flesh or weight. On one occasion, the boy was weighed immediately after emptying the bladder. Three hours afterwards, although he had taken neither food nor drink, his weight was increased by one pound, and he voided then sixteen ounces of urine, which Dr. W. ascribes to absorption from the air.

Admitting the basic elements of certain compounds to be insoluble, and therefore to supply the blood with these particular ingredients, this is not what disease requires. It does not answer the symptomatic indications; for although the compounds of lime, soda, phosphorus, &c. be deficient in the blood of a tuberculous patient, this symptom is but an effect, in which the blood stands towards the assimilative organs that form blood in a relation similar to that of the urine towards the kidneys. Now, who would pretend to cure disease of the kidneys, by correcting the abnormal state of the urine in the bladder? Tuberculosis is not the result of a deficiency of phosphates in the food, but of loss of the assimilative power to extract them from it.

The patient under treatment is receiving for the most part the same kind of food, and often in larger quantities and better prepared, in the hospital, than what sufficed to his economy when in health.

A soil may be exhausted of the constituents essential to the growth of grain, and have no chance except by artificial means, of being restored; but to the living organism, food abundant and varied in kind is supplied, that comes in contact with the absorbents, and presents every constituent essential to the growth and nutrition of tissues. There is, then, no analogy between the indications of agricultural chemistry and those of animal chemistry, in this application. The conditions to be supplied are not similar: not the pabulum, but its recipient, is in fault with the body. Restore to the assimilative organs energies corresponding with those of the plant, and the whole difficulty is removed. Instead of this, the

chemical practice, in furnishing its $\bar{5}$ doses of blood equivalents, leaves the formative organs too much diseased to be able properly to apply the blood equivalents already present in the food.

[Perceiving this discrepancy, the best minds of this medical age have discarded the hypothesis of direct substitution; and, in giving iron or the phosphates, insist above all on their stimulation of the gastro-intestinal mucous membrane, whose circulation and secretions they augment—thus placing them in more normal conditions to extract the needed elements of nutrition from the common, as well as from the complementary or extraordinary food.—Ed.]*

Chemical analysis reveals to us the nature of morbid urines in various diseases, viz., albuminous, saccharine, acid, or alkaline; but whatever constituent may be excessive or deficient, common sense will seek the remedy, not in administering the missing elements, or such as are capable of chemically neutralizing the morbid effect, but by tracing back through the morbid changes in the urine and other symptoms until we reach the primal cause, and treating this according to its character.

I have just seen an active young man who in August, 1859, was seized with alarming symptoms of pulmonary disease. Distinguished allopathic physicians prescribed a full diet, with hypophosphite of lime, cod-liver oil, wines, &c., as much as he was able to take. On this treatment, for two or three months he lost flesh and strength, until, as a last resort, change of climate was advised; but before the ship sailed, he was so much reduced as not to be able to leave. He then placed himself under the care of Dr. Taylor, of this city, who, with his accustomed good sense, immediately stopped both drugs and stimulants, restricting the diet to a limited quantity of dry bread and cold water. From the first day, he began to improve; his furred tongue soon cleaned itself, his appetite

* Vide Trousseau and Pidoux.—*Traité de Mat. Med. et de Thérap.*

and digestion returned, and at this time all the indications of a gradual restoration to comfortable health exist. The first-employed method of treatment was overloading and embarrassing the enfeebled organs, until their forces were sinking under the burden of foreign matters. The subsequent treatment, assisted by the hygienic regimen, soon enabled the system to gain more nourishment from a crust of bread, than from the whole mass that had been crowded pell mell into the stomach. The same order of considerations applies to the deficiencies of iron in chloro-anæmia, of the acids or the alkalies in gastric derangements—in short, of every ailment which has yet been treated on the chemical theory. Potash, in its different preparations, if given in quantities too great to be assimilated, will find its way through the various organs until it reach the bladder, and, under these circumstances, will of course neutralize whatever acidity be present. There may be cases of organic disease, where acids or alkalies are exciting vesical or sympathetic irritation, in which this antidotal system is expedient; but it can only be justified as a palliative, in cases where a radical cure is out of the question. Soda and other alkalies neutralize the acid secretions of the stomach; but unless the cause of that acidity be found, and the diseased vessels from which it proceeds receive appropriate treatment, no permanent benefit will result; and as the acid secretions accumulate, the antidote has to be continually repeated.*

The medicinal iron supplied to the blood in anæmia will not cure, unless it be the true *simile*, and cover the totality of the symptoms.

Preparations of lime and of soda have been commended as expediting the union of diseased and fractured bones. Exper-

* As a case in point, we will cite that of Mrs. R. M., of Richmond, Va., who had for months never missed waking up at night, choked with acid rising from the stomach, and never retired without a tumbler of bicarbonate of soda mixed beside her bed. Having consented to forego this, and take instead *nuz. rom.* 12^o before retiring, she obtained relief from the very first night.—*Ed.*

iments by Milne Edwards and others, however, have proved that union occurs sooner without this practice than with it.

In rheumatism, not only is the urine acid, but there are drenching acid sweats, affording the chemical indication for alkaline treatment: yet statistics and our own observation demonstrate the equal efficacy of lemon juice and other vegetable acids.

Phosphate of lime has been administered in rachitis, and the result of Mr. Mourié's experiments showed one-sixth of deaths among seventy-one children under one year of age. According to official statistics, the deaths from this malady amounted to one fourth; but Mourié was less successful than many physicians in private practice, who employ every variety of treatment, with better hygienic conditions than the sphere of the hospital affords.

The hypophosphite of lime has been recommended in consumption, because of its *success*. Looking fairly at Doctor Churchill's statistics, and considering they are made by one who, honest as he may be, is certainly a zealot for his own theory; considering too the difficulty of diagnosing tubercular softening, and the natural tendency to be biassed by one's interest, we do not hesitate to affirm that strict homœopathic treatment of tuberculosis, during the last twenty years, has given better results than Dr. Churchill reports of his own.

In the Brompton hospital for consumption, Dr. Cotton tried the hypophosphites upon twenty patients in various stages of the disease, following, he tells us, Dr. Churchill's directions in regard to the conditions and dose. Only in two instances did he observe benefit from it; and in one of these, he says, "the good effect was very equivocal. In most of the rest, it seemed to be inert; and the few cases which slightly improved under its administration, advanced, some of them equally and many more rapidly, under the subsequent use of steel, or of quinine, with cod-liver oil." Such is the testimony of a distinguished allopath, from one of the largest consumption hospitals in the world. The evidence seems to be conclusive

against the virtue of the hypophosphites, regarded as chemical equivalents. If they really were such in tuberculosis, their reaction ought to be attended with something like the same uniformity that is elsewhere observed in the phenomena of chemistry.

But the proper medicinal virtues of the hypophosphites we are far from contesting. By their dynamic powers, as revealed in the pathogenesis of *calcareo phosphorica*, we readily admit that they may cure certain cases of tubercular disease. Our objections do not bear against the remedy, but against the chemical simplism which heralds it to the profession, and against the ponderous doses employed. Both phosphorus and lime have long been regarded as indispensable remedies in the homœopathic treatment of tuberculosis. In a large number of cases, either one or the other covers a majority of the symptoms. But the true homœopath gives them in almost infinitesimal doses, not with a view to supply phosphorus or lime to the blood, but as the means of dynamically correcting functional derangements, and thus enabling the system to select from the food the various basic elements necessary for the blood.

Our reliable proving of phosphorus shows that, when given in health, it produces emaciation, glandular affections, serofula, hectic fever, night sweat, falling of the hair, dry and burning throat, hawking of mucus, chronic looseness of the bowels, aphonia, cough with rawness and hoarseness, cough with purulent expectoration, also of blood or tenacious mucus, heavy fulness and tightness of the chest, stitches in the chest, palpitation of the heart, pneumonia, phthisis. These symptoms and pathological states induced by phosphorus, correspond most clearly with the symptoms and conditions of many cases of phthisis. We will not here recapitulate the pathogenetic effects of lime. It would be possible, however, to show that all the good effects which have followed the use of the hypophosphite of lime, are due to the specific action of either phosphorus or lime upon the parts first diseased. The

reputed action of this preparation as a tonic, is nothing more than strength given to the system by improved assimilation.

From what we have said, let it not be supposed that we disparage or undervalue chemical analysis of the blood, or of the secretions, or that of the substances composing our *Materia Medica*: they are elements of every true pathogenesis, and lead to practical inferences of high value, the logic of which it remains for experience fully to elucidate.

MORBID STATES OCCASIONED BY ABUSE OF TOBACCO.

By Mr. le Dr. A. TESTE.

Translated from the Journal de la Soc. Gallicane for the U. S. JOURNAL OF HOMOEOPATHY.

In the year 1849, the Academy of Medicine, at the request of the Minister of the Interior, appointed a commission to examine and report upon the health of workmen employed in the manufacture of tobacco. We cite from the remarkable work of Mr. le Dr. Mélier, the reporter, the following passages:

“The manufacture of tobacco effects, in the long run, upon a certain number of workmen, a profound and specific change deserving all attention. There is a peculiar alteration of the complexion—not simple discoloration or mere pallor, but a grey sallowness—a mixed shade between chlorosis and certain cachexiæ. The physiognomy is so far modified by it, that a practised eye might, with some exceptions, recognise those *who have long worked in tobacco*.

“The preparations of iron remedy this state, and restore to the workmen their primitive color. Mr. Hurteaux, the physician attached to the Gros Caillou hospital, has remarked that workers in tobacco, when bled, in the

cases where bleeding appears to be indicated, do not present a buffy coat upon the blood; or if there be one, it is usually very soft. Is the blood then modified to such a point that a part of the fibrine has disappeared?

"They fall away and change rapidly. We have seen a fine-looking soldier, aged 29, who, on leaving the 1st Lancers, entered the factory a year ago, fresh and fleshy. Now he is thin, and his complexion has the peculiar sallow; he has lost his strength. Another mentioned having lost ten pounds in a short time. The reporter is inclined to believe that the average of life is shortened among workmen employed on tobacco. Most of the aged workmen are asthmatic, or at least short-breathed.

"The first impression has something more or less painful for workmen who enter the factory, and they have all or nearly all a certain difficulty in accustoming themselves to it. Many even cannot accustom themselves to it, and are obliged to leave the factory. We have known but one out of five, who was able to remain, of those who were entered during our visits. One out of five! These are figures that deserve to be noted. But this is certainly not the case with smokers. They suffer—indeed, their first sensations are crable; but a kind of silly pride resists disgust and pain. They suffer, but they smoke; then the disgust lessens, the pain is blunted, the habit formed, and the evil takes its course. Hence we often meet, among habitual smokers, men who, by reason of their temperament, or of certain innate peculiarities, would certainly have been obliged to renounce the frequentation of the factory, and to whom tobacco must be especially hurtful."

With the exception of corrosive poisons, that destroy life by the chemical decomposition of the tissues with which they are placed in contact, it is doubtful whether there exists a single substance that can be considered absolutely as a poison, or which acts thus indiscriminately upon all animal species. Sheep and goats eat the *pulsatilla*, dried and mixed with other herbage, without inconvenience, as pigeons eat the seeds or leaves of the *digitalis purpurea*, and hens the *nux vomica*, so formidable to the great carnivora—which are hardly incommoded, on the contrary, by enormous doses of arsenious acid. Rabbits have been fed for nine days on fresh *belladonna* leaves, without showing even loss of appetite. These differences are not only found between species and species, but between individuals of the same species, and infinite variations exist in the relative tolerance of their organisms to such or such poisons.

Hufeland mentions an idiot who gorged himself with belladonna berries, and got no harm by it. On the other hand, we find susceptibilities so exaggerated as to find in the ordinary food of most people, a violent poison. This was the case with my father, respecting all kinds of fruit. He could not bear even their odor. While serving in Jourdan's army, during the Belgian campaign of 1794, there being a dearth of provisions in camp, he had tried to conquer his aversion, and to feed, like his comrades, on the fruits that abounded in the country. One day, he ate two pears, perfectly ripe, and considered delicious by every body else. But hardly had he finished the second, before he was seized with cramps in the stomach, with terrible vomitings and sufferings, which obliged him to pass several days at the ambulance. How many of us could now, in our adult age, eat the green fruits which in our childhood we devoured ?

Yet, notwithstanding the diverse idiosyncracies in the human species, with very rare exceptions, the action of each drug varies rather by the intensity, than by the form, of the symptoms that reveal it. 2d. The Hahnemannian dynamization of medicines has the virtue of disengaging their powers, and of giving to their proper or primary actions the ascendant over those which consist only in simple reactions of the organism.* 3d. The degree, however variable, of susceptibility towards drugs, or to some peculiar drug, in a pure experiment, does in no respect impair the justice or fecundity of the fundamental law of homœopathy. Thus, Hahnemann, with his admirable acumen, seized and interpreted those individual symptomatic shades, always independent of the drug experimented on, and in which I had long apprehended an infirmity of our doctrine. Hahnemann, on the contrary, enlightened by clinical experience, discovered in them the

* This is so true that I have seen patients accustomed to coffee, unconscious of any kind of sensation from it, and who continued to drink it during their treatment; highly susceptible, nevertheless, to crude coffee in the 6th or 12th dilution.

general relations of each drug or group of drugs, with a certain physiological personality, (sex, temperament, color of the eyes and hair, moral propensities, &c.) Exceptional immunities prove nothing against the general laws of drug action. Are there not dogs impervious to the hydrophobic virus? and individual men to typhus, cholera, vaccine, variola, and even to syphilis?

I remember a girl of seventeen who, under pretext of curing a toothache, but out of pure fun, lit a cigar for the first time in her life, smoked it out without the least inconvenience, and a hundred times afterwards repeated the same feat with the same impunity.

This fact is by no means unique among the coarser sex; yet most of those who pretend to such immunity will, if close questioned, remember some old scores they had to settle with the pipe or cigar—and still they do not suspect the relations of cause and effect between the tobacco they have been using twenty or thirty years, and the slight infirmities which they attribute to quite another origin. One digests badly; another has palpitations; a third cannot read in the evening because his sight fails, or can read only by closing one eye, as if he squinted; a fourth complains of itching, with red or yellowish spots on his chest and shoulders; a fifth of stitches in the side, darting pains in the temples, or buzzing in the ears, &c., or of corns on the feet so painful as even to prevent sleep at night. All these smokers have their great or little sufferings, from which they would be delivered if they could stop smoking; which no one will ever persuade them to do, but which some do from dear-bought convictions, when the evil has reached a certain height.

Nearly all I could write of tobacco might, however, apply as well to coffee, which is responsible, perhaps, for six or seven tenths of the neuralgias we have to treat daily.

Let us add, in this relation, that between the physiological action of coffee and of tobacco, there exists a sort of contrast or negative similitude, that might lead us to suppose them

antidotes. Experience does not confirm this. Feeble, nervous, irritable persons are the most sensitive to them, and most liable to abuse them both; and the inconveniences caused by them are frequently blended.

Notwithstanding the apparant tolerance of many organisms for tobacco, it is a cumulative poison, in this sense, that one is never secure against the sudden outbreak of acute symptoms. Beyond the point of saturation, there is everything to be feared.

[Dr. Gerard Van Archen, of Bogota, New Granada, in his communications to the American Medical Monthly on the diseases of the tropics, mentions a peculiar kind of neuralgia occurring only in people who have worked for years in tobacco factories, besides being habitual smokers. In these, the body becomes so thoroughly saturated with nicotin, that occasional twitching of the muscles of the face occurs, which ultimately becomes an agonizing pain, making the patient scream in horror. He found numerous instances of this disease in San Domingo, San Salvador, and Ambalema, all tobacco countries. They offer the additional interest that all that class of medicines called anti-spasmodics and narcotics not only have no curative effect over it, but on the contrary almost always aggravate the pain.—Am. Ed.]

The Count, aged forty-two, of good constitution, although lymphatic temperament, smokes since his twentieth year from seven to eight cigars a day, without having ever, he says, experienced any inconvenience from it. I had often seen him, in 1853, at the house of a relative whose physician I was, and he seemed then to enjoy perfect health. But it was no longer thus three years after—that is to say, at the beginning of 1856—when M. de came, in his turn, under my care. His malady, which he called *irritation of the bowels*, presented the following characters: considerable emaciation, especially of the lower extremities; general sense of weakness; chilliness; absence of fever; the pulse, rather weak but regular, never gave, even after meals, more than from seventy

to seventy-two pulsations per minute; the temper equal and mild, notwithstanding keen anxiety about his condition; sleep bad, often interrupted, sometimes without appreciable cause, but often also by cough and colics; no sweat, and nothing noteworthy about the skin; tongue clean; great appetite, faintness of the stomach, however little the meal be delayed; fits of canine hunger; no trace of abnormal salivation (M. de . . . does not spit, even in smoking); immediately after meals, pinchings in the stomach, soon followed by diarrhœal stool, and habitually recurring three or four times during the day; frequent irritation at the throat and windpipe, provoking violent spells of dry cough, especially at night; dull pains in the sides, that seem to alternate with the sore throat; stools habitually soft, and often diarrhœal; occasionally even violent diarrhœa, attended with hard gripings, sometimes lasting for several days, and followed by constipation.

He had tried all manner of treatment, the antiphlogistic, &c., the waters of Baden during two months, the prescriptions of a highly-esteemed homœopathic physician during three more, and had taken *arsen.*, *sulph.*, *nux vomica*, *carb. veg.* I, in turn, gave *phos. ac.*, *calc.*, *verat. alb.*—all without appreciable result, except *veratrum 3°*, which immediately put a stop to the colics and diarrhœa, when those symptoms presented themselves; but then the constipation became so much the more complete and persistent than before. In despair, I advised hydrotherapy, which, in a few weeks, gave an amelioration well marked, but not progressive beyond a certain point far from that of health. Thus, there were no more serous stools nor tearing colics like those of cholera; the belly was less painful than it had been, but remained tender; and every meal was immediately followed by a sour unformed stool, of pale color.

Now, we were at this point, when, enlightened by my recent observations, I expressed to M. de . . . my conviction that smoking was the sole cause of his trouble.

“What probability of that?” he answered; “it is only two

years that I have been sick, and I have smoked for more than twenty." He yielded, however, to my counsels, and was soon obliged to surrender his opinion before the evidence of facts. In proportion as he discontinued the use of cigars, the amelioration became more decided, the stools more solid, the pains lessened, &c. At last, he ceased to smoke, and *almost immediately* the digestive functions returned to their normal state. The week afterwards, a counterproof of one day sufficed by its result to convince him for ever. Two months later, M. de had resumed his healthy color, and was as well in flesh as when I had seen him in 1853.

I insist upon the fact that salivation had not been in this case the cause of dyspepsia and emaciation, because the patient did not spit, even in smoking.

The case which I am now about to relate, one of the most characteristic that I possess upon the subject, is also the first which seriously drew my attention to the pernicious effects of smoking. M. C., captain of infantry, has for three years been the victim of a disease, upon the nature of which the numerous physicians whom he has consulted do not agree, but the gravity of which they all declare.

He is forty-three years of age, dark, of a stature below the average, and originally of good constitution, which has been somewhat roughly handled by several African campaigns. He has had several attacks of paludal fever, and a chronic dysentery, which despite enormous doses of quinine, never yielded until his return to France.

Since then he has enjoyed passable health during several years, and it seems doubtful whether relations of causality exist between his Algerian afflictions and his actual malady.

It was on October 5th, 1856, that M. C. consulted me for the first time. According to my notes then taken, his state was as follows : Face pale, of that cachectic sallowness which recalls the physiognomy of cancer ; countenance austere, sad, impressed with that utter indifference which results from extreme discouragement. The eye, sullen and lustreless, seems

retracted to the bottom of its orbit ; the lips are livid, the mouth dry, the tongue yellowish but not coated ; no thirst, no alteration of the breath or taste ; the patient has appetite, but cannot eat ; every meal, however light, occasions, two or three hours afterwards, atrocious pains in the stomach, soon followed by vomiting ; walking, riding in a carriage, and especially the jar of railroad cars provoke the same symptoms ; what he then experiences exactly resembles sea sickness—the same vertiginous nausea, returning by fits, during which the whole body is covered with a cold sweat ; vomitings generally bring relief ; they sometimes take place in the morning, while the patient is still fasting ; what he then renders is an aqueous liquid, sometimes insipid, sometimes sour ; he has, on two or three occasions, copiously vomited blood ; the constipation is habitual and more complete as the general health suffers ; there is never diarrhœa ; the whole abdomen, but more particularly the epigastric and hepatic region, is so tender that he cannot bear the pressure of his uniform coat ; the pulse is undisturbed ; these symptoms are aggravated either by heat or cold, and especially by stormy weather ; they sometimes subside of themselves, and during these days of respite, which unfortunately become ever rarer, hope returns, with an appearance of health ; the pain of the liver and epigastrium is not then quite absent, but is supportable, and the patient eats without afterwards vomiting. These ameliorations seem to depend on certain states of the atmosphere, which the patient cannot well define : they are cut short if the wind rises, at the same time that the mercury falls in the tube of the barometer ; then the crises return, and nothing brings relief, unless lying on the back, with warm applications to the stomach, with fasting or a diet of the sparest for two, three, or four days together, notwithstanding the keenest hunger.

As I had previously been informed by the family that one of the chief physicians of the army, and several physicians of Versailles, had diagnosed a cancer of the pylorus or

duodenum, I carefully examined all the regions of the abdomen, but my touch could discover no tumor there. With what disease, then, had I to deal? I declare that in spite of the vague term gastralgia, which I uttered by way of *placebo* to my patient, I knew nothing about it. I advised, however, diet, and the 12th dilution of *staphysagria*, as indicated by the most salient symptoms. Whether by its coincidence with a more propitious temperature, as I rather incline to believe, or by virtue of a real though not durable efficacy, *staphys.* seemed at first to produce the most satisfactory effects. During at least fifteen days, my brave captain, who believed himself almost cured, sang the praises of homœopathy on every key. Then, his furlough being at an end, he rejoined his regiment at Cherbourg, promising to write to me.

He wrote to me; in fact, he wrote only too much. Alas! I received from him, for more than three months, two letters every week. The sharp breezes of the channel had overcome the *staphysagria*, as they did afterwards *arsenic*, *causticum*, *cocculus*, *nux vomica*, *lycopodium*, *conium*, *sulphur*, &c. &c. In short, it was a lost game.

January, 1858, breakfasting one day at Versailles with the elder brother of my ex-patient, from whom I had had no news for eight months back, the former said to me, just as we were going to sit down, "Doctor, I have reserved you a surprise which I am sure will be a pleasant one: we shall have, as our companion, a dead man come to life again." "Your brother!" I exclaimed; "I durst not speak of him to you." At that moment, the captain entered.

A great and most pleasing surprise,—so great, indeed, that I confess I have never had one equal to it. Imagine health personified,—a countenance full, jovial, and rosy; the eye sparkling; an open smile upon the lips; the step elastic; ten years less at least upon his head! Here is the man that I have known at two paces from the grave: behold, my former patient, and henceforth my friend, Captain C.

Very naturally, my first words were, "Who has cured

you? What has cured you?" "Myself, by your leave," replied he, gaily, and whispering in my ear as if he confided a secret; "I smoked—you did not know that, perhaps," (in fact, I had not known it); "one fine day I stopped smoking, and from that day my cure dated."

I was falling from surprise on surprise. How should I ever have imagined that tobacco, of which I every day myself consumed a notable quantity, could have caused such ravages in the organism?

I attempted, though in vain, to shake the captain's convictions on this point. He believed himself sure of his fact; and, as my own experience afterwards proved, he was in the right.

[To be continued.]

CYCLAMEN EUROPÆUM

IN SOME CEREBRAL AND UTERINE AFFECTIONS.

BY DR. M. EIDHERR, OF VIENNA.

Translated from *Allg.-Hom.-Zeitung*, July, 1859, by DR. OTTO FULLGRAFF, New York.

On reading the physiological proving of *cyclamen* by Hahnemann and his pupils, we find among the characteristic symptoms: Great confusion of the senses, as if intoxicated, vertigo with pressive stupefying headache, everything turning dark before the eyes, dilatation of the pupils, drawing pain in the nape of the neck and in the teeth, nausea, eructations, aversion to food, hiccough after eating, sticking pinching pain in the abdomen, uneasiness, flatulence with urging to urinate, tightness, and painful oppression of the chest, stitches and drawing pain in the back and extremities, itching sensation in the limbs, debility, somnolence, lassitude, sleep interrupted by dreams, chilliness of the whole body alter-

nating with heat, no thirst, disinclination to work or speak, melancholy, but at times again a feeling of liveliness.

Let us examine, on the other hand, a recent proving by the Vienna Society of Homœopathic Physicians. We find it superior to the early proving of Hahnemann, for the reason that, in Hahnemann's proving, no females had taken part; whereas the Vienna proving contains contributions from seventeen females, showing that *cyclamen* has a very decided action on the uterine functions. In other respects, the early proving by Hahnemann is valuable in itself, as the symptoms have all been corroborated by the re-proving. I shall now only give the uterine symptoms: Menstruation profuse, too frequent, too early, appearing with violent pain in the abdomen, re-appearing after long suppression (curative effect), menses accompanied with labor-pain, the blood flows in large quantity, very dark and clotted.

Cyclamen also occasioned, in three cases, very marked diplopia.

CLINICAL CASES.

Dysmenorrhœa and Amenorrhœa.

CASE 1. Miss Josefa K., aged twenty-four years, of light hair, pale delicate skin, with pale lips and gums; had always been regular until two years ago, when one day she was caught in the rain. Her courses, which had just appeared, stopped suddenly, and did not re-appear until ten months later, after having resorted to a variety of domestic remedies. They then came on amid excessive labor-like pains, returning in the same manner only at intervals of two or four months. When she came under homœopathic treatment, she was in a highly anæmic condition, complaining at the same time of pressive pain in the forehead, vertigo, fits of fainting, chilliness of the whole body, unrefreshing sleep interrupted by fearful dreams, aversion to food, vomiting in the morning, and pain in the back. *Cyclamen* 15° (decimal) restored her completely. After this medicine had been

administered for a few days, her courses appeared, and then again three days before the next period. The same thing occurred at the third period, after which the patient continued well.

Cyclamen produced diplopia in this case on its first administration.

CASE 2. A lively Jewess, aged sixteen, menstruated twice regularly, and a third time after a delay of from six to eight weeks, then ceasing altogether. Her once lively temperament changed into melancholy. She became very fretful, lost all taste for the ordinary occupations of her family circle, could not be persuaded to a walk in the open air, and slept unusually late in the morning. In this condition she remained for about three months, when I was called in to attend her, and found the once blooming girl pale, with swelling of the eyelids, pale lips and gums, and the heart's action violent. She complained of always feeling tired, of frequent pressive pain in the forehead, vertigo, diminished appetite, and constipation. I prescribed *Cyclamen* 15°, which she continued for three or four weeks, when her courses reappeared. She now improved from day to day; her courses became regular, and her general health was fully restored.

Vertigo.

CASE 3. Miss S., after recovering from a typhus fever, was constantly troubled with vertigo. February 21st, she got *cyclamen* 3°, and continued to take it during three days. February 25th, the vertigo has left her, but she now complains of obscuration of sight, diplopia and slight strabismus. The remedy was suspended, and by the first of March the cure was complete.

CASES 4 and 5. *Vertigo*, in two ladies, aged thirty-three and eighteen, both just recovering from pulmonary catarrh, was completely cured in two days, by *cyclamen* 15° and *cyclamen* 3°.

CASE 6. *Hemicrania* in a lady aged thirty-seven years;

menses deficient and irregular, sometimes being delayed two or three months. For four years past, she had been suffering from periodical semilateral head and face ache, appearing about every week or fortnight, and lasting from twelve to thirty-six hours, especially troublesome at the menstrual epoch.

Aug. 2d, 1858, when she came under my treatment, her skin, eyelids, lips and gums were very pale, her body lean, the skin also dry and cool, while all the other organs of the body were apparently healthy. The right eye was spasmodically closed, and on being forcibly opened, discharged a stream of hot tears. *Ignatia* was prescribed and continued until August 8th, without any change for the better. In the evening of that day, a dose of *Atropin* 4° was given, and the same repeated upon the evening of the 9th. On the 11th, the patient was free from headache; medicine discontinued. Aug. 16th, again headache, with vertigo and diplopia. She now received *Cyclamen* 3°, which cured her in the course of four days. The patient reports that she has since been properly regulated, and without suffering any more from headache.

CASE 7. Maria G., aged 27 years, a wet-nurse, strong large stature, with red face and large mammæ, has complained for three days past of violent pulsative pain, incessant in the temporal region, extending to the vertex, disturbing her sleep and appetite, with constipation. She received *belladonna* 3°, August 9th, 1858. In the course of two days, the pain in the head became less violent, but instead of that, she complained much of severe vertigo, and, up to August 19th, of intermittent headache. She took *apis* 6°. Headache had left her on the following day, but the vertigo continued. For the next two days, no medicine was given. August 23d, a return of headache; *apis* 6°. August 24th, no headache; but on the 27th, *cyclamen* 3° was administered on account of the vertigo, and continued up to August 30th, when the vertigo disappeared, though the patient complained of obscuration of

sight. The remedy was stopped, and all the morbid symptoms disappeared in the course of a few days.

CASE 8. *Strabismus* in a child two and a-half years old, who, six months ago, fell from a table to the floor, without receiving any apparent injury. A few days after the accident, however, the child was attacked with measles, (Fraisen). After having recovered, the mother noticed that the child squinted. He was put under *arnica* for some time, but without success; and then *cyclamen* was substituted for ten days. After this, I lost sight of the patient for a considerable period, until one day I accidentally met the mother, who told me that her boy had been completely well since having taken his last medicine.

Dr. Wurmb, of Vienna, also mentions a case of strabismus in a coachman, whom he cured by *cyclamen*.

CASE 9. *Rheumatismus acutus*.—A young woman, who had not menstruated for three months, and who was affected with diffused rheumatism, was also seized with violent pressive pain in the forehead, accompanied with intense vertigo. Dr. Wurmb gave *cyclamen*; both the headache and vertigo disappeared in twenty-four hours.

CASE 10. Theresia P., aged 30 years, of strong constitution, had never menstruated; was affected ten years ago with an itching eruption, supposed to be scabies, and treated with *sulphur ointment*, which caused the eruption to disappear. Soon afterwards, her sight began to fail her, so that she could only distinguish the outlines of large objects. She complains of having, every three or four weeks, congestion to the head, severe headache, vertigo, a feeling of heaviness, tremor of the lower limbs, bearing down pain in the uterine region, and, for several months past, of intense itching of the skin, without any sign of cutaneous disease. The last symptom was speedily removed by *sulphur* 6°, but in other respects no change was effected. *Cyclamen* 3° for a week, brought marked improvement, but she was constantly seeing fire balls dance before her eyes. *Cyclamen* 15° was substituted, and

under its use, for a short time more, not only the headache, vertigo, etc., vanished, but she menstruated, *for the first time*, with violent pain, and during four days; since which, she has continued to menstruate regularly.

DIPHTHERIA.

BY HENRY C. PRESTON, A. M., M. D., ST. JOHN, NEW BRUNSWICK.

This disease, which, within the last two or three years, has been epidemic in some parts of the United States and of Europe, has also spread over a large extent of British North America. I first heard of its general prevalence in Nova Scotia in the summer of 1858. It was very often fatal; more so than any other epidemic that has ever visited that portion of the provinces.

Within the past year, it has been very prevalent in the rural districts, and within the last six or eight months, in all the largest towns. In this city, St. John, I have treated over one hundred cases, the mild and the severe together, and up to this date, I have not lost one.

I have noticed, during the last three years, an extraordinary prevalence of throat affections, embracing a great variety of tonsillitis, pharyngitis, and laryngitis, both acute and chronic; and my experience accords with that of Dr. Madden, of London, as to the unusual susceptibility to some form of throat affection. The five varieties which he has described in the *British Journal of Homœopathy* for April, 1859, also correspond with my observations: if they are not all entitled to the term diphtheria, they have all the same epidemic origin.

Both Dr. Madden, of London, and Dr. Paine, of Albany, (in his report to the American Institute, June 1859,) have very correctly described the general symptoms of the disease. In their observations, however, it has been principally confined to one city, and, as Dr. Paine states, even to certain precincts of that city. Dr. Madden regards it rather as an endemic, Dr. Paine as an endemic and contagious disease; while in our provinces, it has spread like an epidemic.

Judging from the newspaper reports of its presence in different towns, diphtheria seems to have first appeared in Nova Scotia, in the towns and villages which lie along the shore of the Bay of Fundy; next in Halifax, and thence throughout the province of New Brunswick; first invading the villages, at the same time spreading along the northern boundary of this province, through the different villages contiguous to the shore of the Gulf of St. Lawrence, until it reached Northumberland county. Thence it seemed to take a more southerly direction inland, through York, Queen's and King's counties to St. John, and still passing on through Charlotte county, until it reached the boundary line of Maine. This winter, I have heard of its appearance in Eastport and several other towns near the Provincial border.

In Halifax, and many other places in Nova Scotia, the papers regarded it as being generally fatal; and in some places, the panic caused by its first appearance was as great as that caused by the first appearance of cholera or yellow fever in the cities that have felt their devastating influence.

The victims of this epidemic were mostly children: although adults were by no means free from its attack, yet the mortality among them was comparatively very light. This epidemic commenced in Nova Scotia towards the latter part of the summer of 1858, and reached its acme in the spring of 1859, since which time it has been very gradually subsiding. In the upper part of the province of New Brunswick, it commenced in the early part of the winter of 1858, and reached its acme before the spring of 1859, since which

it seems to have left those localities, and is now at or perhaps past its worst in St. John and the lower portions of the province. In the city and county of St. John, of which I speak from personal observation, it first became prevalent in August, 1859, and most cases occurred in the months of December and January, 1860. The exact mortality, it is almost impossible to estimate.

The city of St. John is situated mostly on three or four hills, the large river St. John running through it and dividing it into three districts, one on either side the river, and one on the northern bank. The Bay of Fundy washes its whole southern boundary. Except in one or two localities at the base of the hills, the whole city is well watered and drained, besides having the advantage of a tide in the river and bay of from twenty-five to thirty feet.* Thus it is naturally protected against epidemic influence, by position, by the living waters around it, which are copiously introduced into almost every street, and by a hard rocky soil, which from the inclined plane, and in some places steep hills, upon which the city is built, allows free drainage of all refuse matters supposed to engender malaria. The number of cases of diphtheria cannot

* Dr. Beardsley, of Milford, Connecticut, equally remarks upon the elevated and healthy position of Orange, the town in his section of country first attacked by diphtheria. See the *Boston Medical and Surgical Journal* for June, 1855.

In the *London Lancet* for March, 1860, Dr. Ellis, of Crowle (Lincolnshire), a district in which, he says, only the Irish immigrants, occupying some low-lying grounds recently filled up, are now subject to ague, has remarked the complete immunity from diphtheria (one child only excepted) of the Irish residents, numbering over 300, who afford almost the only examples of overcrowding and defective sanitary conditions.

Dr. George Bottomley, in the *British Medical Journal* for July, 1859, speaks, page 561, of malignant diphtheria at the Orphan Asylum of Croydon, a new building, on the top of a hill open to the south-west, with rooms spacious, lofty, and carefully ventilated, standing alone in a most healthy situation, and admitting only children pronounced healthy after a medical examination. Sanitary conditions are, however, by no means indifferent to the *mortality* of diphtheria. It appears, from statistics taken at Islington in 1858, that more than half the houses where fatal cases occurred were damp, with offensive smells or defective drains; while, in the fifty malignant cases at Croydon, there was only one death.—Ed.

have been much less than one thousand, and the deaths, at the lowest estimate, one hundred. A great portion of the cases were very mild, but as far as we can learn, almost all the cases of *true* diphtheria, in its worst form, have proved fatal under allopathic treatment.

I have successfully treated cases of true diphtheria in the same families where allopathic physicians had lost one or more patients; and according to their own description, mine were cases of the same disease, apparently as far advanced when the treatment was commenced. I credit my success solely to the remedies I have used, and which other homœopathic physicians use, and consider myself very fortunate in having been able to see and treat this disease in its early stages. Had I been called in forty-eight hours or more after the invasion of the diphtheria, and found the exudation spread over the mucous membranes of the bronchia and lungs, I should have expected to lose my patient.

The five types, in regard to which my observations confirm Dr. Madden's, are stated by him as follows :

1st. Common catarrhal angina, differing from the usual sore throat by the great number of elevated papillæ, like the large flat papillæ on the roots of the tongue, and occupying the arches of the palate, the velum, and the posterior walls of the pharynx. These papillæ show no tendency to ulcerate, or to become covered with any exudation : they gradually disappear, together with the sore throat.

2d. Acute tonsilitis, with an unusual amount of swelling of the glands, the enlargement being quite as perceptible externally as internally, the mucous surface of the tonsils being deep or dull red, and rapidly passing into ulceration. If, however, the ulcers appear early, are clean from the first, and not surrounded with a dark fiery red line, the cases prove easily manageable, and run their course in two or three days.

3d. Cases commencing much like the last, but the ulcerated surface speedily covered with a whitish curdy coating very

similar to the curdy pus of a scrofulous gland. Great variation in the degree of constitutional disturbance, some patients being scarcely ill at all, others suffering more or less with fever and delirium, and others again evincing great depression. All these varieties terminated favorably.

4. The whole soft palate very much swollen, and pale red, while the mucous surface is smooth and glazed; the tongue thickly furred, deglutition very difficult, marked adynamic fever. These cases are very slow, and for some days resist treatment, but ultimately recover.

5th. True diphtheria, characterized by its peculiar wash-leather-like exudation, fœtid exhalation from the mouth and nostrils; sanguineous and fœtid discharge from the nostrils; more or less phagedenic ulceration of the tongue, gums and fauces, with profound general adynamia, often from the very outset.

Such are the general characteristic types of the present epidemic, as I have witnessed it; but in most cases, these distinctions are not so exactly marked, one variety running into another, and symptoms sometimes occurring, not comprehended under any of them. The two first types I have not considered nor reported as cases of diphtheria at all; and consequently, when I speak of having successfully treated over a hundred cases, only the three last are included, with some varieties, among which I may mention the following:

CASE 1. September 16, 1859, I was called to see a little lad, nine years of age, taken suddenly ill that morning. The family consisted of the parents and four children, three girls and the boy I was to treat, all of whom had been well up to this time. The week before my visit to this lad, his uncle, occupying an adjacent house, had lost four children, all younger than my patient, with what their medical adviser pronounced diphtheria. The first case that occurred had been called scarlatina maligna; but the rest exhibiting no symptoms of scarlatina, and dying with those of diphtheritic croup, the whole were justly classed as cases of diphtheria. These deaths occurring under allopathic treatment, and all within the space of one week, probably induced the parents of my little patient to try what homœopathy could do. I was first called in the evening, and found the child had been rather suddenly

taken in the morning with high fever, and inclined to sleep all day. This increased until night, when he was quite delirious; pulse 160; and when aroused, complained of difficulty of swallowing, headache, &c., desiring to be allowed to go to sleep, refusing any kind of nourishment. I could not accurately examine the throat, but left *aconite* and *belladonna* 3^o, to be given alternately every hour until my next visit. Sept. 18th, A. M., examined the throat, and found the whole palate and tonsils considerably swollen, the latter both externally and internally, and both covered with false membranes, which also lay in patches on the pharyngeal mucous membrane. He swallowed with difficulty, breath fœtid, breathing hoarse, pulse 120, and an eruption was just appearing over the whole surface, resembling that of scarlatina miliaris, but the skin rather pale, than red as in scarlatina. I could not detect any rough breathing below the glottis, nor any abnormal symptoms of the chest; urine free and natural. Gave *bell.* and *protiodide of mercury* 3^o, in hourly alternation, insisting upon strong meat broths. Sept. 19th, found the pulse 90, with great general prostration; he could hardly be made to take food, it hurt him so much to swallow; breathing still hoarse, but less exudation on the palate and fauces. Ordered strong beef-tea and a glass of wine and water to be forced down, if necessary, at least every four hours, or according to the extent of his exhaustion, and continued *bell.* and *merc. prot. iod.* in hourly alternation.

CASE 2. At this visit, one of the sisters, two years older, began to complain. I found her tonsils very much enlarged externally and internally; neck very stiff and painful to move; the membranes of the palate, tonsils and fauces very red, without much difficulty of swallowing; no exudation in the throat; no hoarseness; no fever, but great depression and weakness. Ordered hearty food diet, wine, and a dose of *baryta carbonica* every two hours. The next day, both children were very much better in every way. I continued the same medicines at somewhat longer intervals; insisted upon the same generous diet, and as they lived far from me, I left it to the parents to notify me of their progress. Three days after, on the evening of the 23d, I was summoned in a hurry to see the little boy, whom his father reported as much worse, and hardly expected to live. He had been apparently improving until a few hours before they sent for me, when all at once he seemed exhausted, and breathed hoarsely and with difficulty; he had also refused to eat or drink all day, and had not taken wine for two days. I found him again as on the 18th, only much weaker; breathing not so hoarse; the glands much more swollen externally, but with no appearance of ulceration internally; palate more natural; fauces still very red; pulse 60; rough breathing deeper in the larynx; breath more fœtid, with sanguineous discharge from the nostrils; eruption entirely gone; the urine throughout having been normal, and bowels sufficiently open for the amount of food he took. I ordered *bell.* and *merc. prot. iod.* in hourly alternation, and insisted upon his taking wine thrice every day, with as much nourishment as possible. (The

sister, for whom I had prescribed *baryta carb.*, had so far recovered as to need only a generous diet, and caution about exposure to the air.) Sept. 24th, the boy is much better; breathing easier and more natural, mucous membranes quite clear and very red, with much less difficulty of swallowing, and a little more appetite. I continued the same medicine, only at longer and longer intervals, until the 27th, when he was quite well.

CASES 3 and 4. At this time, the two remaining sisters, one fifteen and the other seven years of age, complained of their throats. That of the elder was quite red, with great swelling of the tonsils and glands of the neck, but no appearance of exudation, although there was pain in swallowing, a peculiar dryness of the whole pharyngeal and laryngeal membranes, and the sensation of a bone sticking in the throat. I gave *lachesis* 10° and *bell.* 10° in alternation, and in three days she was well. The youngest girl had symptoms very much like those of the boy, with the same appearance of the throat, hoarse breathing, and eruption on the skin. She was treated with the same remedies, a stimulating diet, wine &c., and she, with all the rest, were enjoying comfortable health on the 2d of October, when I discontinued my visits. Had they not entirely recovered and remained well until this time, I should certainly have heard of it.

Would not these four cases have been justly pronounced either contagious, or as attesting a local infection, had no such disease as diphtheria prevailed? In two of them appeared a rash like that of scarlatina miliaris, and the swelling of the tonsils and glands of the neck accorded with this view; but there was no scarlet redness of the skin, no inflammatory fever, no tendency to cerebral congestion, no abnormal condition of the urine, either before or after; no such difficulty of swallowing and soreness of the throat as characterize scarlatina anginosa: on the contrary, adynamic fever, great depression of the vital forces, and, instead of ulceration, a membranous exudation from the mucous surfaces of the tonsils, palate, and fauces. The eruption, present in two cases, did not come out by degrees from head to foot, but from the whole surface of the skin, and went off as suddenly as it came.

The history of these cases might seem to favor the view of contagion, because they were consecutive upon four fatal cases in the family of a relative and neighbor, and they followed close upon each other. But these children had had

no interview with their cousins, not even going near their house, while their parents, who did so, escaped the disease. The two houses were more than a hundred yards apart, and no cases occurred between them. Besides, there was no regularity in the times of attack, whereas, according to the laws of contagion, a fixed time should elapse between contact of the virus and invasion of the morbid phenomena.

These and like cases might be considered as evidence of the endemic origin and character of diphtheria. But why should it have selected only four out of the family as its subjects, while there was no other case among the numerous relatives who visited them during and after their convalescence? Their house is situated on a hill, enjoys free ventilation, thorough drainage, and other conditions generally regarded as incompatible with endemic malaria. Besides, I have seen true diphtheria attack only one out of a family of five or six children, the rest remaining unaffected.

CASE 5. January 17, 1860, I was requested to prescribe, at my office, for a young lad, 14 years of age, the son of a wealthy merchant of this place. He was reported with high fever, nausea, constipation, &c., for which I sent *aconite* and *nux vomica*. Next evening, I found this patient delirious when first aroused, then quite nervous and excitable, with very hot skin, pulse 150, headache, slight soreness of the throat, which I could not satisfactorily examine, tongue coated with a brownish fur, no appetite, high colored urine. (*Aconite* and *belladonna* alternately, every hour). On the 19th, the fever had abated, the nervous symptoms were relieved, the throat not sore but looking redder than natural, and the tonsils slightly enlarged; the headache continued, with occasional pains, resembling rheumatism, in the shoulders and back; he is very costive, with full and uneasy sensation in the bowels, urine highly colored, but normal in quantity. (*Bryonia* and *nux vom.*) As small pox was then prevailing in St. John, and the skin began to be mottled as with some suppressed eruption, the family all feared that this would prove an attack of variola, and had some of the children re-vaccinated. The case seemed relieved the next day, and the same medicines were continued. On 21st, the father reported that the measles were beautifully out on his son, and desired me to see him. I found him covered with urticaria; and, from the itching of the skin, constipation, and other symptoms indicating them, I gave him *puls.* and *nux.* The throat looked very much as before, the mucous surfaces somewhat redder than natural, and the tonsils slightly enlarged, but

without any soreness or difficulty of swallowing. 22d. The eruption is more fully developed, and of a deeper hue; the headache gone, but the throat very sore when swallowing, much swollen, with a curd-like exudation on both tonsils, palate, and fauces; fever gone, the pulse being rather below the natural standard. Ordered strong broths, which were all he could swallow, and alternated *bell.* and *merc. pt. iod.* every hour while awake. 23d. Patient had passed a very restless night—unable to breathe when lying down, great pain in swallowing, and even in talking; breathing quite hoarse, tonsils more swollen externally, and more covered with exudation, as were also the fauces and palate; urine natural, bowels slightly moved; the eruption had all faded away, the weakness and prostration were much greater. Continued the same medicines, with wine and a generous diet. At this visit, one of his sisters complained of sore throat, and had all the usual symptoms of acute tonsillitis, but she entirely recovered in forty-eight hours under the use of *bell.* and *merc. pt. iod.* January 24th. Found the young man very much relieved—breathing easy, fauces clean, deglutition comparatively easy, tonsils clean and reduced in size, showing a small point of ulceration on each; urine natural, bowels freely moved, appetite returning, &c. Continued the same treatment, and in three days he was well enough to walk out.;

This case affords another instance in which a peculiar rash appeared in connection with diphtheria. The whole system seemed, for several days, to be suffering from some latent disease, and with the eruption, the symptoms of diphtheria became manifest. What connection, pathologically, had the nettle-rash with the membranous formation?

Here there were no evidences of contagious origin: on the contrary, one sister only was slightly affected by the epidemic, while the parents, five children, the governess and servants, escaped.

The mansion of this family is about two miles out of the city, elevated, overlooking the Bay of Fundy, and stands in the centre of their grounds (fifteen or twenty acres). It is new, and one of the best built and most comfortably furnished houses in the province, and the cellar as clean and well-aired as the drawing-rooms. Nothing here permits the supposition of an endemic miasma.

In only two instances have I met with diphtheria affecting many members of the same family. To the first of the four children already reported, I now add another instance.

CASE 6. (Allopathic treatment). The father of this family is a wealthy merchant, an M.P.P., &c. He has been troubled for more than a year past with chronic catarrh. Within the last three months, he has been unusually troubled with his throat, and at times has had some laryngeal symptoms, which, however, have promptly yielded to homœopathic remedies. The mother has always been healthy. Their eldest daughter, aged 5, previously healthy, complained, on the evening of December 31st, of pain in her back, and in the throat when swallowing. After tea, she was sick at her stomach, but did not vomit. Nurse put some flannel around her throat and put her to bed. The next day, January 1, she seemed more unwell, and the family physician, an allopathist, was sent for. He left a white powder for the child to take (Calomel?), which was followed by catharsis and vomiting of green tough phlegm; after which the patient seemed weaker, but did not complain of the throat. January 2d. Much fever, and restless all day—occasionally vomiting, the breath disagreeable, with disinclination to swallow; declines food. The doctor painted her throat externally with *tincture of iodine*, but gave no medicine internally. January 3d, throat more swollen externally; hot bran poultices were applied; it was also painted with *iodine* several times daily. *Nitrate of silver* in solution was applied with a brush to the throat, internally—deeply and generally, the solution being strong enough to discolor the discharge from the mouth and nostrils. This operation was quite painful to the child; deglutition was most difficult; she referred her pain, when swallowing, to the pit of the stomach; her breathing was very hoarse, and the skin hot; she grew rapidly weaker; would not take any food; at night she bled from the nose, and breathed very badly; she also complained of feeling cold, although her skin felt very warm, and she was covered up with flannels, in bed; slept but little, and woke up several times, as if frightened; no delirium, and free perspiration. January 4th. A warm bath was ordered, and given in the morning, although it distressed the child very much, after which she was wrapped in hot flannels, and sweated freely, with no relief, growing rather weaker; breath was now fetid; sanguineous and fetid discharges came from the nostrils; breathing hoarser and more difficult; swallowing also impossible; she was uneasy, and wanted to be carried about all the time, making all sorts of pretexts to be taken into different parts of the house. No medicine was given, but the *iodine* externally and *caustic*, applied with a brush to the throat. Jan. 5th. She was wrapped in blankets wet with hot water and brandy, and the throat painted and cauterized as before; she remained restless and distressed for breath, until a little past noon, when she seemed exhausted and wanted to lie down; after which she soon rolled over on her side, and expired without a struggle.

This description of the case was given me by the parents and the nurse, who are sufficiently intelligent to observe

external morbid phenomena. I have it, besides, from the mouth of an allopathic practitioner, who has had as large a share of experience in diphtheria as any one here, that *nitrate of silver* internally and *iodine tincture* externally, are their main reliance in every case of this disease.*

CASE 7. (Homœopathic treatment.) The case above related terminated fatally on the 5th of January. On the 9th, the father called at my office, and said the nurse was coming up in a close carriage with a child, who seemed to be ailing, but not very sick. She came about 10 A.M., with a little boy, about three and a half years old—looking pale and sickly; the glands of his neck were swollen externally, and his fauces, palate, and tonsils were very red, with considerable enlargement of the latter, although but little pain or difficulty in swallowing; pulse 120; skin rather cool; since his little sister's

* A pupil of Bretonneau's, writing in the *Gazette Hebdomadaire*, expresses his discomfiture in applying to the present epidemic of diphtheria the apparently luminous views of that teacher, and especially in attempting to check it by local cauterizations. I have seen, says he, "an affection attacking individuals and populations having no communication with each other, and which seems to take its subjects indiscriminately. It begins like a severe eruptive fever, accompanied with many general symptoms, with much swelling of the glands, even where but slight traces of false membrane appear. Commencing in the throat, it extends either to the nasal fossæ or to the respiratory passages, and sometimes to the digestive apparatus; showing itself also in the auditory conduit, at the vulva, in the vagina, in cutaneous lesions—attacking various points of the organism without relation to contiguity—the throat with the vulva, the throat with the bronchiæ, the larynx remaining sound; the throat, then the intestines. We have observed an infection more epidemic than contagious, marching like the febrile exanthemata from the peripheric to the central organs, little susceptible of being arrested in its progress by caustics, but sometimes yielding to the efforts of spontaneous reaction.

"How different is this from the doctrine of Mr. Bretonneau, who, in generalizing the facts of incontestable contagion, admits that in all circumstances "the diphtheritic germ is deposited locally, as it is in syphilis." He forgets that with whatsoever part of the skin or mucous membrane the virus comes in contact, it is the throat, amygdalæ, and nasal fossæ that produce, with some rare exceptions, the first vestiges of false membrane belonging to this species of *angina*; whereas the syphilitic virus acts first, and always first, upon the part to which it is applied."

Dr. Bretonneau's experience is, however, not quite without coincidence with our actual epidemic of diphtheria. For example, in his first case, he mentions the symptom of pain in the ear; and Dr. Beardsley, of Milford, Conn., emphasizes this as the first symptom observed in the diphtheria of his section of country, and as invariably present for a day or two before the patient made any other complaint.

death, he had seemed sad and depressed ; I gave a few powders of *aconite* 3°, and *merc. protiod* 3°, to be taken alternately every hour, and told the nurse to take the child home, and keep him in a warm room. About 3 P.M. I found the same symptoms much aggravated ; pulse 160 ; skin hot, but pale ; breathing hoarser ; tonsils more swollen, with patches of deposit on them and on the palate, which was also thickened ; it was very hard to make him swallow any thing, but when he did, it seemed not so very painful ; he wanted to be let alone, and would not complain of any thing. Continued *aconite* and *merc. protiod.*, and added *belladonna* 3°, the three to be taken in half-hourly alternation, unless he was sleeping and breathing tranquilly, and even then, from hour to hour. At 10 P.M. I found him more stupid and disinclined to make any exertion. Continued same medicine through the night, and urged giving him liquid nourishment as often as possible, even if it had to be forced down: January 10th. Patient looking about the same ; pulse fallen to 120, and the deposit more thickly covering the tonsils and palate, but not extending down the fauces ; child much weaker, and still disinclined to swallow ; breath disagreeable, with slight discharge of bloody matter from the nose ; gave *bell.* and *merc. protiod.* alternately hour by hour, with wine and plenty of liquid food. Found him breathing easier in the evening, and continued same treatment. January 11th. Observed great improvement in all the symptoms, and pronounced the child out of immediate danger ; exudation nearly gone from the palate, and one tonsil only showing small points of ulceration ; skin less hot and more moist ; eyes brighter ; breathing freer ; more willing to swallow his food ; no obstruction to respiration, and more inclined to sit up and go about the room ; continued the same medicines, with wine and a stimulating diet. In the evening, his pulse had risen considerably, and his skin was quite hot, but in other respects he was much the same as in the morning ; alternated *aconite* with the other remedies through the night. January 12th. Patient was still improving, and so continued for a week ; the tonsil remained ulcerated for that space of time, when it was healed, and the child restored to health.

CASE 8. On the 12th, the only remaining child, a little girl about two years old, was taken with pain in the back, fever, sickness at the stomach, and difficulty in swallowing. In temperament, as in the symptoms of this attack, she resembled the sister who died,—face flushed, pulse rising all day, 160 at 10 P.M. ; throat very red, but little enlargement of the tonsils, and no exudation ; still the breathing was husky from the first, and quite stertorous when sleeping. Gave *aconite* 3° and *bell.* 3° in hourly alternations, with the same liquid nourishment as in her brother's case. January 13th. Found my little patient quite weak, and with low fever ; pulse 120 ; breathing hoarse ; palate covered with exudation, as were also the tonsils, which were both much enlarged, making it very difficult to swallow ; still we forced her to take liquid nourishment and wine ; she had passed a very restless night, and could not breathe easily, lying down ; had a croupy rattling in the throat

when asleep. Gave *bell.* and *merc. protiod.* hour by hour, and at night found her much improved. She had taken considerable nourishment, and with less difficulty of swallowing than in the morning. After I left her, however, all the symptoms seemed aggravated; the child was uneasy, distressed for breath, coughed and raised a good deal of mucus, and could not sleep until 3 A.M., when she had a copious perspiration, and then fell asleep, breathing easily. January 14th. Breathing is natural, nothing of hoarseness left, tonsils not so much swollen, and no appearance of ulceration; exudation all gone, leaving the membranes very red; pulse 110, quite weak and irritable; urine suppressed since last evening, for which I gave a few doses of *sulphur* 4°, until the bladder was relieved, and then continued *bell.* and *merc. protiod.* every two hours. 15th. All the throat symptoms relieved, the child begins to have some appetite and to feel stronger, but is much irritated by the scalding of the urine, which is very red, and deposits *lithic acid* sediment; a few doses of *cantharis*, followed by *sulphur*, relieved this symptom by night; and with a dose of *belladonna* 3°, she went to bed and slept well. 16th. Throat nearly well, one tonsil yet considerably swollen, but more externally than internally; no appearance of false membranes on palate or fauces, the mucous surfaces more natural; appetite increasing, and the child much stronger; urine free, but still very high colored, and scalds when discharged; this symptom, with the swelling of the glands, continued for two or three days, but gradually improved under the use of *cantharis*, *sulphur*, *ignatia*, and *merc. protiod.*, and finally all passed off, leaving the child quite as well as before this sickness.

CASE 9. It ought to be mentioned here, that the nurse, who had taken constant care of the first case, which proved fatal, had acute tonsillitis when she first brought the little boy to me, and one tonsil was then considerably ulcerated. She had grieved much for the loss of her little pet, and seemed almost inconsolable. For this reason, I gave her *ignatia* and *merc. protiod.*, and she recovered entirely in two or three days.

CASE 10. On the 18th of January, or two days after the last case had passed its crisis, and was convalescing, the mother was attacked with acute tonsillitis, complicated with extensive inflammation of the base of the tongue and the pharynx. I saw no tendency to diphtheric exudation, but the nervous system was completely depressed, and the case progressed more slowly than than any one of the kind I have ever seen under homœopathic treatment. Deglutition at first was almost impossible, and for a fortnight was extremely painful; there was adynamic fever, and a vast amount of ulceration upon one tonsil, and the base of the tongue corresponding to it. For some days, there was a great deal of pain in the chest and dyspnœa, and throughout the whole fortnight, violent attacks of neuralgia, in the ears, teeth, and face, often preventing sleep at night. I found very high dilutions of *ignatia* and *pulsatilla* would relieve; but while the ulcerations continued, the attacks of neuralgia would return. She entirely recovered in about three weeks, and there have been no more cases in the family.

I have had several other cases resembling the above, so far as the rash was concerned; but the two families whose history I have related are the only two instances I have met with, where nearly the whole of a family were affected by the epidemic, and the only two from which I could argue anything of contagion.* I have also had cases which might be included in either of the varieties mentioned by Dr. Madden, as well as cases in which two or more of these varieties were mingled. But it is unnecessary to report observations exactly resembling those of others already published.

What is true diphtheria? Dr. Kidd, in a paper read before the British Homeopathic Society, November 4, 1858, says, "that it is a new disease, caused by the absorption of poisonous effluvia from organic excrementitious substances in a state of putrefactive decomposition, with a limited supply of water." He also maintains a remarkable analogy between the etiology and progress of diphtheria and cholera, considering both as endemic and contagious. Dr. Paine, of Albany, inclines to the same opinion. My experience and observation of this disease, and the history of its progress in the provinces, will certainly not warrant this conclusion. Dr. Madden, of London, regards diphtheria as an epidemic, non-contagious disease, which, like many others, may have in some places an endemic origin; and he compares its progress and general course with that of cholera and influenza. This is the conclusion to which all my observations and reading have led me, except that I have not been able to trace a single case to endemic sources.

The essentially epidemic character of diphtheria appears from the manner of its progress throughout the country, not following marshes and rivers, not seeking even the most unhealthy localities in the cities through which it passes, but being as violent and fatal in the country, and in the most

* Dr. Daviot's observations of diphtheria in France agree perfectly with Dr. Preston's, in assigning the epidemic character to this infection. He did not meet with a single instance of the communication of the disease by personal intercourse.

healthy localities, as anywhere. No age or sex or race is exempt from its attack, but since its advent, all ages and all races have exhibited greater susceptibility to throat affections than ever before. The history and progress of diphtheria, *elsewhere*, suggests that although an epidemic, it may have endemic foci. Of its contagion, I have not seen a single evidence. When the cases which I have above reported are viewed in connection with the great mass of others, with hundreds of instances where only one case occurred in a family of several children, they surely weigh very little in favor of contagion. I conclude that DIPHThERIA IS ESSENTIALLY AN EPIDEMIC, NON-CONTAGIOUS DISEASE, rarely in certain favoring localities *becoming endemic by concentration of the epidemic influence.**

We look upon diphtheria as an epidemic disease *sui generis*, much resembling scarlatina, and that worst form of croup, first described by Bretonneau, of Tours, in 1820, and called diphtheritic, from which the present epidemic derived its name. We do not say that diphtheria is croup and scarlatina combined, but rather a new disease which seems to compre-

* This expression contains a profound truth. And why should not contagion, in turn, result from a concentration still more intense of the same influence? It does not invalidate the practical value of Dr. Preston's views, to admit that diphtheria has proved actually contagious in particular instances, such as those of Dr. Herpin, of Tours, and Dr. Gendron, of Chateau Loire, who received the diphtheric poison apparently in the form of sputa upon the nostrils, and who nearly died of it. Dr. Dyas cites the case of a boy having contracted cutaneous diphtheria by using a bath in which a diphtheritic patient had been bathing.

There is no recorded case of a fatal epidemic of angina in which membranous exudation has not been observed. Epidemics have occurred, where, even in fatal cases, the whole area covered has not exceeded that of a sixpence; while, in others, it has not only extended from the fauces to the nares, larynx, and trachea, but has affected the genital mucous membrane and the skin; and cutaneous diphtheria has been the characteristic of some epidemics in France. Diphtheria, consecutive on measles and scarlatina, is often accompanied with an eruption of bullæ of *rupia simplex*. As the bulla becomes flaccid by absorption of its contents, a firm concretion may be felt beneath the still entire epidermis; this is found, on the removal of the covering, to exhibit all the characteristics of the diphtheritic exudation.

hend the worst features of the two, and assimilates them in its leading characteristics.*

Diphtheria has been compared with cholera, typhus, influenza, scarlatina, &c., and not inaptly. In all these severe epidemics, we find one common and essential fact, and that is, a general depravation of the whole blood-mass to a greater or less degree, and in proportion to the degree of this toxæmia is the fatality of each epidemic. No other analogy seems to exist between any of the above-mentioned epidemics, scarlatina excepted, and diphtheria.

In the Philadelphia Hom. Journal, in 1852, I published my experience in the treatment of diphtheritic croup. In this malady, always alarming and dangerous, fatal perhaps in the majority of cases, I had some success with *biniodide of mercury* and *bromine*. Since then I have seen many more cases of this kind of croup, and although the exudation was very much the same in appearance as in the present epidemic, yet I have never seen the same profound adynamia, or the same evidence of general and overwhelming disease as in the latter. The same hoarse and croupy breathing may be present, and the exudation the same in appearance, but chemical examination has shown it to be fibrinous in croup, albuminous in diphtheria.† From the pharynx, in Diphtheria, membranous formation spreads to other parts of the throat; whereas in Croup, the larynx and trachea are the principal seats of this exudation. In most cases of Diphtheria, it lies in small patches upon one or both tonsils, the palate or fauces, without at all affecting the larynx or trachea. In croup, the fever is generally inflammatory, while in diphtheria it is adynamic, with

* Diphtheria has prevailed epidemically in some localities where scarlatina was not only absent at the time, but had been unknown for years; while, in other localities where the two maladies were simultaneously prevalent, they have rarely been complicated. Sometimes a very mild form of scarlatina, and a very fatal form of diphtheria, have co-existed in the same locality.—*Med. Chir. Rev.*

† Thus the croup exudation sometimes exhibits a well-marked vascular arrangement, while that of diphtheria appears to be incapable of organization.—*DR. DYAS, in the Chic. Med. Jour.*

constant tendency to assume a gangrenous and putrid character.* The analogy between Scarlatina and Diphtheria, appears more closely marked. Features common to both are enlargement and inflammation of the tonsils and the glands of the neck; † ulceration, ‡ a rash, § similar premonitory symp-

* French physicians have observed that diphtheria might run its course either to recovery or death, without a single pyretic symptom. In other cases, the type of the fever has been intermittent, and this has given vogue to the quinine method of treatment, on which our confrère, of L' Art Medical, Dr. Ravel, has a very learned article; but he identifies diphtheria, under the name of angine couenneuse, with membranous and paroxysmal croup. Both he and Dr. Tessier regard it as an inflammatory affection. Dr. Campbell, of Augusta, Ga., observed the paroxysmal character in the epidemic of diphtheria there, in 1848; and Dr. Dyas has observed the same type near Chicago.

"An acute disease," says Dr. Tessier, "characterized by a constant inflammation of the same part, with inflammatory fever and fibrinous state of the blood, is wont to be called a phlegmasia. But, it is urged, this malady is contagious. Well! that would go to prove that there are contagious phlegmasias; so are dysentery, blennorrhagia, and the whooping cough. Contagious also are the eruptive fevers, and even the typhoid fever. Is the class of fevers therefore to be annulled? Contagion itself, even when it is constant, is but accidental to diseases, though an accident deserving the greatest attention. Why, on account of contagion, any more than of hereditary transmission, must nosologic classification be thrown into disorder? Of the causes of either, we know little; let us, then, persevere, like our predecessors, in the method of induction; not plunge into hypotheses of miasms, ferments, and spontaneous generations of parasites.

† It is to be observed, however, that the scarlatinal angina tends to localize itself in the whole cavity of the fauces and posterior nares, and rather to invade the œsophagus than the larynx; while diphtheria, commencing by patches on the tonsils, etc., shows, in spreading, a great tendency to invade the respiratory passages. In scarlatinal angina, remarks Valleix, the tonsils and contiguous tissues are covered with a thick heavy pultaceous exudation of dull whitish aspect or dirty looking, instead of the grey tenaceous firm transparent membrane of diphtheria. Scarlatinal angina is the ulcerous sore throat of Fothergill, the angina putrida maligna of older writers, pharyngite pultacée of Valleix.

‡ Gangrenous pharyngitis supervening on the various exanthemata of typhoid type, shows patches *depressed*, and below its eschars, *loss of substance*, which does not occur in diphtheria of gangrenous aspect. Depression also characterizes the center of the syphilitic ulcer, and its false membrane is more adherent than in diphtheria. The gangrenous sore throat, commencing with diphtheric symptoms, and described by M. Becquerel in 1841, was not preceded by fever or other constitutional symptoms. Hæmorrhages, even fatal, sometimes resulted from the elimination of the eschars; and the symptoms, which in these cases preceded death, were those of a septic poison. It occurred under the same epidemic influence, and interchangeable with, the purely membranous form of diphtheria.

§ The rash of scarlatina is followed by desquamation, that of diphtheria is not.—VALLEIX.

toms,* general depravation of the blood, shown by the tendency to gangrene, &c., with rapid exhaustion of the vital powers. The albuminuria, common to both, may yet reveal the main pathological distinction between them; for while in Scarlatina the kidneys are the principal organs which eliminate albumen, in Diphtheria, the mucous membranes of the throat perform this office.† Does anasarca or other dropsical affection, the common sequelæ of Scarlatina, often occur after Diphtheria, as is reported by some observers? In the history of the disease in this part of the world, we have never seen or heard of that tendency.‡

* Invasion generally more insidious in diphtheria, more violent and sudden in scarlatina, (Valleix). It may, however, be *foudroyant*, and death has even anticipated the formation of false membrane. The swelling of the lymphatic glands of the neck, which is sometimes so enormous as to extend beyond the jaw, is altogether out of proportion to the intensity of the faucial affection.

Join to this, acute pain in the head, intense fever, excessive frequency of the pulse, and you have the signs of the onset of the worst forms of diphtheria. Some hours after, you will observe false membrane on the uvula and velum, the discharge from the nose becomes fœtid, and if you open the nares with an ear speculum, false membranes are observed on the turbinated bones. The patient does not sleep, and is in a state of extreme agitation; the breathing is stertorous. After thirty-six or forty-eight hours, the features assume a livid pallor; delirium follows, and the patient dies with all the appearances of profound anæmia, and in a state of somnolent tranquillity and prostration, strongly contrasting with the agitation which distinguishes the agony of croup.—
TROUSSEAU.

† The albumen carried off by the blood to the parts covered with plastic exudations can have been produced, argues Dr. Porges on "The Croup Process," neither by the mucous membrane nor by the blood. The laboratory for albumen, both in health and disease, is the *lymphatic glands*, and, for the case in question, those so largely distributed about the larynx and trachea, constantly supplied from the network of lymphatic vessels with which these glands are connected. To fibrine as to albumen, the same view applies. These glands may be supposed to receive the miasm in the first instance, to react against it with increased energy, and to pour out, with slight symptoms of local inflammation, their products upon the larynx and other organs. Why upon the larynx? Perhaps because this organ, so prominent in the life of relation, is at the age most affected by the croup process, undergoing development, and predisposed to disease by its physiological state of excitement.

‡ Among the most remarkable sequelæ, as evincing the intensity of the diphtheric miasm, is the diphtheric cachexia, illustrated by Dr. Faure, of Paris, in a series of cases collected from various sources. Bretonneau, Trousseau, Blache, and others,

Death in Scarlatina may take place from suffocation, from the intensity of the blood-change, from cerebral congestion or effusion, or from dropsy or other sequelæ. In croup, the patient dies of gradual suffocation,* while in true Diphtheria, life sinks under the adynamic fever, which commences and progresses with the disease, and which is its principal and distinguishing characteristic.†

speak of it. Some time after the original complaint has disappeared, the patient becomes, without known cause, very pale; the legs can no longer carry the body; the arms lose their strength, the palate dangles like a dead curtain; swallowing and even breathing become almost impossible; the pupils are dilated, and vision much impaired; sensation is impaired or replaced by formication. Parts of the body become cedematous or gangrenous; frequent faintings occur; fever is rare; skin rather moist; reason flashes betimes through the gradually increasing stupidity, or a wandering smile may now and then light up the vacant countenance, and death closes the scene either by syncope or by gradual extinction.

* Dr. Ranking, of Norwich, and Dr. Porges, of Pesth, ably insist upon the *paroxysmal* character of croup. The latter regards its attacks as a succession of true spasms produced by the influence of the croup miasm on the nerves of the neck. He observes that in simple laryngitis, swelling, croupy sound and exudation appear without paroxysms of suffocation; that these occur when no false membranes can be detected during life, or found after death, or when they are found in the deep bronchial tubes only; that these paroxysms terminate without the exudation being removed, and none such occur in severe bronchitis, extensive pneumonia, or pleuritic effusion, however considerable may be the dyspnoea.

"Every practised physician," remarks Dr. Tessier, in *l'Art Medical*, "must have observed during life, and confirmed by autopsies, the evident disproportion between the mechanical obstacle and the intensity of the suffocative paroxysms. We are not so rich in indications or medications for these terrible maladies, that we can afford to neglect the effects induced upon the neighboring muscles by inflammation of the mucous membrane; and the same may be said of the neighboring nerves, motors of deglutition, and of respiration.

"The pathological anatomy of these maladies is yet incomplete, and we understand only partially the relations between their symptoms and their lesions. Let us, then, study the mechanical phenomena, but without omitting the vital phenomena. Nature unites what anatomists are forced to isolate. Let us imitate Nature, remembering the words which Hippocrates applied to the organism as a whole, and which are just as true for each of the parts of the body—*concensus unus, concursus unus, conspiratio una.*"

† Bretonneau recognized this fact in his later publications, although he did not abandon his views of therapeutic cauterization.

Chemical analysis, as cited by Dr. Madden, shows the membrane of diphtheria to be albuminous, and not fibrinous, as in croup; again, in the exudation of diphtheria, examined microscopically, is found a vegetable fungus of the genus *oidium*.* Now, Dr. Madden has associated this fact with another of vegetable pathology, viz: that in both the *vine-mildew* and the *potato disease*, *oidium* is present. He also admits the necessary pre-existence of a morbid affection in the vine and potato respectively, before the *oidium* can develop itself. Essential and distinct in both these diseases, are thus: 1st, a morbid predisposition in the plant attacked; 2d, the presence of the sporules and mycelium of *oidium*, which, once established, rapidly spreads over the plant and destroys the expected crop. It appears that the *oidium* cannot develop itself upon a perfectly healthy plant, and that it flourishes more or less in proportion to the intensity of the morbid affection. In view of these facts, he asks: "Have we not here an analogy to diphtheria? May not the *oidium* of diphtheria hold the same relation to this disease, as that of the vine and the potato do to the mildew and the rot?"

Is it not a little singular that epidemic diphtheria should first make its appearance so soon after the vine-mildew and the potato disease have become common? Both being accompanied with the development of the same parasitic fungus, is it unphilosophical to suppose that the latter may have given rise to the former? May not diphtheria owe its origin directly to these diseases in the vegetable kingdom, either from the exhalations arising from the ground and poison-

* Dr. Laycock has described a fungus (the *oidium albicans*) observed in a case of diphtheroid exudation at the close of a chronic disease of the supra renal capsules. It has also been observed in the patches of aphthæ, and in the secretions of the mouth in other diseases. In the volume recently published by the new Sydenham society, we find the researches of Mr. Empis on an epidemic of diphtheria at the Hospital Necker in 1848. Under the head of pathological anatomy, aided by the microscope, M. Empis notices the statement of Vogel that the *oidium* of muguet is to be found in the pellicle of diphtheria, and can draw no distinction himself between the diphtheric exudation and that of scarlatinal angina, or that which is normal on blistered surfaces.

ing the whole air, or from the fact that the human race are now partaking of diseased vegetable matter, and thus immediately transferring the *oidium* into their very blood-mass? Have not all great epidemics been preceded by some striking change in the mineral, or some prevailing disease in the vegetable kingdom?

We close with only a few observations on *treatment*. In mild cases, included under the first two varieties precited, we have relied upon *baryta carb.* and *belladonna*, alternating them, or more frequently giving *baryta* three times during the day, and a dose of *belladonna* at night. This treatment has always been successful. In the last three varieties, and, in fact, in all cases where there was the least appearance of false membranes, or even of ulceration of the tonsils, we have relied upon the *biniodide of mercury*. We agree with Dr. Kidd, that the essential *pathogenesis of iodine* comes nearest of all the remedies yet *proved* to the special characteristics of diphtheria, in both its constitutional and its local manifestations;* but we believe that *bromine* is better in diphtheritic croup,† and the *biniodide of mercury* the best combination of *iodine*, for true diphtheria. We have thus far met with no case that did not promptly and evidently yield to the *biniodide*; and in our hands it has proved *the specific* for the present epidemic, without the use of gargles, or any kind of topical applications, external or internal. We have used it sometimes in alternation with *aconite*, *belladonna* or *ignatia*, in particular cases; but our main reliance has been upon the *biniodide of mercury*, from the first to the third attenuation, and it has never disappointed us.

Other observers have proposed different remedies, although we are pleased to notice that most homœopathic writers on this subject mention the *biniodide of mercury* as at least one of the principal remedies which they have used with success in the

* The homœopathists of Germany are using Iodine alone, and it is said successfully.

† See the report of Mr. Ozanam to the French Academy of Medicine.

present epidemic. We cannot forbear expressing our regret that this remedy has not oftener been tried alone, or until it should have proved itself incompetent to cure the disease without other aid. Besides the *biniodide*, (to which he gives great credit, although using it with the *bichromate of potash*),* Dr. Madden suggests lubricating the fauces with pure *glycerine* several times a day, and, every twelve hours, painting the membranes with the pure tincture of the *muriate of iron*, on the supposition that, as iron is destructive to vegetable growths generally, this process sooner destroys the *oidium* present in the exudation. We will not presume to judge for others, but we can hardly understand how one can find the homœopathic remedy for any disease without testing it alone, or how one can tell which it is that cures, when two or three different drugs, in quite crude doses, are given at the same time and applied externally. Dr. Madden's plan would certainly be entitled to consideration and trial, if no single remedy had ever been proved to be successful in the treatment of diphtheria; but on his own confession, he had not used the *biniodide of mercury* until after he had adopted the compound plan to which we have referred, and now he says of this preparation of *mercury*, "it has not disappointed me even in the fully developed disease." If this remedy is sufficient, why mix it with others, so as to destroy its full and complete therapeutic action? Why institute two or three different drug actions in the system in order to eradicate one disease? Is not this process wholly at variance with the principles of pure homœopathy? To pursue the analogy between diphtheria, and the diseases of the vegetable kingdom before alluded to, would it not be irrational to attempt to cure the potato disease, by any direct application to the plant diseased? Would the horticulturist ever dream of eradicating such

* Dr. James M. Quin, of N.Y., specifies the indication for *kali bichr.* in the ulcerative variety. Dr. C. Hering, of Philadelphia, writes that he and his friends have succeeded in more than a hundred cases by giving principally *belladonna* and *merc. sol.*, and in cases of external sensibility to the touch, *lachesis*, *high*.

diseases from his vines, except by altering the whole character and constitution of the soil upon which these diseases must depend, if not for their origin, at least for their development and propagation ?*

* To reconcile the two ideas prevalent about diphtheria, the one that it is a form of toxæmia or poisoning of the blood, the other that it is a local lesion curable by surgical means, and both of these ideas emanating from Bretonneau, who was no fool, has puzzled more than one medical brain. Without accepting or condemning either view unreservedly, let us allow Mr. Bouchut (de l'Hôp. St. Eugénie) to give his version of the matter: he is opposing to the tracheotomy of Mr. Trousseau, the amputation of the tonsils, as a means of arresting the malady in germ. "Mr. Bretonneau viewed the diphtheric phlegmasias as maladies primitively general, diathetic, and more or less toxic in particular cases; capable of long remaining stationary, and of recovery, but generally ultimating fatally. This prognostic is one of exaggerated gravity, and clinical observation refutes it.

"The diphtheric angina is a special phlegmasia which has at first nothing diathetic about it, any more than the *charbon* or *pustule maligne*, the hospital gangrene, the chancre, the vaccine pustule, variolic inoculation, or a large suppurating surface. It is at first a specific local inflammation, limited to a single tissue, and secreting a morbid product *susceptible of poisoning the organism*. Just as the pus of great solutions of continuity and of large wounds engenders pus, and, becoming infectious, occasions hectic fever; just as the phlegmasia of *pustule maligne* occasions other pustules on divers points of the organism; just as the epithelium accumulated in a tissue becomes, with time, the origin of an epithelial diathesis with poisoning of the whole economy; just as an accidental cartilaginous production, at first local, engenders a chondroid diathesis; in like manner also, the muco-pus and fibrine secreted in special conditions by an ulcerated mucous surface, constitute first a local lesion, which often becomes the point of departure for a *general infection* of the economy. The viruses are equally comprised in this category. Chancre, the inoculated variolic pustule, the wound on which the hydrophobic virus or that of glanders is deposited, are local lesions, making the sphere for a vitiated secretion in which is found an infecting product. The pus of chancre, of glanders and the small pox is one and the same, as pus, the difference consisting in that unknown ferment which we have never been able to seize, which is called *virus*,—that is to say, the infecting product. It is only at a later period, and if time and opportunity have been allowed for absorption, that the poisoning takes effect. Remove in time the primitive local lesion, and the infecting germ, destroyed upon the spot, will have no effect upon the organism. This is what is done every day for chancre, for the bites of mad dogs, or wounds contaminated by the matter of glanders, and also for hospital gangrene, &c.

This may likewise be effected at the beginning of diphtheric angina confined to the tonsils, and, by the amputation of these glands, we may destroy the malady upon its local sphere. The proof that such is indeed its nature is that, after such ablation, the mischief is not reproduced upon the cut surface" (good reason why—it is no longer a mucous surface), "as would infallibly have happened had the disease been generalized."

[No autopsies are added to this article. They are omitted on account of the extreme rarity of opportunities to make such

No sooner conceived than executed. Mr. Bouchut had already four successes [of what?] to report, and he concludes from these facts (four facts!):

1. That amputation of the tonsils is an excellent preventive of croup.
2. That the ablation of the tonsils in diphtheric angina is absolutely necessary when these glands are swollen enough to obstruct the hæmotosis, and when the respiratory vesicular murmur, extremely feeble, can scarcely be heard.
3. That there is no reason to fear the reproduction of false membranes on the wound of the tonsils, and that the nature of the disease does not counter-indicate the operation.
4. That this amputation occasions no serious hæmorrhage, the slight local bleeding being rather advantageous.
5. That the wounded tonsil heals in this case like a simple wound, and after only a few days of suppuration.
7. That in order to succeed, this means ought only to be employed in cases where the diphtheric angina exists alone, and without complication with false membranes of the larynx.

No doubt, the ablation of the tonsils, remarks Dr. Davasse, "is far more innocent than opening the trachea, but to cut out the tonsils for a few pseudo membranous spots on them, from fear of an asphyxia that does not exist, or of a purely chimerical poisoning, looks something like seeking adventures and exhibiting surgical eccentricity."

A modest and learned practitioner, Mr. le Dr. Jodin, emitted the opinion in a communication made in the fall of 1858 to the French Academy of Sciences, that croup and the diphtheric or croupal anginas are but *parasitic* affections or *mildews*; and that consequently their treatment requires neither general measures, nor cauterizations, but simply *parasiticide* applications, at the head of which the agent most proper to fulfil this indication appears to be the *perchloride of iron*—this medicine completely penetrating the fungus, and being absorbed without danger. Thus Mr. Jodin came to give a body to phantoms, and a reason to the organician school. Now we know what to think about it. Croup is no longer a malady, it is a poisoning

A real poisoning with fungi! (Mr. Davasse continues). Most of our medical "Observers" speak of the poison with a rare assurance, as if they had ever observed it or subjected it to analysis. They even distinguish the croup that results from poisoning of the blood, from that which does not depend on such intoxication. Thus Mr. Guersant, in the session of the Society of Surgery (Nov. 17, 1858), indicates by what signs he distinguishes the purely local croup, from generalized diphtherite or diphtheritic poisoning: "These signs are given by the patient's behavior at the moments of suffocative paroxysms. If he is violently agitated, clings to the objects around him, and seems to react with energy against the suffocation, it is *local croup*; on the contrary, a general and extreme prostration, the absence of reaction and of struggle, direct our thoughts to a generalized diphtherite."

observations in the homœopathic treatment of diphtheria, and we can the more readily dispense with this luxury of science

This is to say, that in croup, as in diphtheric angina, if the patient do not die suffocated, he dies poisoned. But tell us then, if you please, poisoned by whom? Poisoned by what? Where is the poison? Who has ever given the demonstration of the poisoning?

Mr. Jodin comes to give a body to these phantoms and a reason to the organicians in the . . . OIDIUM.

All vine-growers know the oidium, which has too long held our vineyards in mourning, and kept our cellars empty. According to MM. Jodin and Duché, this villainous parasite now visits our tonsils and haunts our palates. Hence the necessity of *sulphur sprinkling* against the vegetable and parasitic seed of croup.

Mr. Duché published, April 10, 1858, his views of the identity of the oidium with the diphtheric product, and his consequent experiments with sulphur, in practice. He believed himself then strong enough in facts to conclude that sulphur has truly an antidiphtheric property.

"Whenever," says he, "I had in a family, a case of diphtheric angina to treat, I carefully provided all the members of the family with sulphur mixed with sugar, or in form of pastilles.

"Among those who have chosen to make free use of it, no case of grave angina has occurred, and not a single death; while I had frequently known, in other families, none of the children to escape after one of them had been seized.

"In the first period, when the affection still consists only in a decided febrile excitement, and in little white spots upon the tonsils, if sulphur be given in great abundance, it does not modify the existing diphtheric spots, but it arrests their ulterior development; it causes the fever to cease almost completely, and preserves the air passages from the parasitic production.

"In the second and third period, when the air passages are invaded and the infection is general, sulphur can do nothing. It is the case of the oidium arrived at its maximum development upon the vine: sulphurage is then impotent. Its value is great only while the mischief is still in the germ: *it prevents, it does not cure.*

"The thing in question is a *living virus*, which promptly succumbs to the contact of a substance well known to be *insecticide* and *parasiticide*. *Mercury, arsenic, quinine, &c.*, potent modifiers of the human organism, might have the same result. But I see among them none so nearly innocent as sulphur;" and we must not mash the nose in order to kill the fly.

The first question is whether Mr. Duché has not, like so many others who prefer the *perchloride of iron*, or the *nitrate of silver*, confounded the benign form of pultaceous angina with the malignant *angina laryngea*, or the croup? A confusion this, which affords the key to many successes. It is simply a question of diagnosis.

But *a priori*, we regard *parasites*, whether of vegetable or animal character, as practically the effects or concomitants, never the potential causes of the morbid affections of which they are symptomatic. The dead or dying body, dead or

because it so abunds in the published experience of our allopathic cotemporaries.]—ED.

unorganised tissues, or secretions of tissues, afford the sphere of this foul and morbid creation. The miasm—or specific aroma, if we may be allowed to use the expression which belongs to a yet unexplored branch of science—the miasm must have predisposed and affected the organism, to the prejudice of the vital nutrition of certain tissues, before they experience the necessity to eliminate albumen or fibrine, and on this the oidium may be afterwards developed, like maggots on cheese or mildew on bread.

Without attaching much importance to surgical measures as *curative* in the treatment of affections of the larynx characterised by the diphtheric exudation, they may be indicated in view of gaining time for the action of remedies, when suffocation is already imminent. Desault, Lallemand, Benoit, and many others, have introduced by the mouth, and left remaining in the larynx of patients attacked by œdema of the glottis, a gum-elastic sound, by which they prevented suffocation and consequent death. Dr. H. Green, in the transactions of the State Med. Society of New York, Feb. 1855, has shown the tolerance of the larynx for caoutchouc sounds through which the patient could easily breathe and even blow out a candle. He employed such tubes in order to make caustic injections, as Dr. Loiseau, of Montmartre, for his insufflations or swabbings of the larynx, or for the extraction of false membranes with forceps.

Chaussier employed for laryngeal insufflations a curved canula, flattened at the end, with two eyes, wide above and narrowing below. Such is the instrument recently employed by Dr. Loiseau in order to avoid tracheotomy. This means had been used by Dieffenbach at the Charity Hospital of Berlin, in 1839, and Dr. Bouchut of St. Eugénie, at Paris, has only modified it in his famous "tubage of the glottis." The curved sounds employed have rings to protect the finger or dilaters inserted between the teeth. They are not difficult of introduction, and do not hinder the play of the epiglottis, nor of the arytenoidean cartilages; the inferior *chorda vocalis* comes between the two swellings of the canula, consequently above the lower one, corresponding to the internal face of the cricoid cartilage. By the application of such an instrument, Mr. Bouchut and others have succeeded in averting imminent asphyxia; cyanosis, suffocation and anæsthesia have ceased, and the canula remained in the glottis thirty-six hours, without embarrassing its functions. The child speaks more clearly than before the insertion of the tube; can drink without the liquids falling into the air passages, and can cough up false membranes through the canula, so that it seems to fulfil all mechanical indications.—Ed.

OBSERVATIONS ON DIPHTHERIA.

BY DR. J. V. HOBSON, OF RICHMOND, VIRGINIA.

We meet in practice with three varieties :

1. Croup, or laryngo tracheitis diphtherica.
2. Thrush, including apthæ and stomatitis diphtherica.
3. Diphtheria, characterized by adynamia, and which, in reference to the blood change, might be called hæmitis diphtherica, or toxæmia diphtherica (albuminosa ?).

The 1st, croup, is nearly always sthenic, and never fairly epidemic ; the 3d, diphtheria, is always asthenic and sometimes epidemic.

The 2d, thrush proper, as also that variety of apthæ called muguet, may run into the malignant form, and then baffle the skill of the most expert of every school.

This 3d, or asthenic form, often first attracts our attention in patients who are ailing with catarrhal symptoms, by a glairy fœtid stuff, that issues from the corner of the mouth and soils the pillow ; then we find the cervical glands enlarged and tender, as well as the parotid, and further explorations reveal membranes or patches of membrane on the tonsils and in other parts of the mouth, first whitish, and afterwards darkening, upon a purplish ground of mucous surface. The breath, always offensive, becomes insupportably so as a fatal termination approaches. The membranes vary in consistence, but without thus affording signs either of the gravity of the case or of differences in constitutional stamina.

In some cases, they are but slightly adherent. All the *fatal* cases I have seen have been of this kind ; yet I have always observed a dangerous form of disease when the false membranes adhered intimately to the surface.

From the mouth and fauces this affection extends :

- 1st. Towards the nares and frontal sinuses, evinced by a change of voice or by complete aphonia, with obstructed nares, headache, and often much cerebral congestion.

2d. Towards the larynx and trachea, evinced by increasing dyspnoea, hoarseness, and regurgitation through the nares in the effort to swallow.

3d. Towards the stomach, evinced by gastric distress and vomiting of ingesta, with utter loss of appetite. This variety, which seems to have been hitherto little noticed, is, I think, responsible for no small portion of the fatality incident to this disease in its advanced period, say after the 20th day.

The blood-change in this affection, with the great and constant need of fresh pabulum to aid the life-power in its struggle against toxic influence, demand all our medical vigilance. Besides, if we use the stomach as a portal of our medicines, *they* are rendered inert by the same changes which prevent the absorption of aliment.

I lately lost a charming little blue-eyed brunette, in her seventh year—a delicately formed but healthy child—whose constitution had, however, been rudely shaken two years previously by scarlatina anginosa. After some days of catarrhal indisposition, she complained of her throat, and I found the tonsils, tongue and buccal surface elsewhere, covered with a soft white formation, hardly yet membranous. The breath was somewhat foetid, the parotid gland and cervical lymphatics slightly swollen, pulse soft, rather feeble and accelerated, perspiration normal, voice rather hoarse, a very slight and irregular febrile movement. These symptoms, though not alarming, proved very obstinate. On the eighth or ninth day, there was a slight improvement; but after some hours, the voice became nasal, the hoarseness increased, with restlessness and fever, which continued without abatement till about the end of the third week, when there was again a remission in all the symptoms. Up to this period, the appetite had been sufficient, and now we were expecting a favorable issue, when, without assignable cause, she lost all appetite, and soon after vomited several times, throwing up what appeared to be shreds of soft membrane, like that observed on the tonsils, &c., floating in a fluid of greenish-yellow hue. From this date,

a complete anorexia occurred. When she could be coaxed to take a spoonful of arrow root, tea, milk, or any other food, it was very soon rejected; and we saw our little friend perishing from day to day, yet enjoying perfect serenity of mind, quite sleep, and (every two or three days quite normal) alvine evacuations. About the time that the vomiting first occurred, the urine was examined and found to be decidedly albuminous. *Mercurius corrosivus* 30° was used for several days, with the effect of diminishing greatly the amount of albumen, but did not remove it completely. *Arsenicum* and *lachesis* were each then resorted to, but in vain: our little patient faded away like a drooping flower, and died at the end of the fourth week from the time of the commencement of the attack. I was sick at the time of the decease, and no autopsy was instituted; but I think there can be no doubt that the stomach would have been found covered by this morbid formation. What successful treatment could have been adopted in this case? *Arsenicum album* was clearly, I think, the chief remedy; and I suggest speculatively, (for I have never used it in any case since I have been endeavoring to follow the homœopathic law in practice,) the *iodide*, as the best preparation in such a case. It will probably be found to be useful at an earlier period; and in all cases of this disease, to be more thoroughly homœopathic than any other known salt of *arsenicum*.

TREATMENT.—Hartmann recommends *baryta carbonica* and *cantharides*. I have never tried them, feeling assured that the disease, as it exists in this country, would not yield to them. They will be found useful, however, for some of the sequelæ.

Our chief reliance must be placed upon *belladonna*, *bichromate of potash*, *causticum*, *protiodide of mercury* and *arsenicum*. Other remedies may fill occasional indications.

Belladonna corresponds to the initial symptoms of cerebral congestion, sore mouth, throat and tongue scarlet, with more or less fever. It is adapted to rather fleshy persons, and to acute and sub-acute symptoms.

A dose or two of *causticum* is useful where there is deficient

reaction, or for mingled rigors and fever, with mouth and throat symptoms, as for *belladonna*.

Kali bichromas appears to be indicated in the early period, and in cases in which the membranous formation has a certain consistency; also when the bowels are costive, or the stools dysenteric. In the last case, it is very advantageously alternated with *merc. protiod.*, the most frequently useful of all our remedies for diphtheria. Its use is indicated by fœtor of the breath, swollen cervical and parotid glands, flow of viscid and offensive saliva, mucous membrane of a dark red or purplish hue, voice hoarse and feeble, or aphonia, urine cloudy or albuminous, &c. The first trituration has been most satisfactory in my hands. I have not used it above the third. I place a very high estimate upon *arsenicum* in the advanced stage of this disease. When the vital powers flag, the pulse grows feebler and feebler, the extremities cool, when a sighing sleep sets in, from which it is difficult to rouse the patient, and the chamber is pervaded by a gangrenous fœtor, *arsenicum* will often rescue the patient from the very jaws of death. I have been unable to satisfy my mind as to the most eligible potency, but am satisfied that the third is low enough.

PALUDAL MALARIA.*

BY DR. M. E. LAZARUS, OF NEW YORK.

Permanent endemic foci, common to the intermittent and remittent, with yellow fever, plague and cholera, irrespective

* The articles under this head make no pretensions to originality of research and observation. If I permit my name to be attached to them, it is only not to seem to evade responsibility. I claim only as my own the general conception, arrangement and style. I have drawn chiefly from the French authorities, especially from MM. Boudin and Michel Levy—not failing to make suitable acknowledgment, while forbearing either to fence in my own paragraphs with [], or pepper theirs with “ ”.

of differential characters to be appreciated in the local spheres of the latter, are characterized by the rapid disintegration of matter, where putrescence is favored by heat and moisture, or where the rank luxuriance of a creation such as that which preceded the advent of man upon the earth, hostile to him and his auxiliaries of the animal and plant world, still denies him hospitality, and opposes the extension of his sovereignty or the evolution of his social forces.

Topographical Appreciation.

In the formation of marshes concur the stagnation of water occasioned by the absence of fall for its passage in streams, and the strata of soils impermeable in their texture.

2d. The formation of alluvion isles at the deltas of rivers.

3d. Their inundations, followed by hot and dry weather.

4th. Artificial dams and ponds and basins in which impurities accumulate; their danger is inverse to their depth.

5th. Mixture of fresh with salt waters, as on extensive and flat sea-shores (Corsica, &c.) Salt marshes, if daily covered by the tide, are not malarious.

The general indications of malaria do not extend to Paraguay, to Mauritius, and parallel points in the southern hemisphere.

Vegetable Physiognomy of the Paludal Sphere.

Marshes vary in their aspect with the climate; their common character is the development of a peculiar vegetation, incessant organic pullulation and putrefaction. Mysterious laboratories of birth and death, they serve at once as cradle and as tomb to innumerable generations; they contrast the perfidious calm of their sleeping waters with the agitation of the myriad diverse forms of life with which they teem; and as if to protect this orgie of a foul creation, they repel Man, forming around their borders a solitude, by infection and disease. Their bottoms differ, but are oftenest of clay. Enormous masses of trees are sometimes buried beneath them. Those

which were originally maritime are recognized by the shells, leaves of sea-weed, and the salt which in dry seasons effloresces from their surface. The surface of marshes is formed by vegetable refuse, or by a verdant carpet composed of confervæ, of a multitude of infusoriæ called monas pulvisculus, of lenticuli, to which have been hastily attributed the property of purifying the atmosphere of stagnant waters. Elsewhere they unroll greyish sheets to the extreme limits of the horizon, occasionally diversified by humid forests and miry meadows. Whatever their aspect—clear, or turbid, bared of their habitual girde of trees and vines, or disguised under the perfidious exuberance of verdure—stagnant waters, *within certain geographical limits*, are the foci of a putrid fermentation whose products do not altogether escape analysis.

Turf is produced by the decomposition of herbaceous plants agglomerated, especially of the large-leaved sphaigne. This makes the bed of another vegetation, always inundated, and whose detritus will form in turn the bed of a new order: thus grow the reeds, rushes and menyantes—then the umbelliferæ, the lysimachiæ, the salicaricæ, the larches, ranunculi, the alismaceæ, which need less inundation. Upon the muddy deposit which these leave by their decomposition, arise shrubs with submerged roots, ledums, airelles, the myrica (wax myrtle of the Carolinas.) Some marsh plants are toxical or caustic,—the ranunculus sceleratus, the iris, the arum, the hemlock, etc.; others are alimentary, such as the water chestnut (*trapa natans*) and *zizania palustris*. Some individuals of the marsh flora seem to reveal maleficence by their repulsive aspect, as the arum, the gladiolæ, the fœtid hellebore; while others charm the sight or smell, as several of the typhas, the nenuphar or pond lily, the sagittaria, the *parnassia palustris*, etc. Maritime marshes have their own peculiar flora, viz: the *carex extensa*, the *spartina*, *festuca*, *triglochin*, *statice dichotoma*, *aster trifolium*, *salsola*, etc. In brackish marshes are found the *statice limonium*, *occidentalis*, the *adenarium peplodes*, *arenaria marginata*, *glaux maritima*, *plantago*

maritima, etc., and farther to the south, the *salsola*, *salicornia*, *hordeum-maritimum*, *inula crithmoides*, *juncus maritimus*, *poa littoralis*, *polypogon maritimus*. In the marshes of Provence exclusively grows the *saccharum ravennæ*. What influence is to be ascribed to the emanations of the living plants peculiar to marshes? Sair stated this problem in 1832. M.M. Motard and Boudin have resumed the discussion. The plants chiefly suspected are the *anthoxanthum odoratum*, whose rankness has called popular attention to it at its second flowering in the autumn in the lower Bresse. M. Boudin cites also the *chara vulgaris* among certain algæ, the *rhizophorus* and the *calamus*.*

It is answered, as to the *anthoxanthum odoratum*, that it is one of the most widely spread gramineæ of Europe, and only in Bresse is accused of pernicious qualities.

An interesting fact in this eliminative analysis is, the prevalence of fevers in the maremma of Tuscany, even since drained and artificially coated with other soil. Here there are no emanations from living plants, but only the effluvia from decomposing matters yet incompletely subtracted from the atmosphere.

Other dried soils, even on hill sides, give rise to febriferous emanations under the action of rain, the summer sun, and the ordinary variations of temperature between day and night. That toxic principles are formed in certain plants of the marsh, in its *ranunculi*, *umbelliferæ*, mushrooms, etc., is indisputable; but these coincident expressions of the malarious influence, these vegetable symptoms of each local sphere, are not to be mistaken for their complex spherical cause, which unfolds its morbid phenomena over so large an area of our globe.

The insalubrity of tropical climates where the sea-coasts or river shores are covered with mangrove vegetations, is often insisted upon. The growth of these plants is rapid and

* See Martin's *Geog. botan. de la France* (*Patria*, t. 1. p. 166) for the pond and marsh plants of France and middle Europe cited by Boudin, t. 1, p. 129, 30.

luxuriant, their decay sudden but incomplete ; new plants are engrafted into the stem of the old in continual succession, a rank luxuriance of verdure and shade overhanging spongy masses of vegetable refuse, which absorbs and retains a great deal of water at each flow and ebb of the tide, so as to expose a large surface to evaporation under a powerful heat.

Peat bog or peat moss does not occasion fevers. Parts of Scotland and Ireland occupied by large tracts of marsh in which the peat moss abounds, are altogether free from intermittents or remittents. So of the Dismal Swamp, an area of 150,000 acres, but which is covered with trees, and whose clear brown waters, colored by their roots, are neither putrid nor impalatable. The juniper and cypress are remarked among its forest trees.

The protective influence of forests is very remarkable in new countries. The officers of our frontier forts have felt the change for the worse in proportion as settlements and clearings were made around them. Major Marcy has cited to me a recent example at Fort Belknap. In the summer of 1605, at Rome, Lancisi describes the vast increase of agues and remittent fevers consequent upon an inundation of the Tiber. One quarter only of the city escaped, and this enjoyed the protection of a belt of trees around it. Lancisi insists, in his remonstrance to the Pope against a project of felling some wood between the Pontine marshes and the city, on the consecration of trees and groves traditional from antiquity, on account of this protective influence against the marsh poison.

In Guiana, the settlers are said to live fearlessly and unhurt, close to the most pestiferous marshes, and to leeward of them, provided that a belt of trees be interposed. Such is the position of New Amsterdam, in the direct track of a strong trade wind too, that blows night and day, polluting the town with the stench of the marsh, yet bringing no fevers ; though it is considered almost certain death for a European to remain after nightfall within the verge of the forest.

The protection afforded by forests may be due, remarks

Prof. Wood, to their condensation of the vapors charged with miasm on their foliage, and to its absorption in their nutrition. Hence the immunity greatest in the spring and early summer, while the greatest activity of vegetative growth demands a corresponding absorption of organic matters, either from the soil or the air, miasmatic exhalations among the rest. Wherever the intervention of culture, as in our rice fields, diminishes the amount of vegetative life indigenous and spontaneously developed on a given soil, malarial influence is increased. The low country near Charleston, S. C., was comparatively healthful in the early luxuriance of its tangled swamp growth, as many a noble manor attests, in its desertion and decay, since the agricultural capacities of the soil have been developed according to the programme of a certain routine whence the local harmonies and prophylactic views of Nature were excluded. The redemption of these spheres to the habitation of the white races must depend upon the restoration of their evergreen carpet.

The protective influence of forests is remarked especially in the temperate zone. It will naturally diminish in proportion as the heat suffices for the copious development of effluvia in their shades, and to the excess of this over their consumption of it. The green coating of fungous vegetation on the surface of shallow and stagnant ponds may likewise feed upon the miasmata developed in the soil beneath. Dr. Cartwright, of Natchez, observes, that stagnant swamp waters of southern Louisiana are perfectly sweet and pure where they abound with the *jussieua grandiflora*, and that the country adjacent is remarkably exempt from miasmatic diseases. That plant derives its nourishment not from the soil but from the waters; hence the greater likelihood of its consuming their miasm. Where it does not grow, they are foul, in circumstances otherwise apparently similar.

Hygienic Indication.

An agricultural settlement may be effected with comparative impunity in any new country, provided that the dwelling houses be from the first effectually protected on the side of the clearings or malarial foci by thick belts of forest, and that the settlers work at their clearings only when the Sun is shining.

Pathogenetic Appreciation.

As travellers in foreign countries are accustomed to test, *in corpore vili*, the alimentary or other qualities of unknown fruits, so Nature exposes to man her morbidic spheres in their reaction on his auxiliary animals and plants. These languish in the marshes. His trees are stunted, and hardly ripen their flowerless fruit; garden vegetables fail, with few exceptions, or demand extraordinary cares; his cereals yield scantily and degenerate in quality; leguminous plants are watery and insipid, the grape is sour; the wine lifeless; quadrupeds are puny and sluggish, short-lived, and speedily degenerate—their flesh loses its savor and wholesomeness; even the fish contract a taste of mud, and are less digestive or nutritive. Epizootics, i. e., epidemics among the animals inferior to man, the most fatal and most numerous, have broken out in marshy countries during the summer heats, after thick fogs, or in the neighborhood of stagnant pools. Plunged in the lowest strata of the atmosphere, and always in contact with the moist earth—as the gravity of disease increases with the permanent intensity of its cause—we may understand why animals, (whose skin, covered with feathers, wool or hair, does not eliminate the poison), should present the continuous endemic types of its pathogenesis. The horse, according to Professor Metaxa, at Rome, takes intermittent fever. The horse is said not to suffer so much as other animals in unwholesome districts; and in this connection it has been observed, that he possesses in his hoof a more effective insulator, and that he generally stands

while he sleeps. The dog has elsewhere been remarked as a frequent sufferer. McCulloch tells of one that had the ague three years. Domestic fowls are not exempt. The wild animals appear to be conscious of their danger. "From Cheeta Talao," writes Bishop Heber, "our road lay through a deep and close forest, in the lower parts of which, even in the present season, the same milky vapor was hovering as that which I saw in the Terrai, and which is called *essence of owl*. It is in the extreme heat, and immediately after the rains have ceased—in May, the latter end of August, and the early part of September—that it is most deadly. I asked Mr. Boulderson if it were true that the monkeys forsook these woods during the unwholesome months. He answered, that not the monkeys only, but everything that has the breath of life, instinctively deserts them from the beginning of April to October. The tigers go up to the hills, the antelopes and wild hogs make incursions into the cultivated plain, and those persons, such as dākbearers or military officers, who are obliged to traverse the forest in the intervening months, agree that not so much as a bird can be heard or seen in the frightful solitude. Yet during the time of the heaviest rains, while the water falls in torrents, and the cloudy sky tends to prevent evaporation from the ground, the forest may be passed with tolerable safety."

Reactions of Malaria on the Human Organism.

These may be ranged under two great divisions, the febrile and the non-febrile.

Among the non-febrile fall certain diarrhoeas, dysenteries, cholera-morbus and the Asiatic cholera. The paludal cachexia is usually preceded by repeated attacks of fever. Children, however, are born presenting its symptoms. They grow up puny and sallow, knowing neither the joys of infancy nor the spring of youth. Valetudinarians to their early grave, they remain strangers to the generous passions and sweetest emotions, as to the acute anguish of the soul—neither hoping nor

regretting. Disinherited by Nature, who has assigned them a deleterious atmosphere and innutritious food, they find in apathy their sole compensation. Their stature is low, deformities are frequent, the skin is pallid, the tissues flaccid and œdematous, the hair flat and defective in pigment, the beard thin, the eye dull, the expression idiotic, the neck long and lean, the chest narrow, the belly salient, the pulse small and soft, the skin either dry or else covered with the sweat of debility, the gait slow and painful, a voice hoarse and guttural, all whose sounds are drawling. Such is the picture drawn by Michel Levy of the people of Lower Bresse, of Sologne, and the plain of Forez—the same retarded development, the same premature caducity, the same indolence and even radical debility, with hebetude of heart and intellect. By their leanness, their leaden complexions, yellowish or greenish in the Fall, they remind one of walking skeletons. Old at forty, decrepid at fifty, they rarely reach their sixtieth year. No smiles beam on the cradles of their babes—no tears fall on the coffins of their dead.

The infant is hardly weaned before it becomes lean and sallow, suffers visceral obstructions, and often dies before its seventh year. If it live, it remains sickly, puffy, dropsical, subject to fevers interminable, to passive hæmorrhages, and to ulcers on the legs, which heal with great difficulty. Life is a prolonged agony. Its decline commences at thirty or even earlier, with progressive deterioration of its faculties.

The “epidemics” of Hippocrates show how little the results of malaria have varied. His translator, M. Littré, comparing the fevers now observed in Greece with those described by the physician of Cos, exclaims with reason, “Ancient Greece and modern Greece are, twenty-two centuries apart, afflicted by the same fevers. Its climate has not, then, essentially changed, since man, who is one of the most sensitive reagents, gives there to-day the same reaction as of old. At the remote shores of the Black Sea lies Mingrelia, where the Rion, of yore the Phasis, rolls its sluggish waters.

“Αὐτός δὲ ὁ Φάσις στασιμώτατος πάντων τῶν ποταμῶν καὶ ῥέων ηἰωτάτα.”

Fruits of the Phasis, says Hippocrates,* ripen badly, and are savorless, from the excess of water, which veils that country in continual fogs. Rains are copious and frequent at all seasons, the soil marshy and wooded, the air warm and damp. Its natives build amid the swamps their rude dwellings of wood and of reeds; they walk only in their towns, elsewhere moving in pirogues, scooped from the trunks of trees, up and down their numerous canals. They drink the stagnant, warm, corrupted waters which the rains replenish. . . . Wherefore, the Phasians differ from other men. They are indeed tall, but so filled out that neither joint nor vein is visible. They are as yellow as the jaundiced, and their voices very coarse. They cannot well bear corporeal labors. By the use of stagnant waters, they get their spleens swollen and hard, their bellies costive, hot and lean, their shoulders fleshless. Their women are leucophlegmatic and œdematous, and both conceive and bring forth with difficulty. Their new born babes are big and puffy, but grow lean and puny while at nurse. Longevity is impossible with such constitutions.

This picture has preserved its truth, with some local modifications, the chief of which is due to temperature, by latitude and altitude.

The African cachexia comes on after several attacks of fever; it is characterized by a languor, increasing to complete insensibility, by impoverishment of the blood, discoloration of the lips, palms and soles; pastiness of the skin and underlying tissues, especially of the face and extremities. At an advanced stage, the appetite and digestion are depraved, diarrhœa sets in, the liver and spleen swell, with the lymphatic glands; at last, assimilation ceases altogether, and the food is rejected unchanged. This prevails among the negroes who till soils rich in organic matters, alternately converted into mud by the floods of rain, then dried by the glowing sun.

A traveller, visiting the pale inhabitants of the Pontine

* *Des Aïrs, des Baux et des lieux*, trad. par E. Littré. Paris, 1840. T. ii. p. 61.

basin, asked one of them how they could live there? "We do not live," he replied, "we are dying." This melancholy answer paints at one stroke the state of numerous populations on our globe, who languish a prey to paludal emanations.

The Roman States, with Tuscany and the Italian coasts, pay their marshes a death tribute of 60,000 annually. Diseases prevalent in the Delta of the Danube, in French Africa, in Senegal, in the East and West Indies, and the extensive swamp tracts which extend along the Atlantic side of North America, are mainly due to the influence of marshes. The hospital of Bone, in Algiers, alone, has received, between April 16, 1832, and March 16, 1835, 22,330 patients, of whom 2,513 have died. Dr. Annesley considers the mortality of Europeans in tropical climates as due, for more than two-thirds, to the marsh poison.

No other scourge has mined so many lives. It has destroyed armies, depopulated countries, effaced once flourishing cities from the soil, and almost from the memory of man. One of its epidemics, of 1669-70, carried to the grave two-thirds of the population of Leyden.† At Bengal, in 1762, 30,000 negroes and 800 Europeans sank under the breath of the marshes (Lind.); and in 1741, a corps of 12,000, under Admiral Vernon, were reduced to 4000. The English in Zeeland, 1847, says Pringle, suffered from marsh fevers to that degree, that few corps preserved a hundred men fit for service; and at the end of the campaign, the Royal counted only four men who had not been ill. In 1806-9, Walcheren put two-thirds of both French and English armies *hors de combat* by its fevers.

Bourdeaux, in 1805, on occasion of drying up the marsh of La Chartreuse, was ravaged by an epidemic of intermittent fever, which seized, in the course of five months, 12,000 persons, and killed 3,000 of them.

The marshes of Brouage have inflicted more than twenty epidemics on the people of Rochefort, and raised its mortality

† François de la Boe.

above the average of France by the difference between $\frac{1}{3}$ and $\frac{1}{40}$.

The scale of morbid manifestations rises from the simple febrile attack, to sideration; from slight diarrhoea, to the pestilential fevers. Dropsies complete, in the winter, the mischief of fevers and visceral congestions, produced during the warm weather previous.

Chemistry of the Marshes.

The gases obtained by Alexander Volta from Lake Maggiore by disturbing its surface, are the inflammable protocarbonated hydrogen, azote in the proportion of 14 or 15 per cent., variable proportions of carbonic acid, of sulphuretted hydrogen, and sometimes traces of phosphoretted hydrogen, from the putrefaction of animal matters, which inflames and occasions the nocturnal phosphorescence of the swamps.

Thenard and Dupuytren saw the gas of marshes deposit in the water, through which it is made to pass, a peculiar and highly putrescible matter.

Moscato condensed in glass globes, placed three feet from the soil, the vapors of a rice field; the obtained liquid exhibits after a few days, upon its surface a mucous substance of cadaveric odor, analogous to that furnished by condensing the vapor diffused in the hall of the great Hotel Dieu of Milan. This is analogous to the peculiar organic substance called *puterine*, by Savi, (1839.)

Boussingault, in testing the air of American swamps, 1st, by sulphuretted hydrogen, has ascertained the presence of organic matter; 2d, by the combustion of the miasms, the existence of much hydrogen, which was converted into water.

Chevreul and Savi observed the evolution of sulphuretted hydrogen, by the reciprocal action of the sulphates and organic matters, and had signalized this reaction as influential on malaria. The researches of the English chemist, Daniel, on the waters of the western coast of Africa; those of Haüy and Balard on the waters of the port of Marseilles, and those of

Caventou previously, prove that where salt and fresh waters are mixed, the decomposition of the sulphates by the organic matter gives rise to the disengagement of sulphuretted hydrogen, doubtless associated with organic emanations.*

Soils.

The ancients attached an especial importance to ascertaining the quality of the soil on which they proposed to construct their cities or camps. In default of the data which experimental science now affords us, and on which we never bestow a thought, they, earnest to obey laws of Nature as yet unrevealed to them, consulted the oracles and auspices drawn from the visceral motions of slain animals.† Mr. Chevreul has made the soil an object of special hygienic research.‡ All that impregnates the soil with organic matters becomes a cause of insalubrity either directly or indirectly. The history of cholera signalizes the advantage of primary formations over those which abound with organic detritus. The partially porous and absorbent earths are less eligible than the firmer strata; but if these counter-indications have been neglected, the evil may be repaired at the cost of coating and paving, so as to protect from the air and sun the dangerous surface, while avoiding the deposit or infiltration of putrescible matters by an adequate system of sewerage, aided by disinfectants and such chemical works as poudrette factories. As early as possible, they should be transformed by plantations of trees. The most disastrous effects have been said to proceed from the admixture of organic matters, cadaveric or fœcal, with porous lime, especially with gypsum, in the soil, producing the nitrates of lime, potassa and magnesia.

To counteract existing causes of insalubrity, oxygen or chlorine must be carried wherever organic matters exist that

* *Reports on the Saline Marshes: Memoires de l'Academie Nationale de Medicine*, 1847. T. xiii., p. 691.

† Vide *Vitruvius de Architectura*. Lib. 1, cap. iv.

‡ Vide *Se Mémoire: Annales d'hygiène Publique*. 1re Série. T. , p. 34.

are capable of becoming breeders of miasm by a commencement of decomposition. Oxygen converts the organic matters into water, carbonic acid and azote, by slow combustion; ozone operating by rapid combustion, gives great security. Light favors the process. Hence wide streets and open courts, with free circulation of air, are demanded. Wells, especially when in constant use, tend to purify the water filtrated through the soil, by exposing it to atmospheric contact, but their efficacy is very limited. Plantations of trees constitute almost our only means of direct purification for the soils whose porosity is not such as to permit of their being drenched with floods of water, renewed either by showers or by the channels of streams.

Clay, which forms the best *surface* for shedding water, is the *subsoil* which most favors its stagnation. Linnæus was the first to insist on its coincidence with endemic paludal fevers. In woody Smoland and Scania, says he, as clay is rarer, so are intermittent fevers in the same localities; and where the fevers increase, it is so with the clay too, I have ever observed, as in Wexonia and Husby. In Dalecarlia and Helsingia, you will see but little clay and few fevers. Some of the Hornesand people are seized with the fever, but rarely at Holmia; the schoolboys run as if it were a prodigy, to see a man shake with the chill. In all the west of Bothnia, unless among the merchants and sailors, who resorted to Holmia, no one suffered from intermittent fever.

M. Godineau, surgeon of the navy, affirms that in the French Antilles the calcareous lands are distinguished by their relative salubrity, yet by the predominance of fevers; while the volcanic islands are remarked for their unwholesomeness, and by the predominance of the dysenteric type.

The sweating sickness which prevailed in 1821, in the departments of the Oise and of Seine and Oise, was cantoned in the valleys formed by the turfy soils. Another epidemic of the same kind at Dordogne, in 1841-2, was limited to a chalky soil, and stopped, says Mr. Parrot, before the granite

and oolitic earths. Naumann asserts that erysipelas appears with peculiar frequency on sandy and calcareous soils.

Near Fulda, which reposes on trap and basalt, calculi are rare, but scrofula frequent, and near a third of the population dies of tubercular consumption.

The preference of cholera for friable absorbent soils has been strongly marked, says Mr. Boudin, while it has shunned those of ancient formation, or rocky, unabsorbent surfaces. Thus, in France, not only have Brittany, Limousin, Velay, the Cevennes and Pyrenees repeatedly escaped, but in Lyons, whose miserable and crowded population seemed to offer a certain pasture to epidemic, only a very small number of cholera subjects were found in the Faubourg de la Guillotière; while that part of the city situated to the west, and built on granite, completely escaped.

We recollect the ravages of the cholera in those Asiatic countries watered by the Ganges, the Euphrates and the Volga—in almost the whole extent of European Russia, and the greater part of Hungary, Poland and Prussia—soils alluvial, diluvial and tertiary; while Germany was only afflicted on her few points of modern geologic formation, such as Hamburg, Hanover, and the soils bordering upon Prussia. The Tyrol, all primordial or Plutonic, has been spared. Bohemia, whose soils of recent formation are very limited, counted few victims. Belgium and Holland, which are, on the contrary, almost entirely alluvial, could not defend themselves against the disasters of the cholera. In England, recent formations exist only in the south and east, especially about London—just the section that has chiefly suffered. In Scotland, where this scourge was generally repelled by ancient and volcanic soils, Glasgow, built upon a made soil, presented the fatal exception.

In Ireland, the cholera raged chiefly along the shores, and over the peat and alluvion soils. In America, first the St. Lawrence, then the Ohio, Mississippi, and other rivers,

supplied, in their alluvial shores, the principal theatres of pestilence.

In France, the departments of the Seine, of Seine and Marne, of Seine and Oise, of the Oise, of the Aisne, and of the Marne, forming altogether a vast tertiary and alluvial basin, were promptly and cruelly afflicted. The ancient lands of Calvados were spared, although the cholera had already penetrated even into la Loire Inférieure—still upon alluvial deposits. Brittany, a primordial country, was equally preserved almost entire, the cholera scarce appearing but on a few points near the coasts, where some alluvial or diluvial deposits exist. Ardennes, whose soil is equally primordial, was exempt, while the departments surrounding it were ravaged. The Vosges, composed of granite, of hard porphyries, of sandstone, and of quartz pudding, remained healthy; while Lorraine, occupied by calcareous earths, secondary formations of clay and marl, was ravaged at many points by the epidemic, which on all sides stopped short at the threshold of the Vosgian soils.

Dr. Watson enumerates, after Mr. Ferguson, many fever breeding localities in flat, dry sandy soils, distant from marshes or vegetable putrefaction, and concludes that, "to produce malaria, it is simply requisite that there should be a surface capable of absorbing moisture, and that this surface should be flooded and soaked with water and then dried; and the higher the temperature, and the quicker the drying process, the more virulent is the poison evolved."

Mr. Craig, who refers everything to the abstraction of electricity, reviews this ground, and cites reliable testimony to show that the waters, if not visible in every case, were never far beneath the surface, and that the hot sun, clear sky, and porous sands, give in a high degree the conditions of nocturnal radiation, evaporation from the surface, a negative or low state of electrical tension, and rapid abstraction from positive organisms. Whatever unknown malarial poison may be engendered in such sites, we have here at least a potent predisposing cause.

At Rosendahl, Osterhout and Walcheren, so fatal to the British troops by endemic fevers, Dr. Watson mentions the percolation of the soil by water not putrid, but quite potable, to within a few inches of the surface, on which only stunted heath plants existed. Sir G. Blane describes the soil of Walcheren as a fine white sand or silt, mixed with about a third part of clay. The terrible fevers here broke out after a hot dry summer. "Evaporation from the waters of the subsoil would then be here at a maximum, and the variation in electric tension at the surface greatest between the day and night." Many dried river courses in Spain and Portugal have presented similar local conditions and pathologic effects during the Peninsular campaigns. The River Guadiana and the Alentijo Rio have been particularly cited.

In an article on the yellow and remittent fever of the African coast, in the *Edinburgh Medical Journal*, March, 1857, Mr. Baikie remarks, "I have seen remittent fever attack a party of men when encamped on a dry gravelly river bed, with hardly a trace of vegetation near, and to be as severe there as it would be in the delta of an African river." Were these river beds really dry, or only superficially so?

Dr. Livingstone describes the medical topography of Killimane, an African village in the Barotse valley, on the low mud bank of the river Zambesi, which builds its houses with Mozambique brick. This point of the continent is far from enjoying that immunity from fevers which belongs to the Cape country, and to the islands west of Africa. Its southern latitude appears not to protect it. Possessing, in an eminent degree, the ordinary features of malarial districts in the tropics, besides that of a soil infiltrated by waters, like that of New Orleans, it rapidly enervates and destroys the strongest constitutions, and especially plethoric temperaments, whether by fevers, or by the paludal cachexia in its gravest form. Robust sailors, Europeans, became bloodless and emaciated, and could not last more than three months, even without being seized with fevers. The native Makalolos and the Jesuits, who

repair to the high ridges of that neighborhood, find them perfectly healthy.

Concerning the insalubrity of Freetown, at Sierra Leone, Mr. Ritchie states that the superior salubrity of the barracks at the height of 200 feet above the town, and in a greater degree of the inhabitants higher upon the mountain, gives countenance to the supposition that it is only in the lower strata of the atmosphere that the germs of this disease are to be found. Since the drainage of Krootown, within the last ten years, as Dr. Livingstone informs us, the health of Sierra Leone has been very much improved.

Mr. Ritchie remarks the comparative exemption of Bathurst from endemic fevers, especially during the dry season. Bathurst is situated at the mouth of the Gambia, on the hot dry sands of the island of St. Mary, low, and surrounded by a broad marshy beach and almost stagnant waters.

Mr. Craig remarks the insulative virtue of the hot sands. Notwithstanding their unwholesome environment, the islanders would easily maintain the electric tone of their organisms. It is a desert in miniature, and the negro population, among which there were only forty whites, possess by race and acclimation a high resisting power to malarial influence.

In the tenth number of the *Madras Medical Journal*, Dr. Hayne states that "the hills, where the fever is found to prevail, at first sight appear harmless. They contain, besides quartz, felspar and mica, a great proportion of ferruginous hornblende, which, by its disintegration, becomes highly magnetic. At Zupetoor, in a valley close to a large table land, the rock of which is sandstone, I asked a respectable native whether fevers were frequent there? No, thank God! not within ten miles of this place; but at Tavachymalle, a hilly part, where no man can live two days without getting it. To this place a peon was despatched, with the simple request to bring two or three stones from the rock of the hill, and some sand, such as may be found on the road. The man returned, and brought pieces of rock, composed of felspar, quartz and plenty

of ferruginous hornblende, and the sand of the rock consisted entirely of magnetic sand and particles of felspar. In that range of hills, the rocks vary much in their formation; and wherever the iron granite occurs, the malignant peculiarity uniformly coincides. Hornblende in trap contains nearly as much iron as that of the granite; the iron also in other minerals, as in the magnetic ore and the carbonated iron ore of that country, possesses as much magnetism in its active state, yet they do not prove in the least hurtful to the constitution."

On this, Mr. Craig remarks, that the readiness with which the iron granite becomes disintegrated depends on a want of latent electricity, the binding principle in all matter, and the diminution of which may cause these rocks to have a large capacity for absorbing it from every object that may come in contact with them, especially from animal bodies, always positive by the electricity which they take from the air in respiration, and from their food in digestion. If, now, from the sudden or gradual abstraction of electricity by the soil, too little is left them for the support of their vital chemism, diseases characterized by imperfect assimilation, secretion and excretion will result.

It is observed that the malignant influence of these localities is arrested during the fall of rains, which bring down again from the clouds the electricity lost by evaporation. Dr. Craig sustains this view of the case by citing other geologic formations—mountain sites of the West Indies, calcareous or coralline in structure, and equally free as the ferruginous hills of Tavachymalle from vegetable decomposition or the usual conditions of a malarious site, which are nevertheless notorious foci of fever. "A large part of Jamaica," says Dr. Wilson's reviewer, in the *Ed. Medical and Surgical Journal*, 1828, "is a calcareous crust, destitute of superincumbent soil in many places where fever is always most frequent and severe. The vicinity of Rockfort, three miles east of Kingston, the basis of which is coral, and the mountain behind a naked calcareous mass, has been at all times so fatal to our troops that whole

garrisons have been successively destroyed. To the men of the naval force in this position it has not been less pernicious; and to prevent the mortality invariably occasioned in watering parties, the use of floating tanks, worked by negroes, has been found indispensable. Stoney Hill, already mentioned as peculiarly fatal to the 77th regiment, consists of a great mass of calcareous rock, intersected by deep fissures, and split in many places into large fragments, piled on each other, and *crumbling into powder.*" Dr. Wilson sustains the ordinary views of malaria resulting from vegetable decomposition.

The crumbling condition of these rocks, as in the magnetic rocks of Madras, may arise, remarks Dr. Craig, from a power which divests the atoms of which the rock is composed of the latent electricity that binds them together. Hence, a highly negative state of this whole rocky region. If, in these rocks, the living principle be withdrawn from plants, it is not to be expected that animals can sustain themselves there with impunity, and fever breaks out as a reaction against the continued depression of the vital forces.

Fort Haldane, at Port Maria, an elevated mass of limestone, washed on three sides by the sea, is so much dreaded for its deadly fevers, that for some years it has not been garrisoned. In November, 1824, a detachment of the 50th regiment, which was sent there, lost, in six weeks, one-third of its number, and nearly all the rest had the fever at the time they were removed. Two streams that fall into the bay are lined with mangroves, supposed by Dr. Wilson to be the source of this epidemic. Dr. W. does not state, however, that there are mangroves at Port Antonio, whose geological relations and pestilential influence he reports to be the same as at Fort Haldane. Are there mangroves at Port Royal—a narrow coralline promontory, covered with sands and gravel only, with the public buildings and dwellings of the inhabitants, and notorious for its extreme sickness? or is this a case parallel with Walcheren?

The observed relation of cohesion with electrical tension,

prepares us to expect a frequent or permanent state of low electric tension in rocks which present disintegrating surfaces. Dr. Wilson names numerous places in the West Indies where he has observed the prevalence and fatality of yellow fever, in connection with loose perforation, or fissured calcareous formations. Among the points cited, are Port of Spain in Trinidad, Fort Louis in Martinique, Fort Louis, Port Fleur du Pays and Point a Pitre in Gaudaloupe, Port au Prince and Fort Bizoton in St. Domingo, Bridgetown in Barbadoes, and Nassau in New Providence.

In our next number we shall specially examine the relations of atmospheric, telluric, and animal electricity with health and disease.

CLINICAL CONTRIBUTIONS.

BY DRs. LEON AND MARCY, OF NEW YORK.

Case 1.—*Acute Desquamative Nephritis.*

F. —, a fine healthy-looking boy, aged six years, of a sanguine-bilious temperament, was attacked on the 23d of December, 1859, with the following symptoms: slight febrile reaction, great lassitude and sense of fatigue, much thirst, vomiting of food and afterwards of water and bile, entire loss of appetite, urine red, scanty and albuminous (as revealed by the nitric acid and heat tests), frequent desire to urinate, especially during the night, puffiness of the face, hands, ankles and feet, considerable drowsiness, some tenderness in the region of the kidneys on pressure, and evident enlargement of the renal glands on palpation. *Arsenicum 6°* was prescribed every three hours.

December 24th.—Urine more red and albuminous; in other respects, the same. Continue the medicine.

December 25th.—At eight o'clock A. M., the urine still darker and more scanty, and of the color of dark rose-wood—still albuminous, bloody, and containing epithelial casts from the *tubuli uriniferi*, and broken down particles of epithelium, as shown by the microscope. Drowsiness and weakness rather greater than yesterday. At about six o'clock this evening, he had a large, watery and slimy discharge from the bowels, and seven or eight smaller ones at intervals of half an hour, with evident relief to many of the symptoms. *Merc. protiod.*, 2d trituration, every three hours.

December 26th.—No diarrhœa since eleven o'clock yesterday A. M.; urine still darker, and more scanty; in other respects, symptoms the same. *Apis* 3° every two hours.

December 27th, 28th, 29th and 30th.—During the past four days, the symptoms have all gradually improved under the administration of *Apis* 3°, at intervals of from two to four hours. On the afternoon of the 30th, the urine was nearly normal in quantity and color, but still revealing a small quantity of albumen to the tests; desire for urination more frequent than in health. The puffiness had nearly disappeared from the face and extremities, the fever had ceased, and the boy felt inclined to resume his usual recreations.

January 2d, 1860.—Responding to an urgent call this morning, we learned that our patient had been attacked during the night with alternating paroxysms of chills and heat, especially in the back, accompanied with vomiting, pain in the back, very great restlessness, swelling and redness of the left eye-lid, so as to close the eye, urine of a mulberry color, scanty, and charged with albumen and blood, frequent desire to urinate, oppressed respiration, considerable drowsiness, but inability to sleep, febrile reaction moderate, much puffiness of the face, hands, ankles and feet, mind occasionally wandering, great loss of strength, and marked emaciation. R. *Arsenicum* 3° and *Apis* 3°, in alternation every hour.

January 3d.—Has had several large watery and slimy movements from his bowels between three and eight o'clock

this morning. Passed about a wine-glassful of inky-colored urine since yesterday evening. Was delirious, very restless, and somewhat feverish during the night. Complains to-day of pain in the back, dull headache, and prefers to remain quiet and undisturbed. Chemical and microscopic character of the urine the same as yesterday. Continue the medicines.

January 4th.—Symptoms same as yesterday. Continue remedies.

January 5th.—Has passed during the night nearly a pint of urine, a shade lighter in color; has less headache, drowsiness, pain in the back and oppression of breathing; the pulse is less frequent and softer, the skin more inclined to moisture, and a slight improvement in the entire group of symptoms. Continue the same medicines every two hours.

January 6th.—From this period until the 14th, there was a gradual improvement in all the symptoms, when the patient was considered fully convalescent, with the exception of a frequent disposition to urinate during the night. The only medicines used from the 6th to the 14th were *Apis* 3° and *Arsenicum* 3°, at intervals of from two to six hours, according to the nature of the symptoms

On the evening of the 14th, a dose of *Cantharides* 6° was administered, and a repetition of the same ordered every night for one week.

February 10th.—There has been a steady progress since the last report (Jan. 14th), and the patient has regained his usual strength and health.

It is proper to observe that the patient has been in the habit of wetting his bed, once or twice of a night, for two years past. This is an important circumstance connected with the case, as nearly every instance of this malady which has come under my observation has been preceded by this nocturnal incontinence.

Case 2. — *Albuminuria* — (*Sequence of Scarlatina Anginosa*).

Kate —, aged ten years, of nervous temperament, delicate and sensitive organization, subject to epileptic convulsions at intervals of from three to six months during the past seven years, intellectual faculties moderately good, but an impaired condition of the muscular forces — was attacked on the 1st of December, 1859, with *Scarlatina Anginosa*. The malady progressed mildly, and with the usual symptoms of this form, until December 12th, when the patient appeared to be fully convalescent. During the process of desquamation, great care was taken to avoid exposure to cold or dampness, and all errors in diet. The remedies employed up to this period were *Aconite 3°* and *Belladonna 3°*, until the febrile symptoms were subdued, and afterwards an occasional dose of *Mercurius sol. 3°*. On the 12th of December, all medicines were discontinued, the patient was restricted to a simple diet, and her restoration appeared to be rapid and satisfactory until December 18th, when her face and ankles became œdematous, her urine scanty, red and albuminous, with general feelings of *malaise*. *Arsenicum 6°* was prescribed at intervals of four hours.

December 19th. — The symptoms this day at 12 M. were as follows: no urine since seven o'clock last evening; face, ankles and hands œdematous; pulse 105, and rather weak; respiration oppressed and difficult — each expiration being accompanied by a short groan; percussion and auscultation indicate the existence of pulmonary œdema; tongue white in the centre, and slightly red on the edges; considerable thirst; skin only slightly above the natural temperature and rather dry; disposition to sleep, but inability to do so for more than ten or fifteen minutes at a time, in consequence of the difficulty of breathing. Prescription, *Arsenicum 3°* and *Apis 3°*, in alternation every two hours.

At 10 o'clock in the evening, the symptoms were unaltered, except an increased difficulty of breathing. Continue remedies.

December 20th, eight o'clock A. M. — She has passed no

urine since the evening of the 18th, the difficulty of respiration has increased, her face, limbs and abdomen are œdematous, she complains much of her chest and stomach, pressure over the renal regions causes pain, she was exceedingly restless during the night, and slept only for a few minutes at a time, moderate thirst, tongue red on the edges, white in the centre and somewhat dry, has had two copious and watery movements from the bowels during the night, and one at six this morning. A single dose of *Mercurius protiodide* 2° was administered, to be followed after two hours with *Arsenicum* 3° and *Apis* 3°, every two hours, in alternation.

At ten o'clock P. M., the symptoms were the same as in the morning. Continue the medicines.

December 21st, eight o'clock A. M.—Symptoms the same as yesterday morning. Prescription like that of yesterday morning.

Throughout this entire day, the paroxysms of dyspnœa, anxiety, and sense of suffocation were frequent and exceedingly distressing. The bowels were moved at intervals of from four to six hours, the discharges being watery and moderately copious. At eleven o'clock P. M., we found the following group of symptoms: extreme restlessness, constant inclination to change position, very great oppression of the chest, difficulty of breathing, pain in the right side, and a dry, harrassing cough, face puffy, bluish circle around the lips, abdomen distended and sensitive to pressure, evident pulmonary œdema, entire suppression of urine *for the past three days*. *Bryonia* 3° and *Arsenicum* 3° were prescribed in alternation every hour.

December 22d, nine o'clock.—Symptoms the same as in the night, except the pain in the side, which had disappeared. *Arsenicum* 3° and *Apis* 3°, every hour, in alternation.

During the afternoon, she voided about a table-spoonful of dark-colored urine, with no material change in the other symptoms. Medicines continued.

December 23d.—The patient has passed a restless night,

having complained much of headache in addition to the other symptoms. Towards morning, she had a copious bleeding from the nose, and voided about a wine-glassful of dark urine. A few doses of *Belladonna* 3° were given at six o'clock this morning, after which the previous medicines were resumed.

On the evening of this day, we were gratified in finding our patient improved in all respects. She has passed during the afternoon nearly a pint of dark-colored urine, the respiration is much less difficult, less jactitation, less cough, less puffiness of the face, slower pulse, more natural condition of the skin, and longer periods of refreshing sleep. Continue the remedies every three hours.

December 24th.—Passed a moderately comfortable night. Urinary secretion more copious and lighter in color, respiration much improved, the appetite returning. Continue the remedies, at intervals of four hours.

December 25th.—Has continued to improve in all respects. Continue remedies.

December 26th, 27th and 28th.—Improvement has continued up to the morning of the 29th of December, when all abnormal symptoms had disappeared, and the patient was fully convalescent.

Case 3.—*Diphtheria*.

H—, aged nine months, of a nervous-bilious temperament, naturally robust, and up to the present time quite healthy, was attacked on the 1st of December, 1859, with the following symptoms: Enlargement of the glands of the right side of the neck, tonsils slightly swollen, dry bronchial cough, worse during the night; loss of appetite, unwonted irritability, unusual sleeplessness and restlessness during the night, gums swollen, red, ulcerated, and so excessively tender to the touch, that it was difficult to induce him to take nourishment. *Mercurius sol.* 3° was prescribed every four hours.

December 3d. — Cough more hoarse, voice rough, glandular swellings increased, countenance pale and anxious, still irritable, restless and sleepless, gums less swollen, red and ulcerated, pulse somewhat rapid and feeble. Prescription: one dose of *Belladonna* 3°, to be followed by *Merc. sol.* 12°, at intervals of six hours.

December 5th. — Symptoms all much better except the external glandular swellings, which remain the same as on the 3d inst. *Hepar sulph.* 6° thrice daily.

December 10th. — The cough has ceased, appetite has returned, the child appears cheerful and as well as usual, except the enlarged glands of the neck, which still continue somewhat enlarged and painful.

December 16th. — Up to this period, the child had steadily improved; but this morning, in consequence of the appearance of a rash and some febrile symptoms, I was summoned to visit him. I found the entire body and extremities covered with a rash resembling roseola. There were also present considerable heat and dryness of the skin, rapid pulse, glands on both sides of the neck swollen and tender to the touch, tonsils swollen, red, and covered with superficial ash-colored ulcerations, soft palate red and inflamed, aversion to swallowing anything, shrill croupy cough, causing the child to cry, great restlessness, weakness, and irritability. Regarding the disease as scarlatina, we put the patient under *belladonna* 3° every two hours.

December 17th. — This morning we were informed that the rash disappeared in a few hours after its manifestation yesterday, that he had a very restless night, and that his symptoms had gradually continued to get worse. In addition to the phenomena already alluded to, he now had foetid breath, almost entire loss of voice, and a slight discharge from the nostrils. Appearance of the throat the same as yesterday. *Merc. sol.* 3° every two hours.

December 18th. — The child has passed a very bad night from difficulty of respiration, croupy cough, continued restless-

ness and jactitation, and inability to sleep for more than five or ten minutes at a time. On examining the throat, I observe that the tonsils and the fauces are covered with greyish patches of false membrane, and that this exudation, in connection with the enlarged tonsils, closes the throat to such an extent as to render respiration very difficult. The child cannot lie for an instant in a horizontal position without serious chokings and difficulty of breathing. The extremities are cold, temperature of the head and body nearly normal, pulse about 100 and weak, face pale and indicative of great prostration, continual moaning, obstinate constipation, fetid breath, offensive discharge from the nostrils, on attempting to swallow the liquid gushes from the nostrils, and much temporary distress results. Prescription: *Bichromate of potash*, 2° trituration, every two hours.

December 19th.—Since yesterday morning, the symptoms have remained about the same. I now find the following group: throat very red, with enlarged follicles, and bands of greyish patches over the tonsils, curtain of the palate, and fauces, breath quite offensive, greenish discharge from the nostrils, stridulous breathing, croupy cough, lymphatic glands of the right side of the neck much swollen and inflamed, inability to retain the horizontal position for an instant, skin below the normal temperature, pulse feeble and moderately frequent, and general depression of the vital forces. Prescription: *Protiodide of merc.* 2° trituration, and *bichromate of potash*, 2° trituration, in alternation every hour. Mother's milk and beef-tea for nourishment.

December 20th.—Condition same as yesterday. Continue remedies.

December 21st.—The patches in the throat appear to be detaching themselves, respiration is rather easier, and, upon the whole, the child is more comfortable than yesterday. Continue remedies.

December 22d.—On inspecting the throat this morning, we were gratified in observing that the membranous patches or

bands had become almost entirely detached, leaving at the points of separation a very red surface like raw beef. Respiration had become much easier, the cough looser, deglutition less difficult, and the patient was able to sleep for an hour or more at a time in a recumbent position. Prescription: *Belladonna* 3^o every two hours. Nourishment: Breast milk and beef-tea.

December 23d.—General aspect of the patient better. Throat less red and swollen, no membranous patches visible, breathing much easier, cough quite loose and painless, voice less hoarse, pulse stronger, heat of skin nearly normal, child sleeps well in the recumbent posture, return of appetite, deglutition quite easy, the enlarged lymphatic glands on the side of the neck still much enlarged and inflamed, with every appearance of speedy suppuration. Prescription: *Hepar sulph.* 3' every four hours. Nourishment same as yesterday.

December 24th.—Continued improvement in the entire group of symptoms. No change in the prescription.

The patient improved steadily up to the 28th of December, when the glandular abscess was opened, giving issue to a large quantity of sero-purulent matter. For several days subsequently to this period, the improvement was quite rapid, and on the 5th of January, 1860, all medicines were discontinued.

Case 4.—*Dropsy caused by contraction and induration of the Liver.*

Gen. G——, U. S. A., aged about 56, of a nervous-sanguine temperament, accustomed to active and daily exercise in the open air, and, up to the present attack, in the enjoyment of almost uniform good health, was attacked while on duty at Santa-Fé, New Mexico, in June, 1858, with a dropsical affection, caused, as was supposed by the army physicians in attendance, by contracted and indurated liver. A relative describes his general condition at this period as follows: Much emaciation, countenance yellow, sunken, and indicative of

bilious derangement, dropsical swelling of the abdomen and lower extremities, discharges from the bowels clay-colored and dry, great lassitude and debility, tongue dry and coated, thirst, urine scanty and high-colored, occasional pains in the liver, stomach, and intestines. After some three months of allopathic treatment, his physicians advised him to repair to the eastern States for treatment and change of climate. In obedience to this advice, he left Santa-Fé in September, and arrived in Philadelphia early in October, 1858. Placing himself immediately under the care of two eminent medical men, Doctors Mutter and Harris, these gentlemen prescribed until November 3d, when *paracentesis abdominis* was deemed necessary and practised. The remedies were continued until about the 3d of January, 1859, when tapping was again performed. The malady having continued to make rapid progress, and his eminent physicians having no hope of ultimate success, he repaired to Washington, D. C., on the 12th of January, 1860, and placed himself in the hands of several army physicians.

The diagnosis of Drs. Mutter and Harris had been contraction and induration of the liver, causing obstruction in the portal circulation, and dropsy. This diagnosis was confirmed by the medical gentlemen at Washington, and their prognosis was entirely unfavorable.

The treatment while in Washington was similar to that which had been adopted in Philadelphia—viz: the usual allopathic routine of mercurials, diuretics and cathartics; but the malady still continued to progress with alarming rapidity, so that by the 12th of March, tapping was resorted to for the third time. During his sojourn in Philadelphia and Washington, he was often attacked with diarrhœa, but not to such an extent as to produce much debility.

In about sixty days from the 12th of March, paracentesis was performed for the fourth time; but notwithstanding the assiduous attention and kindness of his eminent medical advisers, he continued to fail rapidly, and his case was regarded as hopeless.

About the 1st of June, 1859, Gen. — came to New-York, and placed himself in our hands. The following was his condition at this period: great debility, countenance **sallow and sunken**, considerable enlargement of the abdomen, thighs, legs, ankles and feet; scrotum œdematous, tongue red and dry, much thirst, much soreness of the stomach and abdomen, increased by walking, riding, or other movement; diarrhœa, generally watery or clay-colored and mushy; irritability of the stomach, which prevented his partaking of any kind of food or drink without dyspeptic symptoms and nausea; scanty and rather high-colored urine, (presenting no traces of albumen to either *nitric acid*, *corrosive sublimate*, or heat tests); oppression of the chest on making the least exertion, or when in the recumbent posture; pulse from 85 to 95, and feeble; temperature of the skin for the most part below the natural standard.

Arsenicum 6° was prescribed four times daily, for six days (June 6th), with an amelioration of the gastric symptoms, the diarrhœa, and the abdominal tenderness. The dropsical swellings had steadily continued to increase. *Sacch. lac.* until June 14th. No change of symptoms since the sixth instant, except a steady increase in the dropsical effusions. *Apis 6°* was ordered three times daily for six days.

June 21st.—Abdomen much enlarged, legs, feet, arms and hands œdematous, considerable difficulty of breathing when assuming recumbent posture, urine scanty and high-colored, from two to four daily discharges from the bowels of a mushy consistency, but somewhat darker in color, gastric distention and distress after eating or drinking, pulse 85 and very weak, dryness of the mouth, and thirst. *Sacch. lac.* for one week.

June 29th.—During the past week, the dropsical effusion has continued to progress, but with less rapidity than before. No change in the other symptoms. *Arsenicum 3°* morning and evening for six days.

July 6th.—Stools less frequent, more consistent, and somewhat darker; strength, appetite, and digestion somewhat

improved, urine more copious and less red, increased swelling of the abdomen. *Sacch. lac.* for one week.

July 14th.—Abdomen very much distended, great distress in the stomach and chest after eating, dyspnoea on walking or reclining, legs, feet, arms, and scrotum much swollen. No material change in the other symptoms.

Apocynum connabinum was now administered in the low dilutions for several days, but without any perceptible effect in arresting the progress of the disorder.

July 19th.—The difficulty of breathing, the distress in the stomach after eating or drinking, and the general sense of weight and oppression in consequence of the large accumulation of water in the abdomen and extremities, rendered it expedient to resort to *paracentesis abdominis*. This was performed on the afternoon of this day, and a large quantity of serum withdrawn. After the operation, the region of the liver was carefully examined, and it presented, on palpation, every indication of contraction, induration, and irregularity or “knobbiness” of surface. The spleen was also observed to be somewhat enlarged.

Arsenicum 12° was now ordered at intervals of six hours for one week, when there appeared to be a decided amelioration of all the symptoms. There was now no perceptible swelling of the abdomen, the œdema of the extremities had nearly disappeared, appetite had returned, no dyspeptic disturbance, no dyspnoea, no diarrhoea, thirst, or dryness of the mouth, no pains in any part of the body.

During the months of August, September, October, and part of November, the patient received, at long intervals, *mercurius corr.* 6°, *kali hydriodicum* 2°, *nitrum* 6°, *arsenicum* 12°, *apis* 6°. Throughout this entire period, very slight inconvenience was experienced from any of the symptoms which had previously disturbed him. The extremities and the scrotum were no longer œdematous, but the abdomen had again become so much distended as to be somewhat annoying. At the request of our

patient, he was tapped for the sixth time on the 15th of November.

From this period up to the present time (April 1st, 1860), there has been no effusion of serum in any part of the body, all abnormal symptoms have disappeared, and the patient is apparently cured.

CASES BY J. T. ALLEY, M. D., OF NEW-YORK.

Sulphur in Intestinal Derangement.

This remedy is indicated more especially in subacute and catarrhal inflammations of the mucous membranes of the bowels, both where a scrofulous diathesis is present, and after the crisis of eruptive disease.

Case 1st.—W. H., aged two years, a fair, delicate child; father died of consumption; took cold two weeks since; febrile disturbance for a few days, then diarrhoea, discharges watery, painless, frequent in the morning and early part of the day, leaving night comparatively quiet; nausea accompanies the motions to stool, no appetite, great thirst, the left cheek flushes, coated tongue, urine scant, brown and thick; slight fever at intervals during day and night; he grows worse from day to day. R. *Sulphur* 3^o four times a day.

Third day. Discharges nearly natural, no nausea, but little thirst, appetite better, improved tongue, has passed great quantities of urine, sometimes every five minutes, bowels were relieved soon after the first dose. Continued *sulphur* twenty-four hours longer, when the child was quite well.

One month after this, upon taking cold, he was attacked in the same manner. *Sulphur* again promptly relieved, and he has had no attack since.

Case 2d.—D. H., aged fifteen months, large, healthy, fair, active, no evidence of scrofula in the family, had the measles one week ago; bowels very loose, stools watery, with flakes of hardened fæces; urine scanty and high-colored, discharges

more frequent in the day-time, no fever, occasional vomiting. B : *Sulphur* 3° every three hours, with *arsenicum* 3° at bedtime. Cured promptly, with no relapse. In several similar cases, the symptoms and effects were so nearly those of the first, that their repetition is unnecessary.

Sulphur has a very wide range of action. I attribute all its good effects to specific endowments exercised upon particular tissues, restoring their normal action, removing in consequence psoric conditions. I have seen it as prompt in the bilious temperament of sturdy adults, as with the palest complexion and most delicate frame. In several cases of hæmorrhoids, in persons of this class, with tenderness, bleeding, itching, and burning, *sulph.* 3° has quickly relieved, sometimes within twenty-four hours, and after but a single dose. In chronic headache, of many years standing, *sulph.* 200° has given more relief than all other remedies which had been taken for eight years previously, and that too when neither the patient nor his family had ever an evidence of scrofula.

I prefer dilutions lower than the last-mentioned, and would only use this when the others failed. Like many other remedies, however, its power is incompletely developed below the 3° trituration.

Pulsatilla will pair well with *sulphur* as a polychrest.

Case 3d.—Headache intense, commencing in the temples, and extending all over the head, growing worse about midnight and continuing until eight o'clock in the morning; sensation as of a booming sound in the head, mouth very dry, parched tongue, without thirst, temporary relief on pressure by the hand, full, throbbing sensation in the head. *Puls.* 3°, cured in one hour.

Case 4th.—Neuralgia commencing at eight or nine o'clock in the evening, aggravated by the warmth of the pillow, slightly relieved by cold, pain shooting from the jaw to the occiput, extending to and completely benumbing the right arm, so that during the pain the patient is not able to raise it. *Puls.* 3°, every half hour, cured with four doses.

The patients were adults, one male and one female, both of fair complexion and lymphatic temperament.

Case 5th.—D. B., twenty-one years of age, blond, lymphatic, sedentary: profuse catarrhal otorrhœa for more than a year, discharge offensive, serous or sero-purulent, getting worse; has used many remedies. *Puls.* 6° four times a day, and one dose of *hepar* at night.

Fifth day.—Discharge much less, can hear much better from that ear, is nauseated immediately after taking the *puls.* From ten or fifteen minutes after, and during two or three hours, sense of weight in the stomach, with ineffectual desire to vomit food; the bowels, previously costive, are now regular. He complains also of pain in the vertex, redness and tenderness of the left eye. These symptoms appear for the first time. \mathfrak{B} : *Puls.* 12° and 30°, with an occasional dose of *hepar* for four weeks. The patient then left, apparently well.

The precited effects correspond with the pathogenesis of *pulsatilla*.

Ailanthus in Bronchial and Throat Diseases.

In addition to the proving of this remedy, which I had published more than a year ago, I have since noted some new and many confirmatory symptoms, which, though in part covered by other drugs, I have found to yield to *Ailanthus* after they had failed.

The following effects were noted in two persons during the blossoming season of the male tree: Mrs. F. had a large blooming *Ailanthus* immediately before the door. She applied to me for medicine with the following complaints: Throat dry, rough and scrapy, more so in the morning; she hawks up greenish puruloid matter from the throat; the fauces and tonsils are inflamed, with spots of incipient ulceration; thirst for cold drinks, heavy dull headache, with great oppression of the bronchia; violent fits of coughing before retiring and on rising; she coughs continually until expectoration becomes

free, afterwards comfortable during the day. Symptoms lasted two weeks.

Mr. M., nervous and sensitive, always experiences during the blossoming period, pain in the occiput, with dizziness and ringing pain in the forehead, and swelling in the left side of the face, below the eye and upon the cheek; soreness and pain on the left side of the nose, puffed erysipelatous face, feels heavy and sleepy, nausea coming on at short intervals. These disturbances are very much relieved by *Rhus Tox.*, though they continue more or less until the cause has passed away.

Case 6.—W. M., aged thirty-five, bilious temperament, stout and well developed, has always enjoyed robust health. February 20th, retired as well as usual, but awoke in the morning with almost entire loss of voice. He had been ailing somewhat with a cold before. After aphonia during several days, he began to cough. March 14th, hard hacking cough, spasmodic and fatiguing; headache, redness and congestion of face while and after coughing, slight wheezing, fluent nasal catarrh with sneezing; mucous expectoration, at times free; attack of coughing every night on retiring and every morning when rising; dizziness, throat dry, feverish taste in mouth, rough feeling in left eye, as from dust. These symptoms had continued for three weeks with no abatement. March 14th, gave him *Ailanthus* 3°. Returned in three days with marked improvement in every respect. *Ailanthus* 3° or 6° was continued for two weeks, when the patient was entirely cured. No other medicine was given.

Case 7.—B. C., aged 31, tuberculous in appearance, health rather feeble for months, much exposed to cold, complains of a hard short hacking cough during the night, wheezing in the throat, raising of bitter yellow matter through the night, but mostly in the morning, expectoration at times mixed with blood, has twice raised several mouthfuls of blood, shortness of breath with dyspnoea, pressure on the chest, sense of fullness and smothering before expectoration, pressure of clothes,

feels uncomfortable, restless at night, talking and moaning in sleep, night-sweat, frequent waking at night, jerking cramps of the limbs during sleep, sleeps best on the right side, great depression of spirits.

May 9th.—*Ailanthus* 12° four times a day.

May 13th.—Feels better, coughed less at night, all symptoms improved. Continue.

May 15th.—Much better, coughed very little at night, no bloody expectoration, every way improved.

She after this took a very severe cold, which brought back all the symptoms. Under *Ailanthus* 12° and *Calcareea* 12°, she again improved, and is now enjoying comfortable health.

Case 8.—C. M., aged thirty, a stout healthy man, bilious temperament, always has enjoyed excellent health, complains of continual deep bronchial cough without pain, but recently contracted, worse by exercise. *Ailanthus* 1½°, one drop every hour, cured in twelve hours.

During the blossoming period of the tree, it is quite common to see its influence, especially upon the nasal organs. The unpleasant odor comes from the male plant, authorities to the contrary notwithstanding. It has likewise been said that the leaves are poisonous to worms and flies. This is not true, for during the whole season the leaves may often be seen covered with flies, whilst not a single dead one will be found below. The tree grows very rapidly, the branches often stretching three to five feet during a single season. The *Ailanthus* is splendid about the middle of July, when in full blossom. Its flowers hang in rich clusters, of a light red, loading the branches.

CASES BY A. HOUGHTON, M. D., OF NEW-YORK.

Lactic Acid in Metastatic Endocarditis, or Rheumatism of the Heart.

Case 1—January 7th, 1858.—The patient, Wm. M., aged thirty, sanguine, robust—has had no previous illness.

For nearly a month he has suffered from acute rheumatism, and been treated allopathically with diaphoretics, leeches, blisters and cathartics. His case is considered hopeless by the physician previously in attendance.

The lower extremities, knees and feet chiefly, were affected during the first ten days; subsequently, the arms, back and thoracic muscles; and during the last three days, the symptoms had been such as to alarm the family.

I found the knees, ankles and feet, swollen, painful only on movement, the legs œdematous, the skin mottled as with petechiæ, and remarkably cool; the left arm, painfully swollen, is at times subparalytic, the pectoral muscles painful, tender to the touch, especially on the left side.

Frequent sharp pains dart through the region of the heart, left scapula and back; the breathing is hurried in *all* positions, and physical or mental excitement increases dyspnœa, with a sense of sinking. The pulse is frequent, full and intermittent (115 per minute); the systole gives the peculiar tingling, with thrill continuing under the finger, characteristic of structural lesion, and not unlike that of hypertrophy with dilatation. The impulse communicated by the heart through the stethoscope, and indeed to the naked ear of the observer, is so strong as distinctly to raise the head, producing a disagreeable shock.

The first or systolic sound is most distinct, accompanied by a bellows murmur; can be heard and felt over the stomach, and a large space of the scapular region. The second sound is more confined, less prolonged, but accompanied by a "*rasp*," or grating resonance. Fever rises every evening,

preceded by slight chills, followed by cool perspiration. Nights are restless; he has not lain down in bed for two weeks, but always sits upright. Tongue moist; no appetite; despondency, and at times, irascibility, or slight delirium. The *actea racemosa*, *bryonia* and *spigelia* were used, alone and alternately, as they seemed indicated, for ten days. There was decided general relief. *Arsenicum* and *lachesis* removed the remaining œdematous condition; he was in two weeks enabled to walk about his room. The appetite was restored, and he could sometimes repose in bed. Nevertheless, his occasional attacks of pain, frightful palpitation, dyspnœa, with extreme prostration, and a long suspension of pulsation in the radial artery of the left arm, threatened a fatal termination of his sufferings, and demanded some more potent remedy. *Natrum muriaticum*, *aurum*, *spigelia*, *digitalis*, &c., were used, with little effect, for this condition. No perceptible abatement of the heart's action; the least mental emotion or physical exertion induced fearful symptoms.

At this stage, *lactic acid* 3° was prescribed, at intervals of two hours, with no perceptible result; then *lactic acid* 6°, at the same intervals, after the second day, gave perceptible relief, quieting the heart's action and abating *pain*; the respiration, hitherto quickened, fell to the normal standard, and the abnormal sounds became much less distinct. *Lactic acid* alone was used up to about the 15th of August, when, having so far improved as to be enabled to visit the country, he was directed to use the 12th dilution at prolonged intervals, and report himself in four weeks. He improved steadily, and I did not see him again until about the 20th of October following. An examination disclosed nothing unnatural in the sounds of the heart. He had recovered his strength.

February 12, 1860.—He informs me that he has suffered no inconvenience nor disability for his business as a mechanic during the past year. He considers himself in good health.

Case 2.—*Hypertrophy of the Heart.*

A child (girl), J. K., of this city, aged eleven, was taken ill 15th October, 1859. I was called the following day, and found that she had been subject to attacks of *palpitation* and *shortness of breathing*, particularly when having exercised. For the past year, these troubles are becoming much more frequent; they are usually attended with much *febrile* and cerebral excitement, and though of short duration, leave her enfeebled for a few days.

I attended this child five years ago, for pneumonia. The recovery was perfect, and no professional services have since been rendered her. I find the pulse *full, tense*, gradually *expanding* under the fingers, with slight *vibrations*, and somewhat quickened. The pulsations of the carotids can be seen, from the sternum to the angle of the jaw, and synchronous with the radial artery. The impulse of the heart is strong, striking powerfully against the ribs, and then suddenly falling back. There is no perceptible impulse now, as she is quiet, beyond the left precordial region. The sounds of the heart are less distinct, *duller* than in health—the first sound more prolonged, and little or no perceptible interval between it and the diastole. I cannot hear the sounds farther than the impulse can be felt. There is a slight bellows murmur.

She complains of “throbbing” in the head, of a rushing of blood, and darting pain, aggravated by the recumbent posture; worse by rising up or lying down; the reclining position is the most comfortable. She has vertigo, visual illusions, and dilated pupils. Her countenance is changeful,—now flushed, then blanched, with leaden hue under the eyes, and purplish lips. She is quiet; respiration normal; inclines to doze; her temper is mild and cheerful.

Notwithstanding the frequent attacks she has experienced, her age, and the resources of our art, afford a favorable prognosis of ultimate cure.

The treatment was commenced by *aconite* 6°, until febrile

symptoms ceased, followed by *bell.* 12°, until the urgent cerebral disturbance was calmed; when, October 19th, she received *lactic* 6°, 1 *gtt.*, every third hour, for three days, with decided relief. She was then enabled to take moderate exercise, or to lie down, without any inconvenience, the action of the heart and arteries being perceptibly lessened. The remedy was continued in the 12th dilution, three doses daily, up to the 1st of September. She was discharged, as cured, March 1st, 1860. Her mother informs me that she has had no indisposition since; and, with a stethoscopic examination, I cannot detect any abnormal symptoms.

CASE BY GEORGE KELLOGG, M. D., OF TROY, N. Y.

Discharge of Liquor Amnii at the sixth month, with a favorable termination at the full period of gestation.

July 11th.—Was called to see Mrs. D., twenty-six years of age, nervous bilious temperament, pregnant for the third time. She menstruated for the last time, the second week in January, and the pregnancy was not characterized by any peculiarities till the period of my first visit, when I found her in labor. The pains were regular and frequent, a slight sanguineous discharge—the os uteri considerably dilated, and altogether the case presented a very unfavorable aspect, as to the prevention of miscarriage. The pains being so regular and urgent, with constipation persistent for several days, I gave a dose of *Nux Vomica*. After one or two paroxysms, the last one very severe, the membranes were ruptured, a copious discharge of liquor amnii followed, and the pains entirely subsided. After waiting an hour or so for a renewal of the uterine efforts, and finding everything quiet, I left her, and on the following day I found her as well as usual. I heard nothing more of her till the second of November, when I was hastily summoned to attend, and found her in labor. Nothing unusual transpired at her confinement, except the entire ab-

sence of the amniotic fluid. The child was of ordinary size, giving no evidence of any defective nutrition, and the mother was as well as usual.

The idiosyncrasy of this case was in peculiar correspondence with *Nux Vomica*,—spasmodic labor-like pains in the uterus, precursory symptoms of miscarriage, &c. ; and doubtless the arrest of this imminent danger was entirely due to the prompt administration of the indicated remedy.

BY DR. GALLIVARDIN, OF LYONS.

Strabismus of the Right Eye, of eight years' duration, cured by Hyoscyamus.

[Translated from the *Journal de la Société Gallicane* by Dr. LAZARUS.]

Marie Mas, of Saint Priest, near Lyons (Isere), aged twelve ; lymphatic temperament, plump, and a fair haired blonde, bearing some spots of *lentigo* upon her skin ; health habitually good.

When two years old, she had two convulsions, each of which lasted ten or twenty minutes.

When four years old, playing with a pitcher, she fell ; the pitcher broke and cut her hand ; she ran at once crying to her mamma. From this moment, the right eye was remarked to squint strongly inwards.

When I first saw her, just half the pupil disappeared behind the nose.

The rectus internus, habitually contracted, was sometimes tremulous with slight *clonic* motion.

July, 1850.—℞., *Sulphur* 30°, thrice a day for one week, recommending her to see me again next month.

August.—No change. ℞., *Hyoscyamus* 3°, twenty-four doses in eight days.

September.—I find the child completely cured of her squint, which had lasted eight years.

Some months later, the squint returned two or three times, but so slightly that the right eye did not squint the fourth or fifth part as much as it had done previously.

At each relapse, *Hyoscyamus* 3^o caused the squint to disappear completely, and finally, it has never returned.

This cure, of which the whole village was witness, was recognized by Dr. Cartier, who made the following objection.

“ This young girl no longer squints, it is true ; but I am not disposed to attribute her cure to *Hyoscyamus*, but rather to the physiological revolution which menstruation habitually effects at her age, twelve years.”

“ You may be in the right,” said I, “ if she is regulated in the course of this year, otherwise not.”

This child, cured of her squint at twelve, was not regulated until five years later, at the age of seventeen, which settles the question.

This young lady, now twenty years of age, has both eyes in the most normal visual axis, so that no one could suspect which of them had ever squinted.

Two years ago (July and August, 1856), she had a typhoid fever, which effected no change.

I let eight years confirm the cure, before publishing it as such. Unfortunately, I have no other to add.

Encouraged at first by my success, I sought cases of a similar affection. Two, only, could be treated with the persistence desirable.

They were girls, aged nine and fifteen. Both squinted, and still squint, inwards and upwards. To both I administered the medicines indicated by the law of *analogy*, but without success. Perhaps I was wrong in restricting myself, as I did, to infinitesimal doses.

A physician who reports only his successes and conceals his failures, is wanting in scientific probity.

If homœopaths would display their reverses as well as their conquests, it would be a new way of proving their superiority, by rendering homage to scientific truth and professional honesty.

BY DR. JULES DAVASSE.

[Translated from *l'Art Médical* by DR. LAZARUS.]

*Confirmed Dyspepsia cured by Nux Vomica 6° and 30°, with
homœopathic aggravations.*

X. M. G., aged thirty-five, had been subject for eight years to gastralgia. Being employed at the observatory in Paris, and in relations with many distinguished physicians, he had followed many counsels, but without avail. Magnesia, rhubarb, bismuth, divers aromatics, purgatives, the Seltz and Vichy waters, have made matters rather worse than better. Resigned to his affliction, he had never made the least trial of homœopathic medicine, having always heard it spoken of contemptuously; when, impressed by a fact which he had witnessed in his own family, he decided to experiment with this new agency, although still rather disposed to make fun of it. He was a tall, dark, thin man, disposed to constipation, and who complained of habitual crampy pains, often very sharp, in the pit of the stomach, especially after having taken food, even in the smallest quantities. His meals generally were vomited an hour or two after eating them. Pressure determined no pain in the gastric region, and the most attentive examination could discover no indication of any anatomical lesion of the digestive organs. R. *Nux.* 6° gtt. 4, in distilled water, a spoonful before the two principal meals. A few days later, I found the digestion improved, vomitings less frequent, but sharp recrudescence of the epigastric pains after every dose. I changed the dilution to the 30°.

Eight days later, there is no more vomiting; but, what began to amaze M. G., the crampy pains returned at every dose. I raised the dilution to the 100°, and neither pain nor vomiting returned. A month afterwards, M. G. boasted that he could digest stones; but he was no longer disposed to cast them at homœopathy. I saw him occasionally for several years afterwards, and the cure was never belied.

General Record of Medical Science.

*Experimental Researches on the Physiology and Pathology of the Annular Protuberance.**

From the JOURNAL DE LA PHYSIOLOGIE, &c.

BY DR. E. BROWN-SEQUARD.

[Translated for the United States Journal of Homœopathy by Dr. LAZARUS.]

In seeking to explain the apparent anomalies of certain pathological facts relative to the annular protuberance, we have been led to the conclusion that numerous cases of paralysis, on the same side as the encephalic lesion, are really *reflex or sympathetic paralyzes*, like those in which the only lesion visible is of a nerve, visceral or other. Pushing still further our studies of the reflex or sympathetic influences of encephalic lesions, we have found that it is not only the anterior face of the middle cerebellar peduncle (as in Obs. ii., p. 531, Number of July, 1858) which is capable of producing a *sympathetic paralysis* in the same manner as by the irritation of a nerve; but that a very considerable number of paralyzes, coinciding with lesions of the cerebellum or of the cerebrum, are also *sympathetic*. I mean, that these paralyzes do not depend directly upon the encephalic lesion, but on a special influence exerted by an irritation parting from the point injured, and acting upon other parts of the nervous system. I have been led by these deductions to examine also the relations of causality which exist between the lesions of the encephalon and a number of affections, such as the different forms of mental alienation, of epilepsy and other neuroses—and I have ascertained that in the great majority of cases, at least, these affections are not directly produced by the encephalic lesion, and that they result, as paralysis often does, from a special influence exercised over certain parts of the cerebro-spinal centre, by an irritation of the point injured. I have already endeavored to give demonstrative evidence of the correctness of this view in my researches on epilepsy, (Boston, 1856–57), and have given a general sketch of the facts and reasonings relative to mental alienation, and to certain neuroses, in my Lectures on the Physiology and Pathology of the Central Nervous System. (Philadelphia, 1859.) I shall take occasion in this Journal to give positive proofs of the correctness of this theory of the etiology of nervous affections, in a series of memoirs, limiting myself at present to remark, that the reasons which serve to establish the existence of sympathetic paralyzes, due to the irritations of the encephalon or of its membranes, are perfectly applicable to the mode of production of mental alienation and of neuroses in a great number of cases.

We have already said that, in cases where a tumor exists between the petrous portion of the temporal bone and the anterior face of the

* Synonymy: Pons Varolii, Isthmus Encephali, Nodus Encephali.

middle cerebellar peduncle, the paralysis takes place on the corresponding side, providing the lesion do not extend deeply into the protuberance; while, on the contrary, it takes place on the opposite side, if the tumor compress or notably alter the corresponding half of the protuberance. The three facts following will contribute to accredit the theory which we propose, with regard to the mode of production of these different paralyses.

Obs. VII.—*Numbness, contraction and paralysis of the right arm. Exostosis compressing the middle cerebellar peduncle and the right annular protuberance.*

Lemer cier (Marie), aged 67, had the right arm contracted, deprived of all voluntary motion, but sensible when pinched. This impossibility to exercise movements seemed limited to the arm; the lower limbs were unaffected.

The loss of motion in the right arm is said to have been preceded by numbness or formication in the hand, forearm and arm.

The patient could still move the limb, but the fingers seized objects with difficulty. This numbness gradually augmented, and finally disappeared; but then the forearm was slightly contracted on the arm, and this upon the trunk: the limb could accomplish no function.

The patient having been suddenly carried off by pneumonia, an autopsy by Mr. Rostan revealed the cerebellum, of an opaline whiteness. At the lower part of the *right* lobe, near the protuberance, a depression corresponds to a rounded exostosis of the petrous bone, and of the articulating surface of the occipital. On the right of the exostosis, is a salience of five or six lines. That part of the cerebellum which rests on the exostosis is very much softened. The left lung is hepatized, with pleuritic effusion.

This observation shows two things: 1st, Formication or numbness, soon followed by contraction and paralysis in the limb, upon the side on which the cerebellar peduncle is wounded. 2d, Absence of paralysis in the other limbs. Is the lesion of the cerebellar peduncle the direct cause of the paralysis of the right arm? If not so, can it be supposed that the softening has extended to some of the fibres of the lateral or intermediary fascicle of the bulb in the protuberance? In both these suppositions, we admit the lesion of fibres serving for voluntary motion, and having escaped the intercrossing of the anterior pyramids.

We have already related several facts, apparently quite decisive against the hypothesis of voluntary motor fibres which have not yet crossed on the level of the protuberance, and we shall relate many other facts of this kind. These facts seem to render inadmissible the hypothesis, that the paralysis of the right arm in the preceding case was due to the alteration of those conducting elements, which serve to transmit the orders of the will to the muscles.

But let us admit, for a moment, that in this case there has been lesion of the conductors serving to transmit some special influence

from the muscles to the cerebellum, (hypothesis of Mr. Carpenter,) or from the cerebellum to the muscles, (hypothesis of Rolando, Flourens, &c.), influences said to be necessary to voluntary movement. In these different suppositions, we may very well explain the paralysis of the wounded side. But here come the difficulties. If it were really the *absence of action* of conductors existing at the point injured, and serving voluntary movement by some influence of the cerebellum or of the brain, that has caused the palsy of the right arm in the case pre-cited, there ought to be, whenever these conductors in this same place are destroyed or too much injured to act, a paralysis of the arm, at least, on the corresponding side. Now, this is very seldom the case. There are, indeed, three or four kinds of alterations of the peduncles at the place designated in the previous observation. Thus there are—

1. Cases like the preceding, of paralysis of the arm of the corresponding side, with or without that of the leg of the same side. See Obs. II., p. 531, of the 1st vol. of the *Jour. de la Physiologie*.

2. Cases of alteration of nearly the whole cerebellar peduncle, where, instead of a paralysis of the corresponding side, there is paralysis of the opposite side, (Serres,) or convulsions of the opposite side also, (Shute.)

3. Cases where, besides the lesion of the middle cerebellar peduncle, the protuberance, alone or with the bulb, has been injured on the corresponding side; cases in which paralysis occurs only on the opposite side of the body. We have already published many such cases, and shall relate many more. To these three kinds of cases we may add a fourth, in which, notwithstanding certain lesions of the cerebellar peduncle, there is no paralysis on either side. From these different effects of peduncular lesions, only the first is in accordance with the hypothesis that the cerebellar peduncles at their anterior part, and the protuberance at the point where it is penetrated by this peduncle, enclose conductors of voluntary movement. The three other kinds of cases pre-cited, are in formal opposition to this hypothesis. In the case above related, the paralysis of the right arm did not depend upon an *absence of action* of the pretended conductors serving voluntary movements, but on *irritation*, i. e., on excessive action, of certain parts in the neighborhood of the exostosis. (These parts are the cerebellar peduncle, certain points of the protuberance, the trunk of the fifth pair, or the dura mater.)

There are, indeed, but three possible modes in which a paralysis may be produced in the case of encephalic lesion :

1. By lesion of the centre of volition, or of the direction of movements. (Such is not the case above, since no one regards, or can regard, the peduncle and surface of the protuberance as such a centre.)

2. By destruction or section, and consequent *absence of action*, in the conductors of voluntary movements. (Out of the question in the case pre-cited.)

3. By irritation or *excess of action* parting from the peduncle or its neighborhood, and acting upon some other part either conducting or central, in which it determines that cessation of action which characterizes paralysis. Leaving aside the first of these three modes in which paralysis may be occasioned, there remain, (1) Paralysis *passive or immediate, by absence of action*; and (2) Paralysis active or mediate, *reflex or sympathetic*, by irritation.

In admitting that it is in consequence of an irritation that paralysis is occasioned, when it takes place on the side corresponding to a lesion of a part of the encephalon, we easily explain the differences in the effects of a lesion near the angle of junction of the protuberance with the middle cerebellar peduncle. In the first place, the cases of absence of paralysis, notwithstanding such a lesion, are very well understood; we know, indeed, that all irritations in the organism may pass without result.

Thus, paralysis, convulsions, chorea, and other neuroses, may either be or not be occasioned by intestinal worms, by the trouble of dentition, or other irritations. In the second place, convulsions of the limbs of the side opposite to the irritation, as well as their paralysis, may depend either upon an irritation of less superficial parts of the peduncle and protuberance, or upon the extension of the lesion as far as those parts of the protuberance in which conductors for the voluntary motions pass.

In the third place, the paralysis of the side irritated would be due to some influence similar to that of irritations parting from visceral nerves.

[The clinical observations are deferred to a future number.]

Experimental Researches on the Physiology of the Medulla Oblongata.

The conclusions at which Dr. B-Sequard arrives are :

1. That the irritation of the medulla oblongata and parts adjacent (annular protuberance, cervical spine), as well as the irritation of the vagi, may suspend, or suddenly diminish, the force and frequency of the cardiac expiratory movements.

2d. It is not to the absence of the medulla oblongata, but to the irritation generally produced in the removal of this organ, that we are to ascribe the diminution or complete suspension of the movements of the heart.

3d. It is also in part to the irritation produced in removing the medulla oblongata entire, or its central parts (nœud vital), that we are to ascribe the sudden suspension of the respiratory movements.

It is also to an irritation, and not to the absence of the medulla oblongata, that we must attribute the absence of the convulsions of agony in cases of ablation or lesion of the medulla oblongata.

Finally, we must completely reject the supposition that the medulla oblongata is the focus of a pretended *vital force*. The physiology of the medulla oblongata, considered as respiratory centre, is all to be re-made.

After referring to previous works on this subject in the "Journal de la Physiologie," April, 1858, p. 213-33, Dr. B-S. proceeds to show that all the effects observed in consequence of the ablation of the medulla oblongata, in totality or in part, may also be manifested without any part whatever of this nervous centre having been removed.

And on the other hand, that the whole medulla oblongata may be removed, without production of any of the effects attributed to its ablation.

Dr. B-S. reviews the different effects of ablation of the medulla oblongata, viz. :

1. *Arrest of the heart*—Shown, in the memoir precited, to be analogous to arrest consequent on galvanization of the vagi. When these nerves are cut, on the contrary, the heart never stops, whatever part of the medulla oblongata be removed. Again, the medulla oblongata remaining intact, he has often seen in birds, and three or four times in mammifers, the movements of the heart diminish, or even be completely arrested, by mechanical irritation of the spinal cord one or two centimetres from the bulb. In man, when the spine has been fractured in the cervical region, if the cord be simply irritated by spiculæ of bone, and not crushed, the heart-movements diminish very notably in force and frequency. In the contrary cases, where the cervical cord is crushed, not irritated, the pulse is strong and frequent; and then we observe this so singular fact, that notwithstanding the greatly diminished respiration, the temperature rises to five or six degrees centig. above the normal point. In one case cited by Brodie, it rose to above 111° Fahr.

The nearer to the bulb irritation is made, the more frequently arrest of the heart is observed; while irritation of the bulb itself, not at the point of the pretended *æeud vital*, but near the emergence of the roots of the vagi, occasions, much oftener than irritation of any other part of the cord, a diminution of the heart's movement. This effect implies the integrity of the vagi: when they are cut, no irritation, either of the cervical cord or of the bulb, immediately affects the heart's action. The ablation of both the medulla oblongata and the cervical cord, in many cases, fails to effect any immediate diminution of the heart's action.

2. *The Respiratory Movements*.—Dr. B. Dowler, of N. O., has seen them *persist* in the alligator, after the *ablation* of the medulla oblongata. Dr. B-Sequard has seen and exhibited in his public lectures, the same phenomenon with birds. He has also observed it, in connection with Dr. B. W. Richardson, of London, upon new-born mammifers.

On the other hand, the *irritation* of the medulla oblongata, or parts adjacent, may occasion the suspension of the respiratory movements.

Thus he has seen, a great number of times, the transverse section of the parts adjacent to the medulla oblongata, in front of it, on the median line (annular protuberance, cerebellar peduncles), cause the sudden and definitive arrest of the respiratory movements. Besides, he has often seen irritation of the cord, adjacent to the bulb which was intact, not followed by those respiratory movements of the muscles of the nostrils and of the face, which are usually observed in the agony of death.

The irritation of the different parts of the medulla oblongata may thus suspend completely all the respiratory movements, and the death of the animal may then not be preceded by the movements of the facial muscles. From these last facts, it results, that when the medulla oblongata is removed, the irritation occasioned may be mainly responsible for the cessation of the respiratory movements.

3. *Agony without Convulsions.*—The epileptiform convulsions of the agony may be very feeble, or even wanting altogether, in animals whose spinal cord is removed, wholly or in part.

The energy of the convulsions of agony is in direct ratio to the quantity of carbonic acid in the blood, of the frequency and force of the movements of the heart, and the degree of excitability of the cerebro spinal centre. This law, in support of which we can relate very numerous facts, is especially founded on what we know of the influence of the blood, charged with carbonic acid, on the cerebro spinal centre. Whenever the blood is red in the veins, death takes place almost without convulsions. 2d. In the cases of death by syncope, cases in which the heart movements are arrested more or less completely, in consequence of the galvanization of the vagi, or of the crushing of the semilunar ganglia, etc., we do not see convulsions, or but very slight. 3d. In cases where a prolonged malady, a hæmorrhage, or the exhaustion due to a violent galvanization, have caused a notable diminution of the excitability of the cerebro rachidian centre, there are very slight or no convulsions in the agony. Thus we see that the ablation of the medulla oblongata is accompanied or followed by several circumstances that ought to have an influence on the production of convulsions. Among these circumstances, there is one which is observed in the greater number of cases—we would speak of the existence of a convulsive rigidity that exhausts or notably diminishes the power of action of the motor nerves and the muscles. Now, in this state of weakness, the excitement caused by the dark blood on the spinal cord, the nerves and muscles, is no longer capable of provoking convulsions. This is demonstrated by the following facts :

Experiment 1. Upon two adult rabbits, we cut the spinal cord transversely at the first lumbar vertebra : violent convulsions immediately take place in the hinder limbs of both animals. Hardly are they terminated, when I asphyxiate one : convulsions take place everywhere, except in the hinder limbs, already exhausted by the convulsions of which they have just been the seat. I wait a few

hours before asphyxiating the other rabbit, so that the circulation and nutrition may have time to repair the loss which occurred after section of the cord, and when I asphyxiate it, I witness convulsions in the hinder limbs as well as in the fore limbs.

Experiment 2. On a vigorous guinea pig, complete transverse section of the spinal cord is made at about one and a half centimetres from the bulb: general convulsions of great violence are almost immediately followed by general tetanic stiffness. In less than six seconds after the operation, the stiffness has ceased. Respiration has been suddenly interrupted. I wait three minutes, and not seeing the convulsions of asphyxia (which always commence before the end of the second minute), I practise insufflation. The reflex faculty does not delay to reappear and to regain considerable energy. The movements of the heart, which were very feeble and rare, become again strong and frequent. I then asphyxiate the animal, and at the end of one minute and a few seconds, I see the convulsions of asphyxia supervene. The animal being several times successively insufflated and asphyxiated, I see at each asphyxia the convulsions of the agony reappear.

These experiments well show that the stiffness or the convulsions which take place at the moment of the lesion of the spinal cord, exhaust this nervous centre of the power to cause fresh convulsions. It is then quite simple that in most cases of lesion of the medulla oblongata, in which convulsions, or rather a general tetanic stiffness is witnessed, there is exhaustion of the spinal cord, and that consequently the convulsions of the agony do not appear.

But there are cases in which animals, rabbits especially, from which the medulla oblongata is removed, seem to have no convulsion, nor even any rigidity. This singular fact will be the subject of another study. The question now before us is, how it happens, that in these cases where there is no exhaustion of the spinal cord, of the motor nerves and muscles, there are no convulsions one or two minutes after respiration has ceased? Well, it is very simple why it should be thus, for we see that the animal does not then die of *asphyxia*, but of *syncope*. The heart stops more or less completely, and it is, we repeat, very simple that the *convulsions of asphyxia* should not take place when there is *no asphyxia*.

These points are more elaborated in the paper on the "Laws of Dynamic Actions," and on "The Red and Dark Blood," in the "Journal de la Physiologie," January, 1858.

It now remains for us to examine whether the absence of the convulsions of the death-struggle, after the ablation of the medulla oblongata, depends on the cessation of action of this nervous centre, or on the *irritation* produced during the operation. It will suffice for us to say on this subject, that it cannot be the cessation of action of the medulla oblongata, since in cases like those of the precited experiments 1 and 2, the convulsions of the agony have taken place in parts separated from the medulla oblongata. Moreover, we have often found the convulsions of the agony absent in

animals suddenly killed by crushing the annular protuberance, and in which the medulla oblongata has not been wounded. It is clearly to the irritation that accompanies ablation of the spinal cord that the absence of the convulsions of agony is due, for, without having removed this organ, we sometimes observe this same absence of convulsive movements, when we have only irritated (by sudden compression) a part of this organ.

On a special modification of nutrition in a limited part of the body, under the influence of irritations of the encephalon, or of the spinal cord, in certain cases of epilepsy.

Multipled experiments on animals of different kinds, but especially with guinea-pigs, have taught us that the irritation, caused by a transverse section of certain parts of the spinal cord, is followed, after a few weeks, by a special modification of the nutrition of a part of the skin of the face and neck, on the side corresponding to the injured side of the cord. There appears to be no change with regard to the degree of excitability of the nerves towards pain, but a profound modification in the increased excitability of the excito-motor nerves of this part. When we excite the skin, especially in tickling it, we see, first, reflex movements, limited to the neighboring parts; afterwards, all the muscles not paralyzed are seized with convulsions; and finally, in some cases, the vessels of the cerebral lobes are also convulsed, expel the blood that they contained, and the animal loses consciousness in consequence of this arrest of the circulation in the brain. I have proved that it is only in the skin, that the excitability of the excito-motor nerves is so remarkably augmented. From these facts it appears, that a special modification is produced in portions of the skin, at a great distance from a centre of irritation existing in the spinal cord. Observations on the human patient show that irritations of certain intercranial parts may also affect, in the skin, or near it, special changes analogous to those observed in animals in the cases just mentioned.

Thus, Mr. Odier* has observed a cerebral tumor, consequent on a wound of the cranium, inducing upon certain points of the skin of the hand of the opposite side, a change of nutrition, which was manifested by the *aura epileptica*, followed by complete epileptic paroxysms. It was evidently the intra-cranial lesion in this case, like the lesion of the cord in my animals, that caused the special alteration of nutrition which was manifested by the *aura epileptica*.† The attacks of epilepsy in this case, during a long period, were caused, as among my

* (Manual of Practical Medicine, 1811, p. 180.)

† I have elsewhere tried to show (Researches on Epilepsy, etc., p. 31-35,) that it is not the sensation accompanying the aura that causes the attack of epilepsy, but rather a special excitement, transmitted, not by the sensory, but by the *excito-motor* nerves. My demonstration is especially grounded on these three facts: 1st, the sensation that exists in the *aura epileptica* is rarely painful enough to countenance the idea that the convulsions can be due to the pain; 2d, nothing is more variable than the kind of sensation called *aura*; 3d, the *aura* may exist without being felt.

animals, by an excitement starting from the skin ; and this excitement also owed its existence to a local change of nutrition, depending upon the influence of the nervous centre.

The following case, registered by Mr. Ball, shows the same general traits with that of Ougier :

Cancerous tumors, multiple, of the dura mater; epilepsy symptomatic, with aura; possibility of evading the paroxysms.

Emily M. (seamstress) entered, July 1st, 1858, the service of Mr. Charcot, at la Pitié. Her father is healthy ; her mother died of a cancerous breast. She has two sisters, one of whom is subject to intense headaches (one-sided), the other to fits of epilepsy. Her health has been feeble from childhood. Regular at 11, and since, without disorders ; she has lived in Paris, amid great privations ; has committed many excesses ; seems to have had, four years ago, a syphilitic affection, the phenomena of which (cutaneous and mucous) disappeared under the use of mercury.

Three years ago, a tumor, the size of a walnut, was developed in the left breast ; hard, resisting, rolling under the finger, it presented, externally, the character of an adenoid tumor ; nothing could be felt in the armpit. Having entered the Hospital St. Louis, she was operated on by Mr. Cusco. The tumor was composed of a lardaceous tissue grating under the scalpel, and exuding copiously. Mr. Robin found in it the so-called cancer cells.

From this period, she enjoyed good health, until, on the 10th of June, 1858, she experienced, for the first time, an epileptic attack, with loss of consciousness. This returned several times afterwards, and was accompanied by an incomplete paralysis of the right leg, which decided her to solicit her admission to the hospital.

July 2d.—Actual state : decubitus dorsal ; physiognomy rather stupefied ; no dyspnoea ; no distortion of features ; thoracic and abdominal organs normal ; womb in complete anteversion ; menstruation irregular, not painful ; urine normal ; no ascites nor œdema. The one-sided frontal headaches are severe, but not permanent ; the intelligence and memory are uninjured.

The epileptiform fits, twice or thrice every week, and sometimes as often every day, are preceded by an *aura*, (sense of numbness, coldness, and formication,) felt in the left part of the upper lip and in the left arm and hand, and accompanied by a convulsive *trembling of the lips and slight embarrassment of speech*. During the fit, she foams at the mouth, her face is empurpled, she bites her tongue, and the right arm is convulsed. She does not lose consciousness. (At a later period she lost consciousness completely.)

She will exercise a certain degree of control over the fits, and by pinching or striking the parts affected by the aura, she can sometimes, (not always), either evade the fit or render it incomplete. It is found impossible to provoke fits by sticking or pinching these parts ; they do not present, during the intervals, any modification of their natural sensibility. No attempt was made to prevent the attacks, either by a ligature upon the left arm, or by cauterization either of this limb or of the lip.

During the fit, distortion of the features, without rolling of the eyes and without strabismus. Immediately before and after the fit, the speech is thick, but gradually becomes distinct again.

There exists an incomplete but permanent paralysis of the lower right limb ; its sensibility is unaffected. There are, at the same time, some dull pains in the limbs. Certain movements, especially, are difficult and painful ; chiefly those of abduction, which is accompanied with a convulsive trembling of the leg. In trying to walk, leaning on the arm of another, the point of the toe, turned inwards, drags at every movement of extension while she raises the heel.

This paralysis was accompanied with sharp pains at the level of the haunches, which might have been attributed to disease of the hip joint, but which, as appeared at the autopsy, depended on compression of the obturator nerve, by a cancerous tumor.

August 12th.—The pressive headache has increased in the frontal region, a little more decided on the left than on the right side. The sight is much impaired. For some days past, the fits have sensibly increased in frequency.

September 8th.—The headache is intense and permanent; the speech is embarrassed, and the sight still more enfeebled; the intelligence seems clouded, and the memory has sensibly weakened.

October 5th.—The patient, reduced to an almost complete immobility, is the victim of a most intense and persistent headache. There are atrocious pains in the frontal region; paralysis of the pharynx; incontinence of urine and of fecal matter; complete blindness, with dilated pupils; no strabismus. (Seton at the nucha.)

During the rest of the month of October, the existence of the patient is but a prolonged agony, and death closes the scene.

The autopsy reveals, on detaching the scalp, towards the anterior part of the left parietal bone, a tumor as large as a walnut, of soft consistence, slightly bulging externally, and covered by the periosteum, which it is easy to detach. This tumor appears, upon opening the skull, to originate in the visceral lamina of the dura-mater. It penetrates the osseous tissue, and has perforated it so as to bulge outside. Two very small tumors, in its neighborhood, are seated on the same leaf of the dura mater, but on the opposite side. There exists, in front of the fissure of Sylvius, a slight depression of the brain, corresponding to the site of the principal tumor, without softening.

Two other much more voluminous tumors have grown upon the dura mater, on the right side. The largest, originating upon the visceral dura mater, has effected a very marked cerebral depression immediately behind the fissure of Sylvius, at the summit of the sphenoidal lobe. There is very decided and extensive softening at this place. The cerebellum, without having undergone any change, is pushed to the left by the second large tumor on the posterior part of the falx cerebri.

The origins of the nerves are not compressed. No other lesions in the encephalon, unless a very small apoplectic clot near the posterior extremity of the ancyroid cavity, without communication with the ventricle. Nowhere is there serous effusion. The tumors of the dura mater are completely outside the brain: they are everywhere separated from it by the pia mater. When cut, they show firm white cortical strata; and within, a softened yellowish substance of tubercular aspect. The viscera are all sound except one of the kidneys.

If we compare what has been proved in my animals, in Odier's patient, and in the patient observed by Mr. Charcot, we see nearly the same series of facts. Thus, in my animals, a lesion of a part of the spinal cord acts at a distance, through a certain length of this cord, and the intermedium of the rachidian bulb, of the annular protuberance, and of some nerves, upon the skin of the face and neck, producing there a special modification of nutrition.

This modification is manifested by the power which a portion of the skin acquires to engender attacks of epilepsy, under certain conditions. In Odier's patient, we see the same facts: a lesion of the encephalon, *on the left*, acts at a distance, through a certain portion of the protuberance of the bulb, and of certain nerves, upon the skin of the *right* little finger, occasioning there a modification of nutrition, which is manifested by the power which a portion of the skin acquires to cause attacks of epilepsy.

In this patient, and in my animals, the alteration of nutrition is at first shown by reflex convulsive movements, limited to parts adjacent to that on which the irritation is seated; afterwards, the convulsions

are propagated to distant parts, and finally to nearly all the parts of the body, comprising the vessels of the brain; whence the loss of consciousness. Moreover, in this patient, and in my animals, epileptic fits may be averted by preventing the communication of the part whose nutrition is affected, with the encephalon; which would show, if need were, that these attacks, in the cases in question, are determined only by reflex action. In Mr. Charcot's patient, we do not follow so distinctly the filiation of phenomena; nevertheless, the autopsy shows us four tumors adherent to the cerebral dura-mater on the right side, and one on the left. Two of these four first were large, and it is extremely probable, at least, that the alteration of nutrition manifested upon the skin of the lip and arm of the opposite side, proceeded from an influence exerted by these tumors. In this case, the patient did not always succeed in averting the paroxysms, very probably because she could not completely prevent the communication between the nervous centre and the altered points of the skin and parts adjacent. But it is very remarkable that she should have succeeded in averting some of the fits by the means she employed. In this patient, as in that of Odier, and my animals, the alteration of nutrition has been manifested by convulsions — first local, then general, and finally accompanied with loss of consciousness. In the case of Odier, where there was but one tumor, there was but one point of departure for the aura; while in the case of Mr. Charcot, where there were several tumors, at some distance apart, we see that the aura had several points of departure — hand, forearm, and upper lip of the left side. The alteration of nutrition which the aura causes, is then produced in man, as experiments show it in animals, in parts that vary according to the injured portion of the cerebro-spinal centre.

Is it the lesion of the brain itself, or that of the dura-mater, which, in Odier's case, and in that of Charcot, has caused the alteration of nutrition at certain points of the skin? We are convinced that these effects are to be attributed to the dura-mater; and we shall show, in another work, that lesions of the dura-mater are capable, in a much greater degree than lesions of the other membranes of the system — the skin, mucous and serous membranes — of leading, by reflex action, either to alterations of nutrition, peripheric or central, proper to epilepsy; or to such as are proper to certain forms of mental alienation; or to a paralysis of motion or of sensibility; or to other nervous affections.

Finally, we shall remark, that in cases of tumors irritating the dura-mater, and determining at a distance a change of nutrition manifested by an aura; this is because, there are *auras not felt*, as I have elsewhere demonstrated; and also because few physicians make a careful and conscientious examination of epileptic subjects.

From the facts and reasonings exposed, we conclude:

1. That the tumors of the encephalon, and especially of the dura-mater, may produce epilepsy in an indirect manner, by modifying the nutrition of opposite parts of the body.

2d. That this form of epilepsy, although it seems to be *central*, in relation to the first lesion which originates it, is perhaps not at all so, since it only supervenes after special modifications of nutrition in points of the skin of the face or of the limbs.

3. That an irritation of certain points of the encephalon, or of the spinal cord, may occasion a profound modification of nutrition in parts distant from the seat of irritation.

Experimental researches on the artificial production of bones, by means of the transplantation of the periosteum, and on the regeneration of bones, after resections and complete ablations.

By M. le Dr. LEOPOLD OLLIER.

From the "Comptes Rendus de la Société de Biologie," and the
"Journal de la Physiologie."

[A condensed résumé, translated for the U. S. JOURNAL OF HOMŒOPATHY,
by Dr. M. E. Lazarus.]

New bone is formed in the substance of the periosteal blastema, commencing in a stratum of embryonic cells. The new bones thus formed are true bones in their elements and structure, varying in size with the age of the animal, the extent of the piece of periosteum transplanted, the conditions of its transplantation, and consequences of the operation. The blastema is more abundant in young animals. Under the transplanted periosteum, it continues to be the germ and point of departure of the new bone. Analogous elements are developed in the exudation, and after having been ossified, are replaced, in their turn, by similar elements.

The intermediary substance thickens, becomes fibroid, calcareous granulations are there deposited, and the ossification is accomplished, either directly or around the nuclei which it contains.

Duhamel had been led, by his studies on the formation of ligneous strata, in 1751, completely to change his former views concerning the periosteum, and to express himself to the following purport, which harmonizes with recent microscopic observations :

1. "The parietal bones of fetuses showed me the great difference between the organization of the bones and that of the periosteum, even as that of wood differs from its bark."

"Wood enlarges by the *additional formation of thin sub-cortical strata ; bone, by that of sub-periosteal strata.*"

"The cortical as well as the ligneous strata are formed between the bark and the wood ; but I have no proof that the newly-formed periosteal productions, which are to remain periosteum, are formed between the periosteum and the bone."

Bone is the product, but only a secondary product, of periosteum, which first secretes a blastema, that, by successive modifications, will

come to form osseous tissue. The periosteum is a simple fibrous membrane, composed of fibres, of areolar fibres, elastic fibres, and vessels; while the elements of bone are secreted by a special glandular apparatus.

Deprived of the embryonic elements upon its underface, the periosteum has no osteogenic property.

It has long been known that a bone deprived of its periosteum was not, by that fact, condemned to necrosis. Tenon had proved the contrary by experiment. McDonald ascertained, in 1799, that the periosteum destroyed was afterwards regenerated; and Flourens has since taught, *ex-professo*, that this faculty of regeneration was inexhaustible.

The vessels of the new periosteum emanate on the periphery, from the capillaries of the old periosteum, in the centre, from the vessels of the bone itself. The old periosteum is swollen and thickened all around the lesion, and little tufts of vessels are seen advancing from the whole circumference towards the centre of the loss of substance. They cover the layer of transparent blastema, which extends like a varnish over the bone.

While the vessels advance, around them are developed the elements of cellular tissue and of elastic fibres, which will soon constitute a fibrous membrane analogous to the first periosteum. The new periosteum, while forming, is rough, reddish, and presents at its surface, a fine vascular punctuation.

When the wound is the seat of a prolonged suppuration, the bone remains some days bare in the abscess; then granulations appear upon its surface, and its superficial plate is gradually absorbed. Cicatrization once finished, the surface of the bone is found unequal; around the denuded part, and upon the limits of the old periosteum, are sallies, and on the level of the part exfoliated, depressions of varied depth. These inequalities gradually tend to disappear. While this work is going on, the bone coats itself with a fibrous layer; but this new membrane is always more or less confounded with the external cicatrix, so that it is especially in such cases that the question comes up whether it be really a true periosteum which is reproduced.

The property of forming bone should be regarded as the characteristic of true periosteum. An important condition of this experiment is, to wait until the new periosteum be sufficiently advanced in its organization. Six or seven weeks will probably suffice.

The first period of development of heterotopic bones, reveals the elements of cartilage; but these disappear when ossification commences, and are only to be found in the stratum which is about to ossify, on the limits of the epiphysary cartilage, where the periosteum becomes perichondrium. Cartilage is not invariably present in the first stages precited; the conditions of its absence are not yet well appreciated.

Whenever, in our experimental resections, the periosteum had been preserved, we found, in from six to eight weeks, a new osseous por-

tion, either diaphysis, or articular extremity, developed in place of that which we had removed, and reproducing its form and proportions.

Whenever the periosteum has been destroyed, we have found only a fibrous cord, perfectly supple, or else interrupted by a few nuclei, or osseous tongues of new formation. The difference is so well marked as to enforce the necessity of preserving the periosteum in resections; and we have ascertained that the presence of continuous or disseminated nuclei of bone, is due to bits of periosteum left in the bottom of the wound.

When the super-periosteal cellulo-muscular sheath had been preserved with care, in removing the whole periosteum, we found a fibrous cord, presenting, in certain cases, a few semi-ossified granules, and generally corresponding to the extremities of the bone (radius), when we had, by a careful dissection, separated from the osseous tissue the tendons and ligaments, at their insertion at points where there is no distinct periosteum. When, along with the periosteum, we removed the cellular stratum, and part of the muscles that cover it, we have never remarked an osseous reproduction, either of the radius or of the metatarsal bones, unless at the swelling or the pointed end of the bone resected.

These experiments show that the periosteum cannot be supplied by soft parts, not even by the stratum which immediately supplies a part of its vessels. Whatever histological relations the periosteum may have with the cellular tissue, and however frequent the *pathological ossification* of the latter, neither can supply the other's place and function.

In the organic laboratory excavated by a resection, mixed exudations proceed from multiple sources, and are susceptible of different degrees of organization, according to the proportions of the component parts. The marrow, the periosteum, the sections of bone, mingle their plasmas with that of the areolar tissue; and this inevitable mixture complicates the problem, in small losses of substance. But in ablations of entire bones, or in resections of large portions, the assemblage of these different sources of secretion, in part ossifiable, never attains to replace the removed periosteum.

The presence of osseous nuclei on the track of the fibrous cord, does not justify the admission that the super-periosteal cellulo muscular layer furnishes any ossifiable exudations. Besides the extreme difficulty of removing the periosteum completely, in certain regions, we should not forget that cartilaginous cells are always met with in the tissue of the extremities of certain tendons in man (*e. g.*, the tendo achillis), and are sometimes the point of departure for a pathological ossification. In young animals, numerous embryonic elements are found among the tendinous fascia, in the neighborhood of bone and on its borders.

Newly-formed bone is at first compact, but gradually opens interspaces, which re-establish the unity of the medullary cavity. This normal tendency to rarefaction is sometimes observed, also, in certain

pathological osseous productions; but with these, eburnation is the more frequent phenomenon.

The osteogenic power of the periosteum does not exist in an equal degree in all bones. Reproduction is not complete in the short and flat bones, as it is in the long bones.

In sub-periosteal resections, the reproduction of the parts removed offers the greatest analogy with the production of callus, and is even identical with it, where there is no suppuration. The bone reformed passes sensibly through the divers phases of embryonic ossification, thus conforming to the general analogy of cicatricial tissues.

We have made four experiments on joints (the second metatarso phalangean of the rabbit), in which half the length of the metatarsal, and a third of the phalange, were removed by sub-capsulo periosteal resection, leaving between the two ends of the resected bones one continuous canal, formed at the centre by the persistent articular cavity, and at the extremities by two periosteal sleeves, belonging each to a different bone. Their exudations remained independent, and a true articulation was reformed between the reproduced heads of the bones.

Where the contiguous extremities were not left completely independent of each other, their only union was by the intervention of loose laminar areolar tissue, in the meshes of which the elements of synovial membrane appeared. In one case, the filaments united towards the centre, forming a kind of interarticular meniscus, such as Textor, Heine, and Wagner have observed.

In a recent work on the "Surgical Means of Favoring the Reproduction of Bones after Resections," we have sought to establish that, in resections on living man, it was always possible to preserve the periosteum, at least partially, and we have sustained this principle by clinical observations.

The continuation of ossifiable secretions on the deep face of the transplanted periosteum, raises the power and extends the application of autoplasty.

The reproduction of a bone, by means of transplanted periosteum, is, henceforward, a rational enterprise.

The suppurative inflammation of bones after amputations, may be prevented, and healing of the stump by first intention, facilitated, by covering the end of the bone, and stopping the medullary canal with a circular or lateral flap of periosteum. This method, formerly proposed, has been neglected without sufficient cause. There is no accident to be feared, even in case of not succeeding.

Conditions of periosteal displacement and transplantation from one part to another of the same animal.

We have operated chiefly on the rabbit, then on the guinea pig, dog, and domestic fowl. Bone has been obtained wherever periosteum could be grafted. Our flaps have been borrowed from the tibia.

1st SERIES.—*Transplantation of a periosteal flap, adherent to the bone by one of its extremities.*

The bone from which the periosteum is to be taken being sufficiently laid bare and isolated from the surrounding parts, we trace, with the point of a scalpel, the limits of our flap, then detach carefully the free part towards that which is to remain adherent. Thus we have a floating flap, continuous with the bone by a pedicle. Next we make, either between the muscles or under the skin, a space to receive the flap, and lodge it there. Upon the tibia, we may have flaps long enough to go all round the leg, and to roll them in spiral or in figure 8 round the deep muscles. In young and vigorous rabbits, immediate reunion is generally obtained. The periosteum contracts adhesions with the tissues in which it is lodged, and the new bones develop upon what was thus grafted there, in all the varieties of configuration predetermined by us. When the form of the bone seems to differ from that of the periosteum, it is because the flap has been allowed to retract, by the absence of a point of suture destined to fix it in its new situation, or when the suture relaxes before the adhesions have become solid. The bones thus obtained are adherent to that from which the periosteum was borrowed, by a base so large as to make them resemble apophyses from the old bone.

2d SERIES.—*Experiments in which the pedicle of the flap has been excised three or four days after the operation.*

The same operation as above having been performed, we opened the wound three or four days after, and excised from the length of the flap one-fourth or one-half an inch, so as to interrupt all continuity with the bone.

New bones have been produced as before, but either adherent or mobile, according as the flap has been reunited with the bone by exudation, or has remained independent.

3d SERIES.—*Experiments in which the flap has been completely detached at the first operation, and transplanted either into neighboring or into distant regions.*

Wherever the periosteal graft could live, it has produced true bone, varying with the size of the graft, the vigor of the animal, and the vascularity of the part.

Its extremities need to be attached by two points of suture, to prevent retraction after its separation from the bone. In order to render success probable, the periosteum must not be lacerated, but carefully detached in one piece, and transplanted before it has had time to get cold or to dry. If the animal be too old, or the conditions otherwise unfavorable, the graft may take but incompletely, the periosteum remaining fibrous.

4th SERIES.—*Transportation of the periosteum of one animal to another animal of the same or of a different species.*

The graft generally succeeds between animals of the same species,

in the same conditions, as when made from part to part of the same animal : between different animals it generally fails, but sometimes succeeds.

The failures are due to,

1st. Reabsorbtion of the graft soon after its implantation.

2d. Gangrene and suppurative elimination.

3d. Encystment by plastic lymph, either with or without formation of pus.

4th. Loss of osteogenic properties by the periosteal graft, which continues to live as a fibrous and vascular membrane.

Heterotopic bones, when produced, observe the different phases of the normal osseous system, and more particularly the mode in which bones increase in thickness, for the periosteum displaced or transplanted only continues the functions which it fulfils in the normal state.

[Here the author enters into great details, proving microscopically the normal osseous structure of the bones artificially produced.

He concludes with experiments in the grafting or transplantation of *sections of bone*, between animals of the same species, which succeed ; and between those of different species, which fail. He cites the unsuccessful attempts of this latter kind by Percy and Laroche, sixty years ago, and a funny chronicle, by Job a Meekrem, of 1760, which we subjoin. An ecclesiastic, named Krauwinkel, relates that during his residence in Russia, a nobleman of that nation received from a Tartar a sabre cut on the head, carrying away a large slice of scalp and the skull underlying, which were lost on the battle field. The surgeon, in order to stop the orifice in his skull, detached from a living dog a piece of the same form and dimensions, and dressed it so well that the patient recovered completely. But then, in the imprudence of his joy, he related how he had obtained his cure, and soon the thunders of the church were launched against him. In order to reënter the communion of the faithful, he was obliged to lop away this spoil of a dog, although thoroughly consolidated, and submit to a treatment more conformable with the character of a Christian.

We have, fortunately, documents more serious than this, and without pausing at the celebrated experiments of Hunter on the transplantation of teeth, we recall the researches of Merrem and Walther on the reapplication of the portion of bone removed in trephining. They experimented on the cat and dog. Merrem's first experiment appears conclusive, and the skull, deposited at the museum of Bonn by Walther, is the testimony of a dog, killed a year after having been trephined.

On the Metals sometimes found in the Blood or the Viscera, especially the Copper called Physiological.

[Condensed from the JOURNAL DE LA PHYSIOLOGIE, by Dr. Lazarus.]

Professor Béchamp, in the "Montpellier Medical" for October, 1859, treats this subject very ably; we extract a few paragraphs embodying his conclusions.

"An organic compound always contains carbon as its fundamental radical. The other elements, or bodies reputed simple, which, under its influence, concur to the generation of organic molecules, are, in the order of their importance: hydrogen, azote, oxygen; and contemporaneous chemistry has succeeded in producing, with these mineral elements, organic matter. A molecule of this nature being given, we may always conceive that one or the other of the fifty-seven simple bodies remaining, replaces either the hydrogen, or the azote, or the oxygen, or unites in all its parts with the organic combination. The oxygen may be replaced by sulphur, selenium, tellurium, chlorine, bromine, iodine; the azote, by phosphorus, arsenic, or antimony; the hydrogen by all the metals. Never has carbon been replaced by anything. No element of an organ is poisonous, at least in the superior classes of organized beings. *Toxical properties essentially depend on the mode of combination*: neither carbon nor azote are poisonous, but cyanogen, cyanhydric acid and some cyanurets are violent poisons, while cyanuret of iron, or the yellow cyanuret of iron and potash, are not poisons. One of the most violent of arsenical poisons is cacodyle; yet cacodylic acid, although containing 54.35 per cent. of arsenic, is not a poison. It is possible then that a metal, whose combinations are poisonous, should form part of an organic molecule, constituent of an organ, without on that account bringing disturbance into the vital economy; and it is not absurd to admit, *a priori*, the possible existence of such compounds in the organism."

The author proceeds to cite the authority of facts observed by numerous physicians and chemists. One of the most remarkable is taken from the "*Annales d'Hygiène*, T. XLIII, p. 369, 1850. In a memoir of M. M. Chevallier and Boys de Loury, we read that the workmen in copper at Darfort (Tarn) although very robust, and some of them living to or beyond the age of eighty, absorb so much copper that their bones become greenish or bluish from it, and their urine makes a green stain upon a wall or on the ground. Copper was found upon the analysis of a quart of the urine of one of these workmen, and also in their hair and bones. In another experiment, the urine of the workmen of another factory contained no copper.

Such facts demonstrate that, under special circumstances, some organic combination may be formed by substitution, which, ceasing to be toxic, may be absorbed without danger to the system.

Professor Béchamp gives twenty-nine analyses, made by himself, of the livers of as many individuals, who died of various maladies. In fifteen of these, he ascertained the presence of copper; in several others, it was rendered probable, but not certain. He concludes that

there is no copper *normally* present, as a physiological constituent of the human organism. "In my ten first analyses, I found copper almost constantly; had I stopped there, I should have agreed with Mr. Millon and other affirmative authors. If, on the contrary, my last analyses had been the first, I might have affirmed with Mr. Melsens that copper cannot become a constituent of our organs. The truth is, evidently, that if this metal does not form a necessary integrant part of some organic molecule, constituent of our organs, by the same title as iron, for example; it is, on the other hand, incontestable that copper and other metals may accidentally exist in our viscera and in our blood. If—as Mr. Millon believes of copper, lead and manganese; Mr. Burin du Buisson, of manganese only—these metals formed a necessary part of our blood, and especially of its globules, in which Mr. Millon holds that they are fixed; they ought to be always found there, and found in the same relations. When the iron diminishes in the blood, the mass or number of globules equally diminishes, and nearly in the same ratio. To say that there is less iron in the blood, means that the blood is poor in globules; and when it is said that iron cures chlorosis, we mean that it causes a more abundant generation of red globules. The average weight of the blood in an adult is fifteen kilogrammes, each of which contains a mean of 0 gramme, 55 of iron; 8 gr. 60 in maximum, which makes 8 gr., 25 of iron, or at maximum 9 gr., for the whole mass of the blood.

Now, since it is established, on the one side, by the experiments of Mr. Millon, that copper and lead are found in the globules, and participate there in organization and in life, the maximum of each of those metals ought to correspond, like that of iron, to the maximum of globules; and since, in the other case, with Mr. Melsens, we find neither copper nor lead in the blood, this minimum ought, according to Mr. Millon's view, to correspond to the minimum of the same organs, i. e., to zero, which is absurd. Then, neither copper, nor lead, nor manganese, (experiments of Mr. Glenard), form a necessary integrant part of the blood.

Mr. Millon's remark, that the metals fix themselves specially in the globules, is, however, interesting, and accordant with the general fact that the materials of the blood are apportioned with regularity between its two essential parts, the plasma and the globules. In this plasma, there is not a trace of iron; the metal is all in the globules. Why so? Because it exists there in a state of organic combination; it exists in the hæmatosine, under the same title as the other elements, as hydrogen, for example; wherefore it cannot be discovered there by the most sensible reactions of its combinations, of a mineral or binary nature, unless the hæmatosine be destroyed at the same time with the globules. It is not necessary to this division that the combination should be of an insoluble nature, as are the globules in the plasma. No, for if we attentively examine the division of potassa and soda between the two general terms of the blood, we find that the plasma contains nearly all the soda and little potash, while the

globules contain nearly all the potash and little soda; yet the salts of potash and of soda are all soluble, and we should expect, by endosmosis, that parts of the plasma might pass into the globules. It is not then surprising, that when copper or lead have penetrated into the blood, they should be found with the globules, whether they make for the time being a constituent part of them, or that during coagulation, as in Mr. Millon's experiment, they are drawn thither mechanically, or by capillary attraction. In this point of view, the negative experiment of Mr. Melsens, with globules separated from the blood by the sulphate of soda, has a very high value. If, in reality, the copper and lead were fixed like the iron in these globules, they should have remained there like it; for when a body forms an integrant part of a combination, it is impossible to remove it without destroying that combination.

I admit that, when copper or other metals have been absorbed and tolerated, they are not found in the viscera in the state of simple admixture, but in the state of organic combination made by substitution, or complete in kind, and therefore perfectly innocuous; but these combinations, although possible, are foreign to the essential constitution of the organism, and destined to be incessantly eliminated.

But how do these metals get into the living organism?

Mr. Dumas, in his lessons on the static chemistry of organized beings, has long ago irrefutably demonstrated that plants constitute the great laboratory in which organic matter is produced: all the organic matter by the aid of which animals create their organs; azotized matters of albuminoid nature (albumen, fibrine, caseine), and non-azotized matters alike, come to them from plants. This magnificent demonstration by natural facts has since been substantiated still farther by the experiments of Mr. Berthelot, who, with a simplicity of method hitherto unknown, has shown us how, with carbon, oxygen, water and some mineral compounds—potash and sulphuric acid as auxiliaries—the rudiments of organic matter could in all their parts be created, and by their concurrence, the more complex terms. Plants, as Mr. Dumas has admirably shown, are apparatus of reduction of a rare power, in which carbonic acid, water, ammonia, in presence of mineral elements taken from the soil, end by producing, I say not the infinite, but the indefinite variety of organic combinations. Under their influence, the elements of rocks become a constituent part of organic and organized matter, It is thus, also, and especially that animals take, at the same time as their essential organic matter, most of the mineral substances which they need, the rest being furnished them by water.

Dr. Meissner has indicated the presence of copper in the ashes of plants, (*Journal of Schweigger*, T. XVII, p. 340 and 436.)

M. Sarzeau has found copper in coffee, tea, wheat, barley, oats, buckwheat and rice, (*Ann. d' Hygiène*, T. XLI, p. 387 and T. XLII, p. 124.) M.M. Malaguti, Durocher and Sarzeau have found copper, lead and silver in the ash of fuci, and consequently in sea water.

Mr. Chevreul found copper in some wheat, and none in other wheat. M.M. Chevallier and Duchesne have repeatedly found copper in oysters, muscles, crabs, &c. In one case, 137 grammes of oysters contained nearly 7 centigrammes of copper.

Long before, Mr. Bouchardat had found in muscles copper enough to explain a case of poisoning which did not prove fatal. Mr Schlossberger found much copper in the ashes of sepias and of octopus. (*Annal. der Chem. und Pharm.*, T. LXXXI, p. 68.)

Mr. Von Bibra found copper in a number of the lower animals, among which, the *eledone* contained copper and no iron; also in the *Cancer pagurus*, *Acanthias-zeus* and *Conger vulgaris*, the quantity of copper was in inverse ratio to that of iron, (*Jahresbericht von Justus Liebig und Hermann Kopp*, T. I. p. 871.)

M. Rossignon has discovered and measured the copper in gelatine and in chocolate, in the bread of Paris, which contains in a thousand grammes, from 5 to 8 centigrammes of copper. He has found it also in coffee, chickory, madder and sugar. In sugar he has also found lead, (*Ann. d'Hygiène et de méd. légale*, T. XXX, p. 453.)

M. Malaguti has found silver in the blood of the ox.

The water, the wine, the beer, the cider, that we drink, often, if not always, contain copper and lead. Even the vessels of our kitchen furniture furnish their contingent of these metals in the state of combinations more or less assimilable.

It is a fact worthy of admiration, that in no alimentary plant can sulphur, chlorine, fluorine,* phosphorus, silica, potassa, soda, lime, magnesia, the oxyde of iron, be wanting. In order that water should be potable, it must also contain certain mineral elements, rather than others. Why is it so rare a thing to find in plants, other metalloids and other metals?

In the first place, the soil rarely contains them; in the second place, for chemical reasons that it would be tedious to enumerate, most of the combinations of these other bodies would be injurious—they would hinder, instead of promoting the formation of organic matter. If, taking theory for our guide, we sought what bases it was needful to place in the soil and in the water, in order to favor the development of organic matter, we could discover no others than such as are naturally found in the ashes of plants. The answer drawn from final causes, which has also its value, and which is not in the least contradictory with chemical interpretation, is, that these metalloid or metallic combinations are unnecessary to animals, and more especially to Man, the last term of the creation.

There is one point which I desire not to leave untouched: I began by remarking that the poisonous quality of a substance depended on the mode of its combination. Now, all the combinations that can be formed in the physiological state, among the different mineral elements that we have mentioned, are perfectly innocent. Suppose phosphorus acidified during the act of respiration: this acid, in its

* J. Nicklès; *Ann. de chem. et de phys.* (3) T. LIII, p. 433, (1852.)

caustic form, is a poison ; united with potash or with soda, it becomes only a very mild purgative ; with lime, with magnesia, or peroxide of iron, it forms combinations absolutely inert. Suppose, instead of phosphorus, arsenic, its nearest neighbor in chemical properties: you will obtain the arseniates of potash, of soda, of lime, of magnesia, etc. ; now, all these arseniates are violent poisons.

Finally, let us admit that, in the same act, sulphur has been oxydized into sulphuric acid, and that this acid, instead of combining with one of the normal bases of the organism, has formed the binoxyde of copper: it would have engendered a poison, instead of innocent combinations.

Still then, placing ourselves in the chemical and physiological point of view, we understand that arsenic and copper cannot replace phosphorus and iron. In other terms, plants should furnish to animals, only products whose elements, in undergoing metamorphoses in passing through the great act of respiration, in being oxydized, could produce no combination capable of acting as a poison. But by an admirable providence, the laws that govern animate beings are susceptible, as well as the laws of the planetary world, of certain deviations, so slight that their perturbations may pass unperceived, and not derange the harmony of the whole organism.

Confessions of M. LE DR. TROUSSEAU on the Abuses of Iron in Allopathic Practice.

IRON, CHLOROSIS AND TUBERCLES.

Extracted from the Gazette des Hopitaux for December 22, 1859, with Remarks by MR. J. DAVASSE, Editor of L'Art Médical, and DR. CL. MULLER, in Homœop. Vierteljahr. V. x. p. 33.

Translated and condensed for the United States Journal of Homœopathy, by DR. M. E. LAZARUS.

MR. TROUSSEAU in the Chair:

Thirty years ago, when I published my first works on this subject, there was not a pound of iron sold in the course of the year in all the pharmacies of Paris. The doctrines of Broussais have gradually died away, the martial preparations have been prescribed in certain pathological states, at first by a few, at last by too many doctors, and they have left me so far behind them that I have come to be regarded as an enemy of iron.

I prescribed iron in cases of anæmia and chlorosis ; and when Prof. Bouillaud had demonstrated, by the application of the stethoscope over the course of great blood vessels, that chlorosis existed in morbid states where we had not found it before, I addressed myself all the more zealously to the martial preparations, in order to combat these. But I soon perceived a sinister discrepancy between the results of my private practice and that of the hospitals.

A hospital ward is a magic lantern in medicine. A great number of patients are received, treated, cured, or at least helped—then sent away, and seen no more. In private practice, on the contrary, you are called to a patient—you attend him—then, if anything untoward happens, you are recalled—and so on: you may witness the evolution of a whole series of pathological states in the same individual, and gain knowledge that has some consistency.

I have seen young girls or women chlorotic, dieted with bitters and iron, get a little better—then relapse as soon as the treatment had been suppressed. The same means have been prescribed anew, a sensible improvement ensued, but the relapse still at no great distance. Sometimes the iron even did harm. In cases where auscultation had previously revealed nothing abnormal, I saw the lungs attacked, and the iron very ill borne. Having quieted thoracic symptoms, I resumed the martial preparations, but they were smitten with impotence, while still all the characters of chlorosis existed.

One circumstance has painfully affected me. The daughter of a friend, in her fourteenth year, was overgrown. She had begun to fill out, indeed; but menstruation supervening with excessive flow, chlorosis was manifested. I gave iron: the color returned, and the catamenia reddened. Next month the same symptoms, same treatment, same success. All the while she took the iron, she was lively, expansive, excited. Eight or ten days after the last dose, December 15, 1840, the thermometer having fallen to 15° c., she went to see Napoleon's funeral. On her return, she coughed a little, then was seized with an alarming hæmorrhage from the nose, the lungs, and the womb, all together.

At the next menstrual epoch, the same thing occurred. Fever lighted up quietly, but soon became intense. All the symptoms got worse, and this young girl breathed her last sigh at the end of six weeks or two months. She died of a galloping consumption.

I was afraid that the iron prescribed was not quite guiltless of this deplorable result. Now, I reproach myself openly with it; but then I was not quite convinced.

A little while afterwards, I was called to the wife of an architect, a woman between twenty-five and thirty, who had been chlorotic since her seventeenth year. This lady suffered cruelly with a temporo-facial neuralgia.

Believing it connected with the chlorotic state, the existence of which could not be disputed, I pushed the carbonate of iron in big doses, hoping that, once master of the chlorosis, the neuralgia would not long hold out. In a month, strength and appetite had returned to this lady; the rose bloomed upon her cheeks; a general excitement had replaced the prostration and languor; while of neuralgia there only remained the remembrance. In discontinuing my visits, I recommended the protracted use of iron, and its occasional resumption.

Six weeks later, I was recalled. Cough had supervened, with some oppression and febrile agitation every evening. Auscultation recog-

nized, at the summit of one lung, a sub-crepitant râle, with prolonged and exaggerated expiratory murmur. I was frightened, and with cause. I stopped the iron forthwith and began a different medication, but it was too late. Five weeks after, this young woman was carried to her grave by a galloping consumption.

From this time, I considered myself fully warned. I often witnessed, in the practice of my brother physicians, very grave affections of the lungs, succeeding to these relapsing chloroses, when treated with iron; so that it was impressed upon me, that with individuals predisposed to tuberculous phthisis, the protracted use of iron only favored and hastened the evolution of the tubercles. This view has acquired for me the certainty of conviction. I had seen chlorotic patients spit blood after the use of iron, then become more chlorotic than before; and I had remarked, that the more the chlorosis became settled, the less tuberculization progressed; so that now, for twenty years and more, I have held the opinion that chlorosis, if it do not exclude phthisis, is at least a safety valve against the explosion of a latent tuberculization.

Not only have I ceased to give iron in chlorosis, when a marked predisposition to pulmonary phthisis exists, but whenever consulted about a chlorotic patient, I question the *family* most carefully; and when there have been any sinister antecedents in that direction, I emphatically forbid the preparations of iron.

Professor Trousseau, remarks Dr. Davasse, seems willing here to confound *metaptoses*, (the conversions of maladies into other morbid states, as of chlorosis into phthisis pulmonalis,) with a distinct question in therapeutics,—the counter indications of iron in phthisis.

The metaptoses constitute a chapter of general pathology nearly unknown in our day, but the importance of which, for practical medicine, is here rendered apparent.

The objection remarked by Professor Trousseau to iron in chlorotics predisposed to tuberculization, is one that we shall not contest; but the principal danger consists, we believe, in the very general habit of administering iron without precise indications and without moderation. Iron, like iodine, has come to be regarded as a sort of panacea in the various cachexias. Has not Mr. Bouillaud shown that *chloro-anæmia*—for that is the jargon in vogue—is the common apapage of the greater number of chronic diseases? Thus the vascular sounds, considered as indications of chlorosis, have generalized the specific indication for preparations of iron. And, thanks to this easy semeiotics—thanks especially to the ingenious and picturesque considerations on the reconstituent medication, we see routine precipitating its ferruginous battalions—powders, pills, syrups, pearls, pastilles, dragées—on the attack of a legion of maladies.

The result of this blind and disorderly invasion could not fail to be fatal in practice. Mr. Trousseau, who has especially provoked it, now recognizes its deplorable consequences. It is never too late to repent, even under the robe of the professor, and we give full credit for this

honorable confession. But when one knows, as he does, the true wells of science, and willingly draws from them certain discoveries whose origin is too well known to us, it will not do to stop half way. It is not enough to prove that iron may be counter-indicated even in chlorosis; it remains very urgent to show that the employment of this remedy—based exclusively on the existence of vascular sounds, pallor, loss of strength and general languor, symptoms common to most chronic diseases, and especially to cachexias—constitutes a false and deceptive indication, inopportune, and in many cases dangerous; and that to enlighten the indications, or counter-indications, for iron, in one and the same malady—in phthisis pulmonalis, for example—there are, besides chloro-anæmia, other principles to be considered. Wherefore, we commend to Mr. Trousseau, who has already drawn so largely from Hahnemannian sources, as well as to our brother physicians, the following documents of Dr. Cl. Muller:

Dr. Muller proclaimed the advantages of iron in the treatment of phthisis, in his report upon the Homœopathic Dispensary of Leipsic for the year 1852. His attention has again been drawn to the subject by the discredit which certain allopaths attach to it, in consequence of the frequently unfavorable influence which it exerts over the course of this malady. In these disasters, Dr. Muller sees only pathogenetic aggravations—a necessary consequence of the administration of iron in excessive doses, or outside of its true indications; and they were, in his eyes, the proof of a specific action of iron on the lungs, an opinion which attentive study of its pathogenesis confirms. Since Dr. M. has taken up this subject, he has remarked among allopathic physicians a decided return towards the administration of iron in phthisis. Unfortunately, his citations from Wunderlich, Canorstadt, Grisolles, Dietl, Skoda, and Neumann, prove that this tendency is due, not to a more thorough acquaintance with the properties of iron, but to a change in the theory of phthisis, whose development is linked, according to the opinion now in vogue, with a state of weakness and anæmia, against which iron has, in allopathic eyes, a specific action. Dr. M. regards the influence of iron as neither dietetic nor iatro-chemic. He does not consider it a specific in phthisis; but believes that, by virtue of its pathogenesis, it may answer in certain periods or in certain forms of this disease, and modify them advantageously.

Pathogenesis of Iron considered in relation to Phthisis, and comprising the Symptoms of Metallic Iron, with those of its Carbonate, Acetate, and Chlorohydrate.

Dryness in the chest, but transiently relieved by drinking, with copious secretion of mucus.

Cough, dry at night in bed, loose and more frequent when walking. Chest painful above and behind the sternum, with burning after cough. The cough is appeased by eating. The night cough is most oppressive, and sometimes attended with spitting of blood; at other times, this occurs on rising in the morning. Tobacco and brandy cause aggravations, or increase the muco-purulent expectoration.

Shooting pains, and a sense of tightness between the shoulders, impeding movements of the arms. Shooting and tearing in the shoulder joints. The chest feels full and tight, with sanguine congestion; painful oppression, which obliges to be seated, and sometimes amounts to a constrictive spasm; the respiration is noisy, as in sleep; the breathing, slow and painful, is ameliorated in walking or in speaking, and when most preoccupied in reading or writing; it is most troublesome when in bed, and in the evening.

Hot vapors seem to come up the trachea, or from the epigastrium, in walking,—a painful heat, which obliges one to lie down.

Fatigue of the limbs, either relieved or aggravated by walking; great general lassitude, so that one cannot keep up, alternating with trembling and anguish. In walking, one seems to be menaced with an apoplectic fit; it becomes black before the eyes, and buzzes in the head and ears. *The pains are worse after meals*; then there is heat and embarrassment, slight headache and somnolence, with thirst. Beer goes to the head, and increases these troubles. Belchings, very troublesome, after eating; the food is vomited every time. Violent pressure and tension are felt in the stomach, and in the belly below it. Appetite deficient; repugnance for meat, which always disagrees.

Stools diarrhœic or dysenteric; appearance of large piles.

Copious red deposit in the urine; febrile symptoms; evening heat, chiefly of the hands, with a sense of disturbance in the circulation during the day; general heat, with redness of the cheeks; general coldness in the evening in bed, or chill without external coldness all the evening and night.

Night sweats, with fatigue; morning sweats, lasting a long time, or returning every day, from daylight till towards noon, and preceded by headache; sweat easy and copious, from slight exertions; pulse frequent, or hardly sensible; congestion to the head; swelling of the veins, and flying heat of the face; pallor of the face, with red spots on the cheeks.

Sleep absent or agitated, short and unrefreshing, with desire to sleep in the day time. The only position in which one can sleep is on the back.

Painful cramps in the calves of the legs on rising in the morning, or while standing; pains in the soles of the feet and toes; cold feet, with such fatigue that one can hardly drag them along; the feet are swollen up to the ankles, up to the knees; the complexion is earthy.

Phthisis superinduced in a subject who already spat blood, by Iron filings administered against Tania.—(L. W. Sachs.)

The pathogenesis of iron is yet incomplete on many points. Clinical experience assists in filling up the chasms. I cannot better, writes Dr. Muller, characterize the sphere of iron in phthisis, than in affirming its indication by those very states in which allopathists have found counter-indications and dangers. It is most suited for young and florid subjects, presenting a transient erethism of the circulation, with congestive tendencies towards the chest and head. The special symptoms are: agitation and heating, easily induced by corporal

movements and moral emotions ; and, as a consequence, palpitations, dyspnœa, cough, sudden flushes of the cheeks, epistaxis, hæmoptysis, quick fatigue, nervous excitability. Iron rarely fails to help these subjects ; it may also be useful in cases of hectic fever, colliquation, with real weakness and emaciation — thus either at the beginning or towards the end of the malady. In the first instance, a complete cure is often obtainable, especially when the phthisis is not both hereditary and impressed upon a cachectic constitution. Much is to be hoped from iron when the hereditary germ breaks out in the midst of apparently florid health ; and it is well known that these cases are not the least serious.

The palliation effected by iron in the third period often suffices to banish for a time the varied phenomena of hectic fever, while the gastric forces recuperate under it ; but he has not found it help the night sweats nor the diarrhœa. *Mercurius* and *phosphorus* have answered better. In the choice of preparations, he prefers the chloro-hydrate from the 1st to the 6th decimal dilution, and restricted to the dose of from one to three drops per day, beyond which he has seen it occasion palpitations, agitation, and hæmoptysis.

Ignatia in the Treatment of Chlorosis.

A Review of the Memoir of Mr. Eisenmann of Würzburg, published in the *Bulletin de Thérapeutique*, September 30, 1859 ; with comments by M. le Dr. F. Gabalda, in *L'Art Medical*, and by the translator, Dr. Lazarus.

[Translated and Condensed for the United States Journal of Homœopathy.]

Mr. Eisenmann, struck with the extraordinary frequency of chlorosis in the town and environs of Passau, where nearly all the young girls of pubic age were thus affected, extended his researches, by the aid of the medical officers of the hospitals of Würzburg, of Bamberg, and of Erlangen. The resumé of their statistics showed a progressive increase from year to year in the frequency of chlorosis, in these different localities at once. Mr. E. advances the hypothesis of a telluro-atmospheric influence to account for it, and observes its coincidence with epidemics of abdominal typhus, frequent and extensive. [The correctness of this view can neither be proved nor disproved, the numerous depravities of our modern civilization, the obstacles which it creates to the natural evolution of the female organism, and the misery to which it reduces all laboring women by inadequate remuneration, are causes altogether sufficient to account for this phenomenon of progressive deterioration in the life fountain of humanity, the blood of its destined mothers.] Another point to be considered in statistics of this affection, is the variation which its synonymy has undergone during the transient reigns of different medical theories.

Mr. Eisenmann confirms the accepted view of the greater frequency of chlorosis in the Spring than in other seasons.

He adopts, with the title chloro-anæmia, the confusion which pathological chemistry, in mistaking a lesion for the malady, has introduced upon this subject. He regards, then, chlorosis as a simple variety of anæmia, and to which man as well as woman is liable. We regard it, on the contrary, as a perfectly distinct neurosis, whose history embraces a great number of affections and of symptoms; of which certain alterations of the blood constitute a lesion very remarkable, but not absolutely constant, not sustaining a definite ratio to the intensity of other phenomena, and which has not usually the initiative.

That pretentious progress of science which defines chlorosis as a mere diminution in a part of the elements of the blood, with the physiological disturbances which immediately depend on this, would almost completely suppress the true history of one of the most important and most common diseases, and substitute for it a group of symptoms. This brings into renown the chemical and mechanical theories, but leads to deception both physicians and patients, and is, in reality, but ignorance in disguise.

It is not surprising that Mr. E. should have fallen into this prevalent error, sustained as it is by the princes of modern science; yet we remark in his work non-equivocal tendencies to react against it.

He refuses to see in the malady before us a *primitive* alteration of the blood, and he cannot resolve to consider this alteration as the cause of *all* the morbid phenomena which constitute chlorosis. His observations have taught him that this malady commences nearly always by nervous symptoms, followed, at a later period, by disturbances in the circulation; and they have convinced him that chlorosis begins as a neurosis of the spinal cord, the alteration of the blood being only a sequence upon morbid innervation. He sustains this view by the researches of MM. Becquerel and Rodier, who have sometimes found the blood of chlorotics to present no trace of those alterations which are regarded as pathognomonic of chloro-anæmia.

We believe that chlorosis commences with nervous symptoms (gastralgiæ, &c.), and that these often persist for a long time (in some of Mr. E.'s cases as long as three months), before any appreciable alteration can be found in the blood. Spinal irritation, however, when it exists, is itself but one of the symptoms of the malady. Important complications, on which Mr. E. dwells, are, 1, lesions of the spinal cord; 2, hæmorrhages; 3, ulcerations of the stomach and of the vagina. He cites two cases of chlorosis complicated with myelitis, and terminating fatally, and recalls the work of Mr. Sandras on paralysis consecutive on chlorosis. He regards hæmorrhage as frequent among the chlorotic; it is sometimes from the nose, the eyes, the ears, the nipples, and the ends of the fingers, that blood (or a sanguinolent liquid) exudes; sometimes there is hæmorrhage from the stomach, from the lungs, or within the brain. Death among the chlorotic most frequently occurs from hæmorrhage. Messrs. Crisp and Pritchard (*Lancet*, for August 8th and September 9th, 1843.)

have most frequently observed the termination of chlorosis by ulceration of the stomach.

We now come to the therapeutics of Mr. Eisenmann's work.

In this second part, he seeks to demonstrate that iron is not the specific for chlorosis, and that many other therapeutic indications exist besides that of restoring to the blood the constituent principles which it has lost. "Iron acts," says he, "only as a tonic or alterative here, and we cannot admit its mechanical action in restoring to the blood its lost hæmatin; because hæmatin can only be produced from iron when in combination with organic substances, and because the blood of chlorotics has often been known to return to its normal state under other influences than that of iron — viz. among drugs, the sulphate of copper, the ammoniacal sulphate of copper, the salts of lead, the valerianate of zinc, monesia, phosphorus, etc." It is very true, that any remedy indicated in chlorosis by the totality of the symptoms for an individual case, may re-establish the nutritive functions, and by that fact alone bring back the blood to its normal state.* Moreover, there are chlorotics who cannot bear the smallest doses of iron, even when it seems most indicated, according to the prevalent hypotheses, and the practitioner who confines himself to this routine finds his resources cut off. Mr. Eisenmann has felt this deficiency in the means of cure, and invokes to his aid the indications furnished by the nervous symptoms of the initial state. His spinal etiology of chlorosis led him to consider the group of drugs containing strychnine and brucine. The first patient on whom he experimented was a maid of the mill, of strong make, aged thirty, who had for eight years been complaining of chlorotic symptoms, and been treated without result by all the physicians around. She presented a complete specimen of chloro-anæmia, with œdema of the lower limbs, and ascites, but not far advanced. She received, twice a day, from ten to fifteen drops of the tincture of ignatia, under which, without other aid, all the morbid symptoms disappeared within two months. Mr. E. cites several other cures under the same category.

He found ignatia answer best where the stomach was very delicate. Both Dr. E. and his medical friends found cures much more prompt by this method than by the preparations of iron.

Homœopathy, in all its therapeutic works, has long attested the efficacy of the strychnia group in the treatment of chlorotic affections. Of the two sources of indications, the etiologic hypothesis of Dr. E. and the experimental law of similitude or analogy, which is the better and surer? For us, the choice cannot be doubtful; but even if we preferred the first, how arrive at the selection of ignatia, nux vomica, &c., save through pathogenetic observations?

We prefer to employ nux vomica or ignatia in palpable rather than in infinitesimal doses, especially since the encouraging successes of Dr. Eisenmann with these medicines.—G.

* I have promptly cured this malady, and restored the young patient to blooming health under conium 12^o; in other cases, by other drugs in rather high dilution, but always aided by pure air, horseback exercise, and the cold douche, with frictions.—L.

[We submit that the neglect of hygiene in a well devised and attractive system of industry or exercise, diet, baths, atmospheric influences, &c., is the principal cause why infinitesimal doses have proved so often inadequate. We must not expect of drugs a license or indulgence to dispense with the natural laws and conditions of physiological harmony.

In regard to the preference accorded to palpable doses of ignatia in chlorosis, we would observe, that two indications may exist—the first pointing to the high dilutions—the second, to the lower ones, or to the tincture. We suppose it admitted that disturbances of the nervous centres, including their intellectual and moral phenomena, are most amenable to the high potencies; while disorders of the circulation and lesions of the blood are more amenable to the low potencies or tinctures. Many cases of chlorosis are due to a primary depression of the emotional sphere, or *morale*, as it is often miscalled. These, in their early stages, ought to be peculiarly amenable to ignatia, whose pathogenesis presents an image of grief; and the higher dilutions may here be available.

The second physiological consideration bears on the dependence which the sympathetic nerve and the functions of nutrition and secretion, with organic vitality in general, own to the spinal cord. If the condition of regenerating the blood be the maintenance of a certain degree of polar excitement in the cord, which seems to be the idea of Mr. Eisenmann, then certainly we must give the drugs and the doses of those drugs which correspond to that particular impression. We should no longer seek the diffused agency of the high potencies in the sensorial sphere, and we must avoid, on the other hand, the induction of tetanic polarity. By the gentle, but frequently repeated, and nearly continuous stimulus of a medium force, the visceral energies may be promoted to their normal standard.

In the order of emotional forces, it must be remembered, that as each particular organ can be invigorated only in the exercise of its functions, so the whole organism, when depressed in its forces, needs the stimulus of a life purpose, or of adequate motives of existence, in order to be induced to reinstate itself. Chlorosis will disappear from the constitution of societies which have the wisdom to invest with a social charm and honor those physical labors, which now, in degraded and insalubrious conditions, make drudges of those who accept, and idlers of those who evade them.

Finally, with regard to palpable doses of iron, let us ask whether their action be not purely dynamic, and capable of being supplied by the contact of metallic plates with the surface of the skin. The researches of Mr. Burq, seconded by Dr. Elliotson and many other physicians in control of the great European hospitals, have shed a new and unexpected light on the physiological action of metals. The control which copper plates exercise over cramps, choleric or hysterical, has been widely made known. We may, in a future number, return to this subject.—L.]

The Pathology of Prolapsus Uteri.

(Translated from a Memoir of M. le Dr. HUGUIER, by DR. M. E. LAZARUS)

“On the hypertrophic elongation of the neck of the Uterus in the affections improperly designated as Descent or Fall of the Womb; and on their treatment by resection or amputation of the whole neck of the womb, according to the variety of the disease.”

[We shall not contribute to extend Mr. Hugulier's surgical ideas on the *treatment* of this affection, wherein he seems to have inherited from Lisfranc, but confine our translation to its pathology.]

1. Prolapsus Uteri, whether complete or incomplete, is not a single malady, but a group of several affections designated under one name.

2. When the uterus protrudes—even when the vagina is completely reversed, and when the womb, by the size of the tumor in the centre of which it is found, seems altogether pushed down between the thighs—it is not, in by far the greater number of cases, because it has issued completely from the pelvis, but because it has suffered a partial or general hypertrophic elongation.

3. Two principal varieties of longitudinal hypertrophy—the *sub-vaginal* and the *super-vaginal*—may simulate the prolapsus and the procidentia uteri.

Sub-Vaginal Elongation by Hypertrophy.

4. Here the neck of the womb forms in the vaginal cavity a cylindrical or conoid sally more or less prolonged, the free extremity of which approaches the vulvar orifice, or even engages between the labia, without shortening, invagination or reversion of the vulvo uterine passage.

5. Up to our time, this has been confounded with the descent or fall of the womb, when it has not been treated as a polypus, as a chronic dislocation, as a follicular cyst, as a scirrhous or dropsy of the neck.

6. Medical means and the divers cauterizations are available only in slight hypertrophies, and in those complicated with inflammation and engorgement.

7. Pessaries are for the most part useless or dangerous.

Super-Vaginal Elongation by Hypertrophy.

8. This is the very general cause of the morbid state designated as prolapsus or procidentia, in which the body and fundus of the womb remain in the pelvic cavity, notwithstanding the complete reversion of the vagina, and the fact that the tumor which hangs between the thighs is as long as the whole womb in a normal state, or even longer. This is proved by historical researches, pathological anatomy, and clinical facts.

9. The longitudinal hypertrophy of the super-vaginal portion of

the neck, and the fall of the womb, have different pathological and semeiotic characters, which serve to distinguish these two affections.

10. Real prolapsus uteri is chiefly due to the relaxation, forced distension, or destruction of the utero-lumbar ligaments. Analogous alterations of the broad or of the round ligaments have little influence upon it.

[Without enforcing Mr. Huguier's distinction between sub-vaginal and super-vaginal hypertrophy, Scanzoni observes, that hypertrophy of the vaginal portion of the cervix uteri is distinguished from prolapsus uteri: 1st, by its irreducibility; 2d, by the great compactness of its tissue; 3d, by the non-displacement of the vaginal walls, so that the index finger can penetrate very deeply by the side of the hypertrophied vaginal portion, without reaching the bottom of the vagina; 4th, touch by the rectum finds the womb in its normal position; 5th, palpation above the symphysis pubis will generally meet, through the abdominal parietes, the body of the womb, having undergone chronic engorgement.—Am. Ed.]

11. Medical and prothetic means, and all the operations hitherto invented to fulfil therapeutic indications, however insufficient, may be useful in the case of simple falling of the womb, without hypertrophic elongation. They should remain in science under this category.

Mr. Huguier asserts, that after amputation for *hypertrophy*, in the conditions indicated, there is no relapse of this malady, and that the patient enjoys health as fair as before its development. Mr. Huguier fails to recognize, in the present memoir, the frequent complication of real prolapsus, determined by its ordinary causes, with hypertrophic elongation; yet certainly the latter cannot exclude the former, and the former is nearly always accompanied by the latter. Mr. H. does prove that complete procidentia is extremely rare. Scanzoni has well described the sub-vaginal hypertrophy with elongation (p. 64 of his French edition). Professor Virchow, who has paid much attention to this anomaly, has called it "*prolongation of the lips of the orifice in the form of a trunk or of a polypus.*" In certain cases, continues Scanzoni, the *os tinæ* may attain a length of sixteen centimetres and more; it then hangs out beyond the vulva, and might be mistaken by a superficial observer for incomplete prolapsus of the womb. It has the form of a cylinder, or of a cone, sometimes even of a wedge. Its surface is either smooth, or covered with numerous little depressions as large as a millet seed, pierced like funnels into the mucous tissue, communicating with little culs-de-sac of variable capacity, formed by dilatation of the glandules, and generally filled with gelatinous mucus.

Virchow's researches have placed it beyond a doubt, that the presence of these glandular dilatations is highly significant in the development of the form of hypertrophy under consideration. We have several times observed this anomaly. In two cases, amputation

of the part hypertrophied was attended with very copious hæmorrhage,* confirming the assertions of Virchow, to the effect that polypiform prolongations of the *os tincæ* are always very rich in arterial vessels. The malady often confines itself to one lip of the orifice, and oftenest, in our observations, to the anterior lip. In one case, where, after amputation of the posterior lip twenty-three centimetres in length, the hæmorrhage compelled me to resort to the actual cautery in order to stop it; six weeks afterwards, the woman conceived, and bore successively two children. She had previously been sterile during many years.

This affection is not without a great practical importance, since, besides the annoyance which such a tumor gives in coition, rendering it painful or even impracticable, it is, moreover, nearly always the source of a copious and very unpleasant secretion of mucus. Ulcerations not unfrequently form upon its surface. Every move of the body provokes in it painful sensations, which often radiate to the sacral, lumbar and inguinal regions, and give rise to varied nervous phenomena.

The hypertrophy of the neck of the womb was perfectly understood by Mr. Bennett, who attributes prolapsus of the whole organ to the increase in its specific weight thus effected. Mr. Bennett has observed the case of a young woman suffering with prolapsus complicated with hypertrophy of the neck, which Mr. Huguier would certainly have amputated, since after several years of suffering, the patient had fallen into the cachexia of diseases of the womb, not being able to walk, nor even to stand up. She had been treated unsuccessfully by several physicians, and the hypertrophy was very considerable in development; notwithstanding which, the cure was effected by appropriate measures within a few months, and during the course of the treatment, the neck ascended or diminished by two and a half inches. (3d London edition, p. 141, Case 1, under head of Inflammation and Ulceration of the Neck of the Uterus in the Virgin.)

*The Iodine Cachexia, occasioned by alimentary doses of
Hydriodate of Potash, mixed with the Food.*

EXPERIENCE OF DR. RILLIET OF GENEVA.

[From *l'Art Médical*, prepared by Dr. M. E. LAZARUS.]

M. Boinet read before the Academy of Medicine, on September 28th, 1858, a memoir entitled, "*Iodized Nourishment as a preventive and curative means in all the diseases for which Iodine is administered internally.*" After having noticed the chief works wherein iodine has been shown to exist, in the air, in water, and in many kinds of food, and having mentioned certain morbid conditions supposed to result from its absence, Mr. Boinet considered it legitimate to conclude that iodine is, in the human organism, a normal and

* Mr. Huguier advises the employment of Mr. Chassaignac's *écraseur*.—Ed.

essential element, and consequently to be classed among the essential aliments. Hence the idea of mixing it with food. In order to avoid the irritating effects of most iodine preparations, the author has substituted for them its vegetable organic combinations, in which form it can be easily incorporated with food or drink, and given, as he recommends, *in very small quantities and minute subdivision*. The plants employed are, sea plants, fuci, the cruciferæ, with some naturally iodized mineral waters. Thus only, says he, can we meet it in the state of organic molecules easily assimilable to our organs.* Unpleasant symptoms, such as the atrophy of certain organs, &c., can only have been due, says Mr. Boinet, to preparations of iodine. On which assertion, Mr. Rilliet has addressed to the *Gazette Hebdomadaire* the following note: "Several years ago, M. Grange, after developing before the medical society of Geneva, his theory on goitre, advised us to mix iodine with food, as the best means of preventing or of dissipating the tumefaction of the thyroid gland. To the usual quantity of salt employed in culinary purposes, he was in the habit of adding one-thousandth part of hydriodate of potash, a preparation equally inoffensive by its nature, as by its dose. At Geneva, we are very subject to the inconvenience of goitre, so that I did not lack for occasions of testing Mr. Grange's therapeutic method. I caused a trituration of the salts above mentioned to be made with great exactitude, at the regular pharmacies, and prescribed this to the members of several families of my patients. All their food, except bread, was thus seasoned. This iodized nourishment was continued during several weeks, and here is what happened: I come to the point upon which I am not in agreement with Mr. Boinet. Two ladies, past sixty, and a gentleman, past forty-five, members of different families, were successively attacked, in different degrees of severity, by a group of symptoms characterized by emaciation, palpitations, accelerated pulse, general trembling, accompanied by a great nervous mobility, and notable diminution of strength.

I had somewhat forgotten my iodized salt, and as these different cases presented themselves successively, not simultaneously, to my observation, I had not at first the idea of their filiation by a common cause, and confess I was very much puzzled in making out my diagnosis of these curious maladies. After very attentive examination, I hesitated between incipient heart disease, latent diabetes, or chloro-anæmic states, due to causes undetermined. But the futility of my physical explorations, with the persistence of the emaciation, soon opened my eyes to the true state of the case, and left me only surprised at not having seen it before. I had, indeed, observed symptoms perfectly analogous in goitrous patients, treated with hydriodate of potash in doses of only $\frac{1}{30}$ of a grain daily.

* This reminds us of Mr. Amedée de Latour's dilution of natrum muriaticum, by goats, whose milk he administered to his phthisical patients. The procedure finds imitators. Besides the iodized sea plants and cruciferæ of M. Boinet, we have now for phosphorus, *phospholime*, another organic molecule, of which wonders are whispered, while waiting till the academies shall resound with this new discovery.

After several months, my three patients got well, drinking asses' milk, with preparations of iron; but some years afterwards, the gentleman above mentioned, in passing a few weeks on the sea-shore, was seized anew with all his former symptoms, to the great perplexity of his physician, who regarding his state as highly precarious, hastened to send him back to Geneva. I found him then in a marasmus resembling that of the third stage of phthisis, in extreme weakness, with palpitations, and shortness of breath. Yet the heart and lungs were anatomically normal. I hesitated not a moment to refer these accidents to their true cause, for it was like the reflection of his former state. Two months in the country, with asses' milk, delicate nourishment, and ferruginous preparations, dissipated the alarming symptoms. This year, I observed a similar case in a lady nearly sixty, who, in recruiting from a simple diarrhœa, had gone to the sea board. On her return to Geneva, she was excessively thin, her pulse at 130°, and her nervous susceptibility exaggerated, but without any appreciable localization of disease. Change of air, and asses' milk, reestablished her health in two months. These two patients had taken no sea baths; they could have suffered only by the iodine of the atmosphere, or of the kitchen salt.

From these facts, and others which, for brevity's sake, I omit, I am led to conclude:

1. That the long continued absorption of small doses of an iodized salt, whether mingled with water, air, or food, is not free from danger.
2. That the inhabitants of certain localities are, more than others, exposed to iodic intoxication.
3. That this special susceptibility depends, perhaps, on the small quantity of iodine which the air, water, or aliments of these localities contain.
4. That iodic intoxication is, perhaps, more to be dreaded when the medicine is given in small than in large doses, and as a preventive rather than a curative of some localized and confirmed diathesis.
5. That this intoxication is quite exceptional in childhood, rare in adult age, and more to be feared in the advance of age; so that we cannot too carefully guard the administration of iodine in persons past their fortieth year, and should suspend it on the appearance of the first symptoms of saturation (bulimia, emaciation, palpitations, nervous susceptibility.)
6. That the physician, in presence of one of these unnamed maladies, without appreciable cause or localization, but in which the above mentioned group of symptoms appears, ought to be alive to the possibility of iodic intoxication.
7. That the best remedies for this slow poisoning are milk, an analeptic diet, and change of air.

F. RILLIET.

In the chapter of his *Materia Medica* consecrated to Iodine, Hahnemann had noted, among other symptoms, the following as pathogenetic.

Over excitement of the whole nervous system; ebullition of blood and pulsations over the whole body, increased by any effort; trembling tottering gait; great debility; atrophy; extreme emaciation; general œdema.

Pulse accelerated, hard, and small; consumptive fever; variable appetite—either excessive or absent; digestion very feeble; dyspepsia; suffocation; is blown on going up stairs, with violent palpitations and cramp-like pains about the heart on the least effort.

Such are the involuntary testimonials which the enemies of homœopathy, or those who so regard themselves, frequently bring to its support, when they have been led by chance to study the characteristic effects of some drug.

Upon the foregoing note of Mr. Rilliet, Mr. Dechambre, of the *Hebdomadal Gazette*, writes as follows: "The clinique often presents examples of an active drug, taken in very small quantities, producing, for a long time, no appreciable effect, or at least no mischief; then suddenly, without increasing the doses, it determines serious accidents which continue after its suspension.

"The hydriodate of potash will very gradually ameliorate a chronic catarrh during from two to four weeks—then, suddenly provoke congestion towards the mucous membranes of the anterior or posterior nares and throat. Belladonna, especially, evinces these caprices. Does the organism gradually accumulate a larger dose of the drug, which it has not been excited to eliminate, or is its sensibility exalted by repeated solicitations? It might not be impossible to resolve this question experimentally, at least for a certain number of drugs."

What delightful candor! There is really no such impossibility, M. Dechambre, and the proof is, that patient laborers have already made the experiments you invoke; their efforts have not been in vain. The caprices of belladonna, and of many an other, are known to us now, and may be to you whenever you so please.

F. GABALDA.

Montpellier vs. Paris.

From L'Art Médical, by DR. M. E. LAZARUS. for the United States Journal of Homœopathy.

About four years ago, in a memorable session of the French academy, after a discourse upon "*la Variosite*," not less enamelled with paradoxes than with Greek, Professor Piorry, springing from the tribune, and holding out his hands enthusiastically to Mr. Bousquet, proclaimed with emphasis the union of the Faculty of Paris with that of Montpellier. The Olympian laughter of the Conscript Fathers, and the remarkable date of this episode, 20th February, 1855—a holiday of *mardi gras*—afford a significant commentary on the unexpected proclamation of the celebrated Professor.

The realism of the Parisian school, and the double dynamism of Montpellier, are not near the point of contracting that marriage, after the fashion of Harlequin and Columbine, announced in the impromptu of Mr. Piorry. Their dissent was really never more emphatic.

The pretensions, indeed, of our Parisian *observers* transcend all bounds. It is known that they have monopolized, to their profit, observation, statistics, morality, and virtue, with the chairs of the Faculty and Academic benches. Still, not content, Professor Grisolles has recently exhibited, on a solemn occasion, the brevet of good sense and of progress, as adjudged by his master, Mr. Chomel, exclusively, to what is called, rather gratuitously, the School of Paris.

This pretension to the monopoly of good sense has appeared passably impertinent at Montpellier. We make some extracts from an article signed Lassalvi, and entitled, "*A Word to Mr. Grisolles*":

The Medical Revolutions of Paris.

(From "*Le Montpellier Medical*.")

There lived, within the memory of our medical patriarchs, a stirring and emphatic personage, who held in his hand, if not the sceptre of medicine, at least the staff of *mastro di capella*, and who answered to the name of Pinel. It is unnecessary to say that he occupied the highest places of medicine, officially speaking,—a chair at the faculty clinique, at the hospital, seat at the Institute, at the Academy, titles, decorations, &c., &c. All drew their inspiration from him; books, pamphlets, journals, official and other courses, were but reflections of the nosography, so styled *philosophical*; and never in the memory of man had such a consumption of philosophy been made—upon the covers of books. In the sight of these philosophers, the medical problem was stated in the terms: *Given a malady; to determine its place in a nosographic category.*

And with the calm, the security of a conscience at peace with itself, they ticketed, they described diseases as objects of natural history; after which, these were neatly pinned each in its case, like a lepidopter or a scarabeus upon its cork, and the savans slept soundly. If some patient, obtuse towards the perfections of nosology, insisted on being cured, they silenced the impertinent, and snored on louder than before.

Things went on thus during fifteen years,—which is enormous, according to M. Bouillaud, who allots to medical doctrines the longevity of roses,—when suddenly appeared on the horizon, *l'Examen* of Broussais. The torch—I mean the book—made a prodigious stir; a stampede seized the Pinelist camp; the poor nosography, burned to the last bale, left not even a pinch of ashes, and old Pinel, unhorsed by a stroke of his adversary's riding whip, made at least a spiritual answer,—he died.

Broussais, henceforth master of the battle-field, naturally commenced by sounding a flourish of trumpets, striking down here and

there with a side cut all that opposed him ; and after having overrun, levelled, plowed, and harrowed the field of medicine, he sowed there his new grain,—I mean his doctrine. This doctrine held that—

“ There is no specificity in diseases, nor in their causes, nor in medicines.

“ Every disease is the cry of a suffering organ : which one, we must ascertain.

“ There are but two diseases, inflammation and sub-inflammation ; and of these two, the second only serves *pro memoriam*, and as a *diverticulum*.

The clinical problem is reduced to this :

“ Where must we place the leeches, and how many leeches must we place ?”

So, then, matters are deucedly simplified, I hope. Well, sir, it was still simpler than this, for as gastritis constituted the immense majority of maladies, if you did but prescribe an application of leeches to the epigastrium, you had but one chance in a thousand against you. It was magnificent !

All the acute diseases—fevers, exantheams ; all the chronic diseases—dermatoses, gout, gravel, neuroses, &c.,—all these were gastrites or gastro-enterites, and all were treated by leeches and diet. Ah ! the diet, sir, was an admirable thing. What disease could have resisted a diet, more or less absolute in its severity, prolonged during weeks, during whole months ? It is true that the patient often behaved like the disease ; but honor was saved ; the patient died within the rules, and the physician sat none the less firm in his saddle. It is related that a patient once sought Broussais, complaining, “ Doctor, your regimen fatigues me to the last degree ; the diet is killing me ; I am literally dying of hunger.” Broussais reflected a moment, then said, “ *Allons, bête carnassière, je vais vous satisfaire.*” (Well, you carnivorous animal, I will content you.) And he allowed a spoonful of broth in a glass of water.* It will be said, perhaps, that this is an exaggeration. Alas ! it is more than true ; it is probable ; as Talleyrand used to say. Then it was that there came from Saint Petersburg your Messiah, Mr. Louis, who had but to push with his shoulder a creviced and worm-eaten edifice, to crumble it beneath him ; he, a workman of the eleventh hour. *Sic vos non vobis.*

Be this as it may ; Mr. Louis, who would be a man of great genius, if, as Buffon has affirmed, genius were only patience,—Mr. Louis, armed with several thousand brute facts, which he calls observations, bravely flings them at the head of the Colossus of Val de Grace, and at one blow fells it to the ground.

Here, then, commences the reign of Louis the First. Let us see the medical charter which he unrolls upon the *bloody* ruins of Broussaism.

* Reveillé Parise, *Etudes sur l'homme*. T. 11, p. 252. Paris, 1845.

Article 1. His new majesty proclaims that truth lies in *things*, and not in the mind. Mr. Louis, giving the cut direct to all the schools of philosophy, assures us that observation consists exclusively in the application of the senses; that the mind, I mean intellect, is a dangerous thing, which we cannot keep at too great a distance,—which, in fact, he has entirely banished from his books, and from all his works. To *observe*, in medicine, is to take account of all that strikes the senses,—how many times the patient has turned himself in bed, how often he has spat, coughed, sneezed, &c.; to make of all this an exact and complete numeration, and then to count how often in a hundred or in a thousand cases such or such a symptom has occurred, deducing the average. As to therapeutics, the study of signs, of indications, the determination of medical constitutions,—all that is suppressed; we may employ, *ad libitum*, the first remedy at hand, bleeding or opium, warm water or cold water, quinine or mercury, or even do nothing at all, and this in all maladies, of whatsoever nature; it remains only to count upon your fingers how many die, and how many get well under the influence of such or such a remedy. In sooth, the game of goose is algebra beside such therapeutics!

Thus, the operation of the senses and statistics comprise the whole of medicine for Mr. Louis. Accordingly, Mr. Bouillaud bleeds his patients white, Mr. Delarocque evacuates them excessively upwards and downwards, Mr. Piedagnel inundates them with warm water, Mr. Steinbrenner swells them out with cold water, Mr. Majendie gorges them with punch, Mr. Serre with mercury, Mr. Petit with bark, Mr. Broca with quinine, Mr. A. Barthez with alum, others with asses' milk, others, again, with alcohol, while some, like Mr. Andral, do nothing at all,—and each exalts his successes to the third heaven, invoking statistics, that lady of good help, who sets everybody in the right. Admirable instrument for the research of truth!

At this point, sir, we stand.

Shall I speak of organopathy, of the pleasantry and the cacophony of Mr. Piorry? And yet, sir, this man, who appears so ridiculous,—this man, whose very presence invokes hilarity,—this man, who rejoices in the absurd as in his natural element,—this man is the most consistent, and the only one who is consistent, of all the physicians of your school. Yes, sir, whether you will or not, if, as is said there above, life is the result of organization, if maladies are but lesions of organs, Mr. Piorry alone is in the right; organopathy is the last word of medicine, and the terminology of Mr. Piorry is a masterpiece, if not of harmony, at least of logic and good sense.

Must I also speak of the microscope, and of physical substituted for clinical observation; of organic chemistry, passing proudly from the kitchen to the parlor, and exclaiming with Tartuffe, "The mansion is mine?" Shall I recall the contempt of medical tradition, the vain substitution of individualities for the universal testimony of mankind and of the ages; the humbling spectacle of unbridled mercan-

tilism and charlatanry, and that break-neck school which lavishes, with open hands, the most energetic poisons, or subjects its unhappy patients to the most frightful mutilations, under pretext of surgical operations?

Behold, sir, a feeble, but faithful, sketch of this school, of which you are so proud, you and yours: its last word is anarchy and scepticism."

Mr. Lassalvi has, of course, but one aim in view—to establish the supremacy of the doctrines of Montpellier. Now, despite our admiration for the glorious past of this ancient faculty, and our esteem for the eminent men who now represent it, it would be difficult for us to acquiesce in Mr. Lassalvi's desire. We do not see very clearly in what respect it is preferable to consider diseases in the light of suffering *functions* merely, rather than in that of suffering *organs*;—or the advantage of substituting for the abuses of organopathy, the idolatrous culture of the goddess *Febris*. They may flatter themselves at Montpellier with burying organicism: it is an innocent illusion—they have only succeeded in burying themselves.

Finally, we will not complain of the left-handed compliments which M. Lassalvi gratuitously addresses, in passing, to Hahnemann and his disciples. It seems to be necessary to sacrifice to the fashion, and pay tribute to the contagion of example. Yet our intellectual critic did not lack good reasons for declining to touch this bone of contention among the hungry barkers of the "school of good sense and of progress." We need not recall to the modern Cos that Hahnemann is affiliated with Barthez by his doctrines, and that one of the most noteworthy representatives of the modern therapeutic reform, Risueno d'Amador*, was at the same time one of the most eminent professors of the school of Montpellier.—J. DAVASSE.

* This gentleman having been called to the tribune of the academy, upon the question of "Statistics as applied to Medicine," at an early session of the year 1837, spoke his mind thus:

"Your school has devised a new method; it counts facts, and pretends to appreciate their value by their number; it adds, divides, and subtracts, and with candid simplicity believes it is perfecting the methods of art.

"The foundation of your method," added he, a little farther on, "is probability; now, what else is probability than the theory of chance? To invoke probability, taken in this sense, is then to renounce all certainty in medicine, all rules of induction by reasoning from the facts proper to science. It is substituting for *induction*, experience, observation and reasoning; the mechanical and inflexible operation of figures.

"This numerical method destroys true art and true observation, by substituting for the action of the mind, and for the individual genius of the practitioner, a blind mechanical routine. If generally adopted, it must be because it is accessible to minds of the meanest grade, because it flatters the humblest; and this is its sole title to the admiration of the multitude."

"Your medicine is no longer an art, but a lottery; your method is but a stroke of the despair of art, which, renouncing for ever to know how and why it acts, abandons itself to chance, on the faith of an illusory arithmetic. It is scepticism embracing empiricism."

VARIETIES ON SYPHILIZATION :

Combination of Small Pox and Syphilis ; the Neutralization of the latter.

(By Prof. Bamberger, of Würtsbourg, in the *Zeitschrift für praktische Heilkunde*.)

It was in the process of a syphilization, and after the 40th inoculation had been made, when some of the ulcers had healed, and others remained stationary, that a robust coachman, aged 27, admitted in the early stage of a constitutional syphilis, became an exception to the usual immunity from small pox enjoyed by syphilitic patients, and contracted this malady, which prevailed in the same corridor of the hospital allotted to these two maladies.

The inoculation ulcers were not involved in the exanthem, which otherwise pursued its usual course, and on the 11th day, the exsiccation was completed.

With the decline of the variola, healthy granulations appeared in the ulcers ; their cicatrization was complete eight days afterwards, and the man was dismissed as cured.

Professor B. saw him frequently during the year subsequent, and attests the persistence of health.

In the *Révue Etrangère Médico-Chirur.* for August 16, 1858, Mr. Auzias Turenne writes as follows to Dr. Wm. Boëck, of Christiania :

“ An important fact has just occurred in France. You know that revaccination is generally adopted in the army. Of sixty artillerymen revaccinated at Toulouse, nine have experienced typhic or erysipelatous symptoms more or less serious. Baron Larry, sent to Toulouse on this occasion by the Minister of War, has made to the Academy of Medicine, during its session of July 22d, a short report of what he had seen or learned, adding the precautions which he advised in view of preventing the return of these or similar symptoms.

“ Among these precautions, is that of taking care that the subjects furnishing the vaccine shall not be contaminated with syphilis. I know facts which prove—and you are in possession of others—that it is very possible to communicate the *big* pox to innocent little victims, in the aim, essentially laudable, of preserving them from the *small* pox.

“ Never, upon sixty syphilized subjects, would nine examples of serious accidents have been observed. Syphilization does not even present the dangers, in general very slight, of vaccination. Dr. L.... and I know how the facts stand, in consequence of the syphilizations which we have practised on persons who were placed in a situation very analogous, not to say more, to that of the artillerymen of Toulouse.

“ In regard to Dr. L...., I have just had news, in receiving a visit from his son, aged five years. This son of a syphilized father is at once the living portrait of his father, and perfectly healthy. As to the father himself, he has passed through trials of every kind

since his syphilization. Grave typhoid fever at Paris, skilfully managed by M. Aran; typhus in the Crimea; "death," (unless a military surgeon has been deceived in publishing his autopsy)... For the complement of these details, address Dr. Laval himself at Valona in Albania."

Dr. Laval was the answer presented by Dr. Auzias Turenne to the challenge made by Dr. Philippe Ricord in the summer of 1851. Dr. Ricord's conditions were that the experiments should take place in his wards at the *Midi* hospital, and "with arms of his own choice," i. e., virus of his own selection. Mr. Auzias replied, in his published letter, August 22d, 1851, "Mr. Ricord demands immediately a *syphilized subject in closed lists*. His vows shall be more than fulfilled, for the *syphilized subject* whom I will send him shall be moreover himself a *syphilizer*: let Mr. Ricord then beware; he will see whether he has to deal with convictions that have lost any of their force. And let him take heed that it is not simply a revision of the syphilitic constitution that is in question, but a radical revolution."

Dr. Laval presented himself to Dr. Ricord, and the trial took place publicly, upon his person, during fifteen days, at the *Midi* hospital. Dr. Ricord was at last compelled to confess his defeat. He could not any longer, directly, attack syphilization; he handed it over to the Academy of Medicine. One year later, August 22d, 1852, the Academy of Medicine, after more than a month of passionate discussion, and in face of the brave and eloquent protests of MM. Depaul and Malgaigne, condemned syphilization, without proofs or counterproofs.

July 15th, 1856, the *Morgenbladet*, a political gazette of Christiania in Norway, contained this paragraph:

"At the Scandinavian scientific congress of Christiania, M. W. Boëck made a discourse upon syphilization, which was received with great satisfaction. Professor Carlson, of Stockholm, then thanked M. Boëck in the name of science and humanity, and amid the general acclamations of the medical section, for the results obtained by his researches into this new method of treatment.

Concerning the analogy between vaccination and syphilization, Mr. Auzias remarks, that the vaccine virus much sooner exhausts its action upon the organism, than does the syphilitic. He maintains that, for both alike, the most favorable local sphere of evolution is the skin of the *thigh*; he reprobates the practice of Dr. Faye in injecting the syphilitic pus into the cellular tissue; he rectifies the mistake of the latter in considering as purely local the action of the chancrous pus, so that the appearance of the chancre would never be preceded by incubation. This error proceeds, says he, from confounding a first inoculation, or first contamination, with the subsequent. The first is followed by incubation, while the others are not so, because they only assist in a continuous process. They would, nevertheless, be followed by a greater or less period of incubation, in case of inocu-

lation by a pus remarkably more energetic, a virus stronger relatively to the idiosyncrasy of the subject, than that which preceded it. Something of the same kind appears in vaccination. To get a good idea of a virulent malady, we must consider it as an abstract being, of which our organs are in some manner the theatre of evolution. When this evolution is accomplished, the organism is freed from the morbid principle. It is fortunate, when this evolution, which may go so far as to compromise life, is not very long, and when it is gotten rid of without too great ravages.

Take the *small pox*, for example. This malady makes its evolution in a short period of time, after which the organism is nearly freed from it. Something analogous exists with regard to the syphilis. This also passes through a kind of evolution, naturally very long, but which may be reduced to a few months by syphilizing inoculations.

The more rapid this evolution, the less the organs will have to suffer from the passage and abode of the virus.

I think that mercury, independently of the damage it may cause to our organs, obstructs the manifestations of syphilis, and thus retards the term of its evolution. I have seen subjects infect others by the direct communication of secondary symptoms, long after having undergone a mercurial treatment, and who would certainly have been sooner rid of the malady, at least in those forms of it, if they had not inopportunately hindered the development of symptoms as they became due.

Timeo mercurium et dona ferentem, I have said elsewhere. That will not prevent me from indicating in time and place when it is proper to recur to it, and how it should be employed.

The most admirable successes of syphilization are met with in systems virgin to mercury.

In a letter addressed to the Academy of Sciences, from Christiania to Paris, the writer, M. Doublet, says of Boëck's treatment of young children, "that the chancres inoculated on them remain always very small; that they don't seem to suffer in any manner by the syphilization, and evince no signs of constitutional reaction; while all the syphilitic symptoms rapidly disappear, and life promptly reanimates, under this influence, in babes that were about to perish."

Mr. Auzias elsewhere says to Dr. Faye, who had been experimenting with a view to discredit syphilization: "Suppose you are right in believing the immunity conferred by syphilization only temporary. We observe marked differences of susceptibility towards the virus in the course of a first syphilization; we do not hesitate, in proportion as this susceptibility augments again—after the first month, for example—to continue the work up to its definitive completion. Why, then, should you hesitate after the lapse of a year? It is not by a transient modification of the organism, nor by a mere destruction of the virus, that the cure is attained. The patient acquires, on the contrary, through the syphilitic virus, a peculiar

constitution, incompatible with new attacks, due to the action or development of the virus. If this constitutional fund seems, in the course of a syphilization, to be exhausted, this is in consequence of the exchange of properties, or *syphilism* effected between the organs completely pervaded by the syphilization, and other organs which are less accessible. Restore, then, to the former, by a fresh inoculation, the virus which they have imparted to the latter, until all shall have shared an equilibrium of immunity, and enjoy an exemption as durable as comports with the organic movements of composition and decomposition. It is not surprising that organs, which, in the natural development of syphilis, betray the action of the virus only in the tertiary period, should be slow in receiving its curative and preservative effects by inoculation."

Professor Simpson, of Edinburgh, has said before the medico-chirurgical society of that city, that, "Knowing Dr. William Boëck, (of the Christiania hospital for syphilization,) personally, as a very careful, impartial, and exact observer, and professing the greatest esteem for him, he can but consider his remarks upon syphilization before that society as constituting a subject of the highest importance in practical surgery. Dr. Boëck had elsewhere, in his treatise on syphilization, as applied to the cure of congenital syphilis in babes, declared that, in his eyes, the curability of constitutional syphilis by syphilization had the certainty of mathematics. It is natural that syphilization, like all new methods of treatment, should awaken prejudice and opposition. Dr. Wood says, 'it is troublesome to have to undergo three inoculations every three days'; but it is quite as unpleasant to have to take three doses of blue pill every day. Dr. Boëck's patients take no medicine during their treatment; no change is required in their normal habits. Affections of the throat, and iritis, yield like the other constitutional symptoms, without any special medication, other than the inoculation. Mr. Boëck assures us not to have met among his patients—between 200 and 300—cured by syphilization, a single case that has been aggravated, or that has definitively resisted this method of treatment. Few systems of medication presented to the medical public afford so many guarantees."

What is the relation of syphilization to the homœopathic law?

From the moment that the virus inoculated *differs* from that which already infects the organism, isopathy ceases and homœopathy commences. Isopathic syphilization is that of Hunter and Ricord, devoid of therapeutic aims; it is the simple transportation of one and the same virus to different parts of the same body.

Homœopathic syphilization is that of MM. Auzias Turenne, Wm. Boëck, and Sperino, with therapeutic aims. It is the inoculation of a syphilitic virus that differs in quality as well as intensity from that with which the system may already be infected.

We have seen just above what importance attaches to differences in the virus, as manifested by inoculation. Mr. William Boëck's

experience goes to confirm the view of Mr. Auzias relative to the intensity of virus, by its propagation between individuals of different races.

Mr. Boëck is obliged to procure from distant ports, virus of the qualities essential to complete his syphilization. Both he and Mr. Auzias employ the transportation of virus from one part to another of the same body, only as a secondary and intercurrent procedure; and they recommend that towards the completion of the process, the strongest viruses from foreign sources should always be employed. In the strength of viruses there are two things to be distinguished:

1. The inoculability of a virus.
2. The aptitude of a virus inoculated, to superinduce the phenomena of constitutional syphilis.

The virus most inoculable is of course that to which the smallest number of refractory subjects are found. Now, leaving aside the differences of individual constitution, and those of simple intensity or concentration—in the same kind of virus, a difference as to inoculability exists, so great as to afford the basis of two distinct schools in syphilology.

One school, the Ricord and Clerc, of which the work of Mr. Fournier, late interne of the Midi, "On Chancre," is an exponent on this point, holds that the "simple chancre"* is not followed at all by constitutional symptoms: the other school, which has powerful supporters at the hospice de St. Louis, regards the "simple or soft chancre" as infecting, as well as the indurated, but as requiring a longer incubation between the local and the constitutional phenomena. Whatever be the exact truth in this matter, all agree "that the simple chancre" is of syphilitic origin; all agree that it is readily inoculable alike on bodies virgin to syphilis, and on those actually infected by it; while the other virus, that of the "chancre infectant," is only inoculable on virgin bodies.

Mr. Ricord, relying on this, and supposing that the pretended immunity of Mr. Auzias' syphilized patients was only the insusceptibility of infected organisms towards the infecting virus, had calculated on a triumph, by choosing for his inoculations the other kind of virus (that of Mr. Clerc's chancroids).

Thus, in homœopathic syphilization, we find the viruses differentiated in their nature or quality, as well as in their concentration,—their differences are individual, ethnical, spherical, and pathogenetic; while analogy exists in their generic origin and potential evolutions.
—M. E. L.

* Defined in our February number, note on page 104.

Bibliographical Notices.

On the Origin of Species, by means of Natural Selection; or the Preservation of Favored Races in the Struggle for Life. By CHARLES DARWIN, M.A., F.R.S., &c.

De la Pluralité des Races Humaines. M. GEORGES POUCHET.

Memoire sur l'Hybridité en général, sur la Distinction des Espèces Animales et sur les métisses obtenus par le croisement du lièvre et du lapin. M. P. BROCA.

France, England, and America are at this moment engaged in the earnest discussion, at once political, scientific, and religious, under its different aspects, theoretical and practical, of this fundamental problem—the unity and varieties of Man—to which all observations and arguments about pigeons, rabbits and hares, &c., are merely subsidiary and collateral. We propose to take up this question seriously, and to treat its different problems in orderly succession. We have no partisan views to sustain, therefore it will be perfectly indifferent to us if we appear to be sometimes on the one side, and sometimes on the other, of the theological fence of controversy. We do not pretend, like Mr. G. Pouchet, “*écarter la religion*,” but on the other hand, we hold our reason accountable to no *littera scripta*, and shall ignore in this discussion all consecrated authorities, as such.

The authors before us are naturally grouped, by their common intent to remove the barriers and abolish the essential distinctions hitherto recognized equally by science and the common sense of mankind, as defining the species of the animal kingdom.

In their treatment of the common theme, let us remark, 1st, a general coincidence of view between Mr. Broca, who is experimenting with a view to establish the permanence of hybrids, of a cross between the hare and the rabbit, independently of returns to either parental stock, and Mr. Darwin, who has chosen the pigeon coop as his sphere of observation. Both assume that domestication can give the clue to natural variation, and to the transformations which species or organic types may have undergone since their original creation.

They may be regarded as scientific champions of the “modern development theory.” Mr. Pouchet is more passionate and biassed by certain prejudices. He dilates, with the same complacency as Mr. Darwin, upon the theory of *shades* (nuances) overlaid by the geological strata, but of which the discovery is one day to show how each species has passed into others; but when he comes to Man, he bolts. He insists on the distinction of mankind, not only into races, but into species fundamentally different, and unsusceptible of fusion. He tries, with all his might, on the one hand, to ally the negro with

the monkey, in his theory of transitional shades ; on the other hand, he denies the educability of the negro, or the possibility of elevating him to the proper level of manhood.

"America," says he, "where, especially in the Portuguese States, the experiment has been made on a large scale, cannot belie these words of an American, 'Cite me a single line, written by a negro, and worthy of being remembered.' They are no more advanced than in the times when Mahomet refused them the gift of prophecy."

We hardly expected to have met Mahomet in this affair.

Mr. Flourens has said, in his eulogium of Blumenbach, "that, with some exception as to the form, the cranium of the negro is that of the European, the capacity of the two being equal. What is still more essential is the identical character of their brain. The human mind, like its instrument the brain, is one. The soul is one. Notwithstanding its misfortunes, the African race has had heroes of every kind. *Blumenbach, who collected all that honors it, counts in its ranks men the most humane, the bravest ; writers, learned men, and poets. He had a library, composed entirely of books of negro authorship.*"

Before engaging in the scientifics of the problem, it is proper that we should advert to what may appear a spontaneous homage of ideality and the religious sentiment to the views we oppose—namely, the doctrine of the METEMPSYCHOSIS, under the different aspects in which it is presented by the Brahminic theology, by the metamorphoses of the classic mythology, and, finally, by R. W. Emerson and L. Maria Child.*

It will suffice to remark that the Brahmins confined their doctrines to the ethics and æsthetics of incarnation, or, in other words, to the influence of personal character, will, virtue, and sympathy, in determining the organic type of animality which the soul should assume in each of its successive terrestrial incarnations. Now, whether such problems be regarded as within or beyond human competence, their solution in no wise affects the fusion or confusion of organic types or animal species by interbreeding, &c. It is a problem essentially ultramundane, resting on the axiom of the soul's pre-existence, and whose affirmative decision, while cementing the ties of sympathy among created beings, would remove none of their actual distinctions as Species.

The classic mythology of Greece and Rome was, in part, a variant, poetic, and theurgic, on the oriental doctrines of metempsychosis ; in part, natural science veiled in allegory, as Bacon has shown in his "Wisdom of the Ancients." It does not, by the logic of sentiment, any more than wild alchemy by the logic of facts, whose true interpretation modern chemistry is teaching us, substantiate the metamorphosis or confusion of *species*.

The angel of elective affinity guards the boundaries of Species. To the mineral, to the plant, to the animal, in their respective kinds,

* See "Woodnotes" and "Letters from New-York."

the limits of variation, within the circumscription of their species, exist in a spontaneous order, wherein the choice of the creature is made one with the design of the Creator; and it is only where Man contravenes this choice that he disturbs and transiently changes, in some particulars, the order preëstablished in Nature, and to which organic types return, when his modifying hand is withdrawn.

Mr. Charles Darwin's book is very far from having the charm and grace which characterized either the "Zoönomia" of his illustrious namesake, or the "Vestiges of Creation," with which it is allied by its tendencies. Apparently the result of long and earnest studies, and abounding in special observations and reasonings, which, like those of the works cited, have a value distinct from the proving of his point—"the mutability of species;" yet Mr. Darwin's book is remarkably ill written—so much so, indeed, that the sort of popularity it possesses affords a curious evidence of the deplorable prostration to which the disruption of social ties in revolutionary Europe and America have reduced the noble *sentiment of ancestry*.

Antiquity had sought the origin of human races on the summits of Olympus; its heraldry traced back to gods; the hero and the demigod were almost synonyms. Modern democracy has corrected all that, and having laid aside romantic illusions with the sentiment of honor, and others unbecoming a commercial age, it insists upon having a monkey for its grandfather, and explores the vestiges of creation with a zeal commensurate with this ideal.

The low consideration in which Cuffy stands, about this time, is not without its influence on the popularity of those confusionist speculations, which seek to invalidate the distinctions of species, and to remove organic barriers; for while A. J. Davis & Co. combat the consecrated authorities by the "Modern Development" theory, and win the suffrages of spiritualistic radicalism at the north, it happens that our southern States, prepared by Nott and Gliddon to believe the fundamental distinction and plurality of human races, are led by the logic of their actual policy to hand over Cuffy most willingly, to be dealt with according to monkey traditions,—reserving *humanity* proper as the attribute of the whites.

Unfortunately, however, for the distinctions based on *color*, it happens that Pritchard, Bishop Heber, and other classic authorities, who wrote unbiassed by the present agitations, have placed on record facts which establish the mutability of color in men, as in the lower animals. There are individuals, and tribes of Hebrews, of Arabs, and of Portuguese, in different regions of Hindostan and of Africa, who have become perfectly black, without any other change worthy of notice.

How little variations of external appearance have to do with the essentials of species, has been forcibly impressed upon our mind when in a museum we have seen ranged before us the numerous series of doves, of hawks, and of aquatic birds. Highly divergent in their typical varieties, it is, nevertheless, easy to find one of each, which, in form, size, and general aspect, might almost be mistaken for the

other; yet in life and character, manners and actions, they are as different as possible. It is, besides, a trick of the confusionists, to blend generic with specific definitions, as afterwards they confound varieties with species.

Mr. Darwin pretends that *variation*, under *domestication*, affords the best and safest clue to the part which it has played in Nature. This theme is being practically developed by Mr. Broca, who records, in Dr. Brown-Sequard's *Journal de la Physiologie*, his observations on the mixed race bred between the hare and the rabbit.

Admitting as established, the facts adduced by these gentlemen, it seems to have escaped them, that between Man's work and Nature's work, there exist as many contrasts and antagonisms, as points of identity and co-operation. With the mission to command and to utilize the three lower kingdoms of creation, Man has been endowed with the power to subjugate and modify not only the characters and behavior of individual animals, but also those of *species*. He remodels the germ and educates the breed. Such power could not be conferred without some cost to the created order; but the moment it is withdrawn, Nature resumes her own. We leave this subject to the eloquent pen of our confrère, F. Frédault, in a future article. In the same pages will be answered many other views advanced by Mr. Darwin, whom it is unnecessary to cite at each point, since all who have read his book intelligently will make the applications for themselves.

When I say that Mr. Darwin's book is ill written, I do not mean to impugn thereby the scientific value of its elements. Mr. Darwin appears to be a candid and serious student of nature. His task presented formidable difficulties. Leaving for reviews devoted to natural history the detailed analysis of this work, let us here observe, that Mr. Darwin's fine-sounding phrase of "the preservation of favored races in the struggle for life," is the repetition in substance of Malthus's draconian code of political economy, and the systematic contradiction of the spirit and teachings of Jesus Christ, which entrust to the stronger the protection of the weaker, and exalt the power to bless above the power to destroy. Mr. Darwin would consecrate, by a philosophical theory, that iniquitous policy of enslavement or extermination which has ever marked the conquests of the intolerant Anglo-Normans, and which would banish sentiment from the earth, to enthrone there simple material interests and money which represents them.

Mr. Darwin pretends that "the most vigorous individuals, or those who have most successfully struggled with their conditions of life, will generally leave most progeny."

He ignores the fact long established as an axiom in natural science, and which we have cited in our *Passional Hygiene*.*

"The reproduction of the species maintains an inverse ratio to the perfection of the individual, a law equally ascertained and recognized in vegetable and in animal life — in its application to the rose-bush, the horse, or to man.

* *Passional Hygiene and Natural Medicine, embracing the Harmonies of Man with his Planet: Dr. M. E. Lasarus, 1862.*

The wild flowers grow abundantly from the seed, but the gardener often fails to procure seed from his highly developed and composite flowers. The horse-breeder sometimes gets his mares into such high condition that he must stint their food, work them down, and positively ill-use them, before they will conceive. Salacity and the dominance of the generative functions are always found in connection with either a low grade of life, or a comparatively lower state of the muscular force or the spiritual life in the female. The lion, the horse, the elephant, and other noble creatures, breed slowly, and bring forth, at most, twins; but the hog, the rabbit, and all those which are low and rudimental in the scale of development, are proportionately prolific.

Individual development being stunted and fragmentary during the periods of incoherence, there results a constant tendency to excessive pullulation: among the human race, this is greatest precisely among the classes to whom it is most pernicious, the laboring poor, whose hard fate precludes the varied resources of passionial life open to the rich, and prevents an equally integral development. Malthus, seeing no issue from civilization, was, from this point of view, perfectly right in chanting the praises of war, famine and pestilence, as the agents for preserving equilibrium between population and subsistence during this subversive epoch. The devouring of animals by each other, which answers the same purposes in another sphere, is then equally legitimate.

In the harmonic epochs, on the contrary, which we can immediately enter by organizing industrial partnerships, embracing all classes, and retributing by dividing the three faculties of capital, labor, and skill; distributing functions in minute subdivisions, according to capacity and attractions; operating in groups of spontaneous formation, and interlocking those groups by short sessions, which shall alternate the occupations and social combinations of the individual, and connect his interest with many others, whilst attaining for him the most integral development:—in the harmonic epochs, this development, extended to all classes of the animal kingdom through their connection with Man, constantly tends to bring the number of births into equilibrium with the number of deaths, and it is hardly asking an undue confidence in the Divine mathematics, to presuppose, that at the highest point of development, this equilibrium will be attained.

The second objection, in reference to the superior quality of the life limited to the youth and vigor of the creature, is not sound, since the majority both of men and animals are now cut off, not at the point between maturity and decrepitude, but in the very bud of youth. Besides, in a true social order, integrally adapted to the nature of Man, the decline of years will be free from pain and decrepitude; will be so clasped with love and veneration in the long-established and strong-rooted ties of social solidarity to the heart of its large home, that its green old age will be not the least pleasant period of life to the individual; nor, like the richly-laden fruit tree of Autumn, bending under the wealth of ripe and golden experience, the least useful to society. We shall not then hasten to bury our fathers, *nor will the faithful creatures with whom we have lived in the interchange of friendly offices, be less welcome to their life and its enjoyments.*

We have observed as an absolute principle of Nature, through all the degrees of her life in different animal and vegetable races, as well as among individuals, that the reproduction of the species holds a constantly inverse ratio to the development of the individual.

Applying this law to the low and fragmentary development of Man and other creatures, during the state of incoherence, we perceive that excessive pullulation is its characteristic, and the increase must be most rapid precisely among those classes which, from the evil conditions which repress their own life, are least capable of providing for their offspring.

The inverse providence of this subversive epoch employs as its agents for effecting an equilibrium between population and production—war, famine, pestilence and cannibalism; the results of man's incoherence with his fellow man by false societies, with the elements of Nature by false or insufficient methods of culture, &c., and with the animal creatures, of whom he constitutes himself the tyrant and the foe. The equilibrium thus attained is far from implying an amount of life equal to the possible production of the Planet—far even from the actual produc-

tion; it refers to the present wasteful modes of Distribution. *The absolute principle of equilibrium between births and deaths coincident with integral development*, calculated for the harmonic epochs or normal conditions of the Planet—as the subversive equilibrium, for the exceptional periods of incoherence—presupposes, together with refinement in the *quality* of life, its increase in *quantity*, in constant ratio to the increased productiveness of the Earth. Integral culture and refinement of the soil and elements, will give the conditions for integral development and refinement of its human and other animal species.

From the same mathematical providence which thus determines the ratio of life to production, we should expect a distribution of the different species of that life, in those relative proportions most conducive to mutual well-being and harmonic communion. This statement appears to us to present a comprehensive and integral solution of the difficulties suggested, and to leave no pretext for the resort to violent or fraudulent taking of life by one creature from another. But however sufficient to one who understands the property of the Serial law to harmonize the life of the Earth, and who has consequently integral faith in God, there may be some who sympathize in our aims and tendencies, and who understand how complete an expression of the grossest incoherence and most brutal selfishness is presented by the devouring of animals, who may fear that during the ages and generations preceding the universal establishment of Harmony on the Earth, and necessary to the progressive refinement and full development of its races, their numbers would increase too fast, that it would not be safe *yet to stay the hand of blood*. This is the same class of objectors who, in the face of most conclusive statistics, proving the increase of murders after capital punishments, and their brutalizing effect on the public mind, tell you they hold the gallows in abhorrence, but fear its suppression as removing a check to crime. We ask the objectors, in either case, to look at the results of force and bloodshed as they are now actually carried out, whether in the destruction of men or animals.

How does the former succeed in preventing crime, or the latter in preventing starvation? Let Ireland answer.

Let us show the fallacy of those political economists who mistake the results of a false and absurd distribution for those of deficient production, and who confound the actual production even of our best cultivated countries with their possible. Hear Malthus: "*A man born in an already occupied world, if his family have not the means to support him, or if society has no need of his labor, HAS NO RIGHT TO CLAIM FOOD; HE IS, IN FACT, SUPERFLUOUS ON THE EARTH; AND AT THE GRAND BANQUET OF NATURE, THERE IS NO ROOM FOR HIM. Nature commands this man to be gone, and she will not be slow to put this order into execution herself. Let every one in this world be answerable to himself and for himself. So much the worse for those who are superfluous on this EARTH. We should have too much to do were we to give bread to those who are dying of hunger; who knows even that there would remain enough for the rich, population always having a tendency to exceed the means of subsistence.*"

Ricardo:—"By the force of privation, the number of laborers diminish, and the equilibrium is established."

These words, it may be urged, are those of fiends, not of men; but we may remember the old man's saying, "Do not be frightened, my dear child, you will never see anything worse than yourself." The fiends who have written those words are considered to be sound, practical men, and probably quite as humane as their neighbors. Living in a sphere of utter subversion of all true relations between man and man, through the grasping selfishness to which incoherence compels, they have simply looked at things as they really are, and reduced to formulas the principles expressed in them. For this we should thank them. It is not those who tell the world harsh and wholesome truths of itself, in whatever style, who are its enemies, but those Christian teachers who, wallowing in the fat of the land themselves, deny the Master in whose name they speak, and betray both the present and future interest of their race, by diverting human energy from the aim which Christ had pointed to it—the embodiment of the law of Love in co-operative relations of industry and social life, and attainment to universal

wealth and to happiness, as a consequence of thus founding the kingdom of Heaven and Harmony upon the Earth.

By statistics of one of the wealthiest, healthiest, and most humane of old settled countries, Great Britain, we shall see that Malthus and Ricardo are perfectly just in their conclusions, if the present state of things be as they suppose, normal and permanent, instead of being exceptional and transitory. Reports from eight hundred and fifty-six parishes gave as yearly earnings of average laborers employed in day, job, and harvest work, £27 17s. 10d., and including earnings of wife and four children, aged 14, 11, 8, and 5, £41 17s. 8d. Seventy-one parishes reported this inadequate for subsistence. Colquhoun computes the number of persons who were able to live without daily labor, at only 47,000, or with all the members of their families, 235,000, out of 18,000,000; while the number of paupers, vagrants and criminals was 1,800,000, and in London and other cities, one-third of the whole population.

In Ireland, for months, while ship-loads of provisions were daily leaving her ports, the newspapers contained regular bulletins of the deaths by starvation, and the pestilence incident upon it, as destructive as the Plague or the Cholera. These things are noticed in Great Britain, simply because they have not yet been long enough organized there as normal facts. In India, for centuries, it has occurred that a district might be depopulated by famine, and the dead be strewn around the walls of the neighboring cities, without occasioning mere commotion than the destruction of the last swarm of ants.

If the divine mathematics determine for the ages of selfish incoherence, in which creatures prey upon each other, a condition of general poverty, even to the point of starvation for the masses, amid immense capacities for production, of which their internal conflict prevents them from availing themselves; and if it is equally evident that the combinations of Serial Industry will secure, to a much greater amount of life, general wealth and abundance; it follows that, in the middle terms between the two extremes, the proportion of supply to the demand, of destiny to attraction—the cessation of the curse and beginning of the blessing—will be effected in the precise ratio that men act out Christ-unity in all their relations among themselves and towards the animal creation, and substitute for the law of force and fraud, founded in selfishness, the law of love and justice, founded in unity.

The Species and races of the Earth are the particular expressions of her collective life, refining itself through the various modes of sensation, affection, and intelligence, in the animal kingdom; and, through the attraction to unity or sentiment of God, in the human race, connecting itself consciously with the central life of creation. The noxious and subversive life with which our Planet now abounds, is at once proof of her strength and her disease; it is like the copious eruption of pustules which cover the psoric body of a stout child: the cure of the disease is not by picking off the pustules, or by setting the noxious creatures to eat each other, but by determining a healthy state of the child's blood and nervous system, or of the Earth's circulation of running streams and magnetic currents, through an integral system of culture, regenerating the expressions of life by transforming their sphere.

Having taken a bird's eye view of the actual, let us proceed to calculate the possible.

What number of men can be supplied with the necessaries and comforts of life, either by direct produce or through exchange, from the area of one square mile?

A square mile contains 640 acres.

A moderate average production in wheat, whose yield is less than that of most other grains, roots and fruits, is twenty bushels to the acre.

For his subsistence a man requires an average of two pounds of grain a day, which when prepared and cooked will be very much increased. This is equal to thirteen bushels per year.

This, we presume, will be allowed to be a fair middle term. The Arab gum gatherer bears the heats of the desert on five ounces of gum; the Canadian boatman will consume fifteen pounds of flesh.

At a yield of twenty bushels of wheat, thirteen-twentieths of an acre will suffice for a man's food; he will want an equal area for forest, another for buildings and courts, and another for meadow. Thirteen-twentieths multiplied by four, equal two and three-fifths acres, which, as the divisor of 640, gives 246 inhabitants to the square mile.

Deducting one-fourth for unproductive sites, there remains 185½.

At this rate, Europe will support 185½ multiplied by 3,256,659 square miles, area of Europe, giving 604,100,244 inhabitants, allowing to each individual two and three-fifths acres of productive soil, or to a family of five persons, a lot of thirteen acres.

The improvement of the sphere and the observance of the laws of hereditary transmission, are the only legitimate process of "weeding" capable of being applied by man to the animal kingdom, including human races.

This, we trust, is something better than the diabolic sophism with which Mr. Darwin concludes, that "from the war of nature, from famine and death, the most exalted object which we are capable of conceiving, the production of the higher animals, directly proceeds," man being, of course, the highest of these. Now, when we read the phrase above, in connexion with his doctrine that no such thing as Species, essentially discrete, exists in Nature, but that all apparent differences have been developed by continuous progression, and when we reflect what creature stands next below Man in this "uninterrupted chain of beings," the tenor of Mr. Darwin's aspirations, hitherto modestly concealed, becomes apparent—his intimate wishes are revealed; the universal war which he invokes is justified by the grandeur of the object. Yet we cannot but admire this euphonious, nay, magniloquent style of saying, with Mr. Georges Pouchet, "O, give me a monkey for my grandfather!"

A Monograph on Aconite: Its Therapeutic and Physiological Effects, together with its Uses, and accurate statements derived from various sources of medical literature. Translated from the German of DR. REIL, Teacher of Medicine at Halle, by HENRY B. MILLARD, A.M., M.D. Prize Essay. *New York*: Wm. Rædde, No. 300 Broadway. 1860. pp. 168.

This Monograph of Dr. Reil was called forth by the offer by Dr. Roth of Paris, in 1854, of a prize of five hundred francs for the best essay on the effects of aconite. Dr. Reil, to whom the prize was awarded, has since improved his work by the addition of the more recent observations of numerous authors; and as it is now presented in a faithful translation, and in American dress, it forms the most complete treatise on the physiological, therapeutic, and toxicological properties of aconite that has yet appeared. We have here a historical review of all the authors who have recorded the results of ancient observation and modern experiment, from the time that the plant

sprang from the foaming saliva of the enraged Cerberus, when he was dragged from Hades by Hercules, to its successful employment by Hahnemann and his disciples in the cure of human diseases. The whole story, from Hercules to Hahnemann, is made up of a continued series of deadly results of ill-directed experiments, or accidental poisonings. The experience of centuries had taught men all the powers of aconite to derange health and destroy life; but all this experience had never shown them how to cure or mitigate a single disease, until Hahnemann grasped, in one view, the facts that had been collected by all former observers, and drew from them a *principle* of such potency, that aconite, which had hitherto been only an agent of evil, was at once transformed into an angel of beneficence and mercy. To the homœopathist, who knows that he is now in possession of a remedy that is capable of curing every form and symptom of disease that aconite, injudiciously used, has ever caused; the whole history of all that it has done, or can do, becomes an object of the highest interest. The author of the present work has endeavored to furnish that history with a degree of clearness and fulness of detail that shall leave nothing to desire.

In the therapeutic employment of aconite, a homœopathist would be safely guided by the errors of men who have used the remedy injudiciously, and thus developed its deleterious effects. The employment of it in the treatment of diseases "by physicians not of the homœopathic school," as gleaned from modern medical authors, is less instructive, because less definite and precise. In Hahnemann, we at once find something tangible and practical; but in his earliest notices of aconite, he omits many of the characteristic symptoms of the remedy afterwards given in the *Materia Medica Pura*. Its specific power over certain inflammatory and febrile diseases was first clearly indicated in this work, (page 216.) Hahnemann there says:

"There is almost no vegetable remedy, except opium, (the primary effect of which commences with the development of heat), whose primary action consists of several alternations of heat and cold, and which acts as powerfully in acute diseases.

"To this class of plants belongs aconite. As its duration of action is very brief, and almost over in twenty-four hours, it may be easily understood that this plant can be of permanent use only in acute diseases, and it will be seldom found applicable in chronic maladies."

Aconite has been generally employed by homœopathists in inflammatory diseases of every character; though many regard it as a specific for only certain forms of inflammation. The views of various authors of our school upon this subject are summed up by Dr. Reil, (page 113 to 116.) These authors enumerate, in a very comprehensive manner, the characteristic features of the remedy, and distinctly mark out the only points of difference that have formed material for difference of opinion.

Dr. Schroen says aconite "supplies the place of the whole antiphlogistic apparatus of the antipathic school," is far superior to blood-

letting, salts, mercurials, and fomentations, in certainty as well as in harmlessness. He regards it as "an indispensable remedy in all those cases in which, through violent reaction of the organism, there is added to the primary affections of a single system or organ, a general febrile disturbance, which is manifested by precursory, often deep-seated, shaking chills, followed by local or general long-continued heat, hot dry red skin, quick full pulse, bright eyes, violent continuing thirst, total loss of appetite, hot urine, restlessness, sleeplessness, exhaustion, more or less violent delirium, with distinctly marked paroxysms and remissions."—*Hygea* v., 97.

Heicheheim says "aconite is the specific remedy" "in all phlegmogenous inflammatory diseases, in which the arterial capillary system is more particularly affected, and the inflammation itself exhibits proportionate reaction of the vital power." "The more distinctly marked in the given case is the increase of the arterial circulation, if it be limited by the affected organ—as, for example, in inflammation of the lungs and heart, or by the constitutional structure of the individual affected—so much the more certainly will aconite prove a curative remedy."—*Hygea* v., 203.

Griesselich says its proportionate field of action is in "acute diseases marked by excessive and preponderating activity of the arterial system. Its operation on the arterial system is unmistakable; its reaction upon the nervous and lymphatic system easily substantiated from physiological principles. Aconite corresponds most to individuals with a predominant phlogistic tendency."

The views of several other authors correspond entirely with these already given. Wurm says that, in addition to allaying fever in inflammation of the lungs, "that it acts specifically upon the parenchyma of the lungs, and that this action is greatly assisted by the powerful influence it possesses upon the arterial blood-current."—*Hygea* ix., 53. "In pleuritic effusion, if the plastic material predominates," aconite should be given; not that it "acts upon the pleuritic effusion itself," but because it is necessary "in breaking up the fever." Wolff says the utility of aconite in inflammation does not depend on "its specific relation to the totality of the inflammatory process, but only to one factor of it, the morbid movements of the blood and its stagnation."—*Hygea* xviii., 253. Diez says aconite "corresponds to the first stage of inflammation; as such, and apart from its various modifications, it occupies the foremost rank among all the medical plants that have been proved up to the present time." According to Meyer, "aconite's sphere of action is manifested principally in the ganglionic system, and exercises here its special influence upon the nerves of the capillary vessels, exciting fevers, congestions, and inflammations. It is subordinate in its action to the apparatus of the motor nerves, where—apparently in consequence of congestion—it sometimes excites convulsions and a paralytic condition. In the sphere of the sensory nerves, it increases, on the one hand, their activity, and calls forth a

variety of painful sensations; and, on the other hand, depresses their sensibility till it reaches total extinction. On the central nerve fibres, or upon the mind and disposition, it produces an elevating effect, producing depression only in its reciprocal action. For the rest, it seems to have a special relation to the secretion and separation of bile."—*Hom. Vierteljahrsh i.*, 390.

Schneider thus sums up the principal forms of the condition produced by aconite: 1. "Synocha and inflammation, arising from primordial irritation of the nerves of the central vessels, as distinguished from exanthematous and traumatic irritation, which proceeds from original irritation of the nerves of the vessels of the periphery. 2. Rheumatism; viz.: those congestive or inflammatory painful affections of the joints, muscles, or sensory nerves, which arise in consequence of cold. 3. Gastroses; also with predominant affections of the liver, amounting to jaundice. 4. Paralysis of the nerves of the blood-vessels, as in cholera. 5. Convulsions; but we regard all kinds of convulsions as consecutive, proceeding from anæmia, or hyperæmia, in the centre of the higher nerve life. 6. Paralysis in the sphere of the physical nervous system."—*Handbuch der reinen Pharnatodynamik*, i., 39.

A Natural Philosophy: adapted to use with or without Apparatus, and accompanied with full descriptions of Experiments, Practical Exercises, and numerous Illustrations. By G. P. QUACKENBOS, A.M., Author of "*Advanced Course of Composition and Rhetoric*," "*Illustrated School History of the U. States*," &c. New York: D. Appleton & Co., 346 Broadway. 1860. 12mo., 450 pp., \$1.

The time has been, when books designed for educational purposes did not pretend to claim a place in scientific journals; and, so long as they consisted of compilations hastily made by authors little acquainted with their subjects, medical reviewers could always find better employment than the correction of the errors contained in superficial books. But in education, as in other things, a new era has been reached; and when an author brings forward, under a modest title, a work on one of the collateral sciences, which in solid merit transcends the more ponderous volumes of higher pretensions, we feel that he deserves the attention of a profession composed of men who are and ought to be in advance of all other professions in their knowledge of the physical sciences. Clear views of all the branches of natural philosophy connected with medicine, are indispensable to the enlightened physician; and we find, in the present volume, all the important results of scientific investigation, without the cumbrous trains of reasoning and mathematical formulæ by which they have been reached. In the

departments of Electricity, Galvanism, Magnetism, and Meteorology, physicians and students who have little time to devote to the subject will find an accurate summary of all that has been discovered up to the latest date. In Chemistry, the number of elementary substances is stated at 62; platinum, instead of being the heaviest of the metals, is here seen to be surpassed by iridium. In Astronomy, the whole number of asteroids and planets is given at 63; and Venus is seen to be larger instead of smaller than our earth. In every other branch of the subject, the latest advances made in discovery and improvement are faithfully and lucidly presented. The style of the author is peculiarly clear; and the judgment displayed in the selection of topics, the happy method pursued in the explanation of difficulties, and the felicitous illustration of scientific principles with the facts of our daily experience, adapt it pre-eminently to the use of schools and colleges. It is already in use in the public schools of the city of New-York, and in a large number of other institutions, and has been highly commended by the most influential teachers, editors and authors in every part of the Union. Medical men who are school officers, wishing to examine this work, will secure a copy, post paid, by remitting to the publishers one-half the retail price.

Introductory Lecture to the Class of the Homœopathic Medical College of Pennsylvania. By JACOB BEAKLEY, M.D., Professor of Surgery. 1859. pp. 23.

The Introductory Lecture of Professor Beakley, addressed to the Class of 1859-'60 in the Homœopathic Medical College of Pennsylvania, presents to the mind of the true student an inspiring and encouraging view of the appropriate objects of medical ambition. The true foundation of a thorough and useful medical education is laid in solid and extensive acquirements in the physical sciences. Let the ambitious student explore the complicated structure known as the material body of MAN, with devotion and enduring patience, till human vision, aided by scalpels and microscopes, can go no farther; let him critically analyse all material objects with the zeal of an enthusiast whose intellectual vision is concentrated upon the physical alone. We are now told that the limits of our field of research and labor have not yet been reached. "We form," says Professor Beakley, "but a low estimate of our great mission, its duties and responsibilities, and Man's high destination, if we imagine that our labors and aspirations are limited to the observing of *physical* phenomena, and the successful application of mere physical agents.

"'A physician,' says Schiller, 'whose horizon is bounded by a historical knowledge of the human machine, and who can only distinguish, technically and locally, the coarser wheels of this piece of intellectual clock-work, may possibly be idolized by the mob, but

will never raise the Hippocratic art above the narrow sphere of a mere bread-earning craft.' How often, in the exercise of professional duties, are we called upon to witness the powerful influence of mental emotions upon the organic tissues of the human body! We perceive that mental causes awaken pain, induce disease, retard recovery, prevent the healthful influences of remedial agents, and often destroy life;" "and not until we duly estimate their power, shall we be able to avail ourselves of those spiritual agents which the cultivated and expanded mind is capable of wielding for the relief of human suffering. Not until we better understand our own psychical characteristics, shall we be able to command the respect of the public, maintain the dignity of our high calling, and place our science on the highest vantage ground of which it is susceptible."

An Epitome of Braithwaite's Retrospect of Practical Medicine and Surgery, containing a condensed summary of the most important cases; their treatment, and all the remedies and other useful matters embraced in the forty volumes—the whole being alphabetically classified, and supplied with an addenda, comprising a list of French weights and measures reduced to English standard, a list of incompatibles, explanation of the principal abbreviations occurring in pharmaceutical formulæ, a vocabulary of Latin words most frequently used in prescriptions, and a copious index. In five parts. By WALTER S. WELLS, M.D. 1860.

Three parts of this work have already appeared. Its arrangement and condensation render it practically a more valuable work than the forty volumes of Braithwaite's Retrospect, whose merits and defects are too well known to need mention. As a medical dictionary of current practice, we should very much prefer it to the ponderous volume of Copeland. Doubtless the matter in all this collection, of practical value to the homœopath, would lie between the covers of one very modest volume; but there are, necessarily, degrees in every process of condensation, between the newspaper and Tacitus, or the medical trash of the day, and such papers as we present in our own "General record of medical science;" and Homœopathia herself is needing such a service as Dr. Wells is rendering to her bewildered sister, *mutatis mutandis*.

Miscellaneous.

REPORTS ON HOMŒOPATHIC HOSPITALS AND DISPENSARIES.

The Good Samaritan Hospital, Saint Louis, Missouri.

The Third Annual Report of this Institution is received. It is now scarcely three years since its founders commenced their work "in a single room, with but one patient, and without a single dollar to meet expenses." Since that time, they have "admitted and provided for over five hundred patients. And now, in the beginning of the fourth year, we see a substantial and commodious edifice approaching completion." Of the 237 patients received during 1859, 175 have been discharged cured; 10 discharged improved; 9 have been dismissed for misconduct, or have left irregularly; 20 have died; and 2 were remaining in the Hospital January 1, 1860. The daily average expenses for each patient during the year 1859, has been 33 cents. Seventy-five patients paid their own expenses, and 162 were treated gratuitously. Whole expenses for the year, \$2,242.02. Of the patients received during the year, only 10 were native of the United States, 193 from the different States of Germany, and the remainder were from other European countries. *Report of S. E. Nollan, Director.*

From the report of the attending physician, T. G. Comstock, M.D., we learn that the prevalent diseases have been intermittent, remittent and typhus fevers. Next in order come diseases of the respiratory organs, dysentery, diarrhoea, inflammations of the abdominal organs and rheumatism, all of which have been unusually severe. In their treatment, a satisfactory degree of success was attained by the use of remedies familiar to all our readers, but which can never be too well understood.

Pneumonia.—In the first stage of simple hyperæmia, *Aconite*; in the second stage, or in that of hepatization, *Bryonia*, especially when the pleura was involved: when œdema of the lungs was present, or paralysis impending, *Tartar Emetic*; when the patient expectorated rusty-colored and bloody sputa, *Phosphorus*, which is especially indicated when there is tuberculous complication, or a threatened tubercular deposit. In the stage of infiltration, *Tincture of Sulphur* gives the same good results "that we have seen from its use when employed in the hospitals of Drs. Wurmb and Fleischmann, in Vienna. It exerts a specific influence in promoting the absorption of exudations, either in the pleural sac or bronchial ramifications of the lungs."

Intermittent Fever.—The chief remedies used were *Arsenicum album*, *China*, *Chinoidine*, *Ipecac*, *Nux Vomica*, *Ignatia*, *Pulsatilla*, *Veratrum*, or *Carbo Vegetabilis*. Fifty-six cases were treated,—47 cured; 5 remained under treatment; 4 left irregularly.

Typhus Abdominalis.—Eight cases treated—5 cured; 2 died. Principal remedies: *Bryonia*, *Arsenic*, *Rhus-Tox*, *Acid-Phos*.

Rheumatism.—The best success attended the cases of *Rhus-Tox.*, *Bryonia Alba*, *Actæa Racemosa*, *Spigelia*, *Colchicum*. Sometimes *Tr. Aconite* or *Tartar Emetic* was employed with success.

Attenuations of remedies employed: the second, third, and as high as the 30th. In some instances, tinctures have been used with success, but always upon the homœopathic principle of "*Similia*," &c.

Surgical Cases. Hemorrhoids.—Three cases operated on by ligature or excision. In one case, Tonsils removed; in one case, Paracentesis thoracis for Pyæmia, the result of pleurisy, was performed; two cases were operated on for ingrowing of the toe-nail. All of these operations were successful.

The hour for the daily visit is between 11½ A. M. and 1 P. M., at which time physicians and humane persons are invited to visit the Institution. Clinical instruction given gratuitously to all medical students or physicians on every Saturday of each week, from the first of November to the first of March, at 12 o'clock, M.

Central Homœopathic Dispensary, No. 15 East 11th St., N. Y.

From the Sixth Annual Report of this Institution, we learn that it was established in 1854, and incorporated 1858. During the six years ending April 1, 1860, 5,445 cases have been treated, and 15,343 prescriptions given; of which 941 cases were treated and 2,449 prescriptions given within the last year. Total expenditure for 6 years, \$1,365.31, equal to 25 cents for each case treated, and 9 cents for each prescription given.

The claims of Homœopathic Dispensaries upon the charities and sympathies of the profession and the public are briefly presented in the present report. "The evils of poverty are numerous, and, as society exists at present, disease and pain, arising from the circumstances surrounding poverty, boldly stare us in the face." "Cleanliness and the laws of Hygiene generally are disregarded, and suffering humanity pays the penalty; the damp, dark cellar leaves its impress on the features, and the very soul within seems to be obscured." Those who have no resource for support but the proceeds of daily labor, "require health and strength of body." And homœopathic treatment is especially advantageous to them when sick, inasmuch as "it allows them, in many cases, to continue their employments, not confining them to the house, and thus rendering them still more dependent on charity."

Attending physicians Drs. E. M. Kellogg, B. F. Joslin, J. L. Wade, J. T. Alley, T. F. Smith, Henry M. Smith.

Bond Street Homœopathic Dispensary.

The Fifth Annual Report of this dispensary, by Otto Fulgraff, M.D., presents the following interesting statistics: "During the first year (1855) of the institution, 521 patients were received, and 1,895 prescriptions given. In 1856, 1,024 patients were treated, and 4,023 prescriptions given. During 1857, 1,808 patients were received, and 7,436 prescriptions given. In 1858, 2,077 patients were treated, and 8,276 prescriptions given; and during 1859, 2,195 patients were treated, and 8,301 prescriptions given." From the tabular statement of the forms of diseases treated, it appears that of the 2,195 cases treated, 1,670 were cured, 61 were relieved, 9 died; the result of treatment in 294 cases was not ascertained, and 161 remained under treatment at the close of the year. The financial report shows the amount of subscriptions received as \$690; expenditures \$674. The liberal support this Dispensary has received has enabled its enterprising founder to furnish it with ample apparatus for the treatment of surgical cases.

Attending physicians: Dr. O. Fulgraff in conjunction with Drs. W. J. Baner, C. W. Torrey, W. F. Browne, Ch. Pfaff, H. H. Warner, A. Savary, J. R. Andrews, J. A. Carmichael.

Northern Homœopathic Dispensary, 695 Sixth Avenue, N. Y.

The Third Annual Report of this Institution will be noticed in our next.

New York Homœopathic Dispensary.

We have received a copy of the Charter of this Institution, accompanied by a "Statement" of its "Objects and Organization," and a list of its officers and physicians. The object in view is stated to be the establishment in the city of New York of "A Homœopathic Dispensary, with a liberal organization, and conducted upon such a plan as will enable it to extend medical assistance to all who may be proper objects of its charities." It is designed "to be open at certain specified hours every day throughout the year;" and "available only to those who are unable to pay for medical advice." Instead of erecting a building the

first year, it is intended to procure rooms in a suitable locality, and fit them up as the requirements of the Dispensary may demand."

The corps of attending physicians includes the following names: Drs. H. B. Millard, Ch. W. Torrey, J. A. Ward, Wm. J. Baner, J. W. Dowling, J. McE. Wetmore, H. M. Banks, E. P. Fowler, Ch. Pfaff. There is also to be a Dental Department, a Visiting Physician and an Apothecary.

PROCEEDINGS OF MEDICAL SOCIETIES.

New York County Homœopathic Medical Society.

WEDNESDAY, April 11th, 1860.

The society met at 105 Fourth Avenue. Dr. Barlow, President, in the chair. PRESENT—Drs. Kirby, Freligh, Joslin, Leon, Hallock, Houghton, Lilienthal, Fulgraft, Leach, McMurray, Kellogg, Alley, Hunt.

The minutes of the last meeting were read.

On motion, the Committee on Seal and Diploma, not being ready to report, was continued. Dr. Freligh then read an able paper on Pathological Anatomy, questioning how far its revelations had a bearing upon the proper treatment of disease. He thought we were inclined to place too much dependence on morbid anatomy, and believed our remedies should be directed to the organic difficulties which may be very correctly recognized by the symptoms present.

Dr. Kirby spoke at some length, agreeing with Dr. Freligh, and considering it an important question how far morbid anatomy is of use in therapeutics.

Dr. Hunt thought although too much dependence had been placed on morbid anatomy, we were yet inclined to be too indolent rather than too industrious in searching for what information this department gave us. He believed all collateral branches helped to furnish the qualifications of the physician.

Dr. McMurray believed we could not have a full knowledge of the action of remedies without knowing how they produced their toxical effects. He thought some of the most important powers of remedies were ascertained by the toxicological traces on the dead body.

Dr. Hallock said that in many cases the success of our treatment depended upon the accuracy of diagnosis, and believed there were cases where a diagnosis could not be made without taking into consideration the evidence furnished by morbid anatomy.

Dr. Hunt presented to the society a copy, just received, of "An Act to incorporate the New York Homœopathic College in the City of New York." He said he had been requested to state that it was the wish of those who had been interested in obtaining the charter, to place it under the control of the society.

SEMEIOTICS.

Auscultation of the upper Air Passages.

From L'Art Medical, by M. le Dr. MAILLOT.

Inflammation, acute or chronic, simple or tuberculous, of the laryngo tracheal tube, a tumor external to this tube, hypertrophy of the thyroid body, a cancer, or a cyst, is susceptible of making the upper sounds in breathing, louder, rougher, rasping, or even hissing.

These modifications may go so far, that a cavernous blowing sound or soufflé may be heard, and oftener in the region of the larynx than below.

Sonorous phenomena, of the snoring and hissing type especially, are produced by contraction of the calibre of the larynx or trachea. Such contraction may be due to their compression by an external

tumor, to the tumefaction of the *chordæ vocales*, to the spasmodic contraction of the glottis, to the presence of false membranes, of viscid mucus, or of foreign bodies.

The widely differing nature of these lesions renders important the least shades of the sonorous phenomena, precision in defining their seat, in ascertaining their fixity or mobility, persistence or disappearance, their periodicity, their tendency to observe longer or shorter intervals, their isolation, or coincidence with pulmonic symptoms.

The maximum of these sounds, if near the origin of the bronchiæ, will suggest the possible presence of a tumor; their intermittence and periodic return will call attention rather to the *spasmodic contraction of the glottis*.

Their displacement or momentary cessation will indicate a *mobile obstacle—a foreign body*.

The coincidence of rasping stridulous sounds in the larynx, with pulmonary tubercles, indicates *tuberculous ulcers in the larynx*.

Edema of the glottis may be a sequence upon diverse ulcerations, on variolic pustules, &c.

When the trachea is compressed by an aneurism of the aorta, the breathing is enfeebled; there is dyspnœa, anxiety, suffocation, fainting, and another symptom, whose rarity has not screened it from frequent observation. We speak of *stertorous respiration*.—(See especially the 17th letter of Morgagni, *de sedibus et causis morborum*).

We do not here insist on the other symptoms of aneurism, but pass to the *Compression of the trachea by the thyroid gland hypertrophied*.

During life, among other phenomena, have been observed suffocations, a sharp, often whistling voice.—(*Bull. de la Soc. anat.*, 5ème année, 2d edit., 1846, p. 79.)

Tumor developed on the walls of the Œsophagus obstructs long and seriously the passage of air, and occasions the stertorous or *râlante* type of breathing.—(See obs. of Laudré Bauvais: "*Sémeiotique*," etc.)

Tumor developed on the last cartilaginous rings of the Trachea.—Corvisart has cited the following case:

A young woman, in throwing her head violently backward, felt internally, at this moment, low in her neck, a kind of tearing, the sharp pain of which remained fixed for several days in the same spot. Her voice soon became hoarse, and before long, extinct. She felt a hard body behind the sternum, and attributed to this her difficulty of breathing. When she died, some time afterwards, Corvisart ascertained the existence of a tumor like an indurated bronchial gland, of the form and size of an almond, which had not only depressed but even destroyed several cartilaginous rings of the trachea.—(*Essai sur les Mal. org. du cœur et des gros vaisseaux*, p. 358, et seq., 3ème edn.)

On the Value of the Venous Murmur as a Symptom of Cirrhosis of the Liver.

Mr. Sappey has communicated to the *Académie des Sciences* some important observations on the existence of accessory portal veins, and on the part which these veins play in the development of a supplementary circulation, when the radicles of the portal vein are obliterated. These accessory portal veins are chiefly seated in the thickness of the gastro-hepatic epiploon, on the circumference of the large extremity of the biliary vesicle, in that part of the suspensory ligament which unites the convex face of the liver with the diaphragm. Others arise from the whole extent of the super-umbilical portion of the linea alba; and among these last, there is one more considerable than the others, which follows the same passage as the fibrous cord of the umbilical vein. When, in consequence of cirrhosis, the hepatic capillaries of the portal vein are obliterated, these accessory veins dilate, and bring the blood into the iliac vein. Here are Mr. Sappey's conclusions :

1. There exists no well-authenticated fact of the persistence of the umbilical vein in the adult, and all the facts that have been considered as attesting such persistence ought to be regarded, on the contrary, as so many examples of dilatation, with hypertrophy of one of the venules comprised in the suspensory ligament of the liver.

2. That this venule, in being dilated and hypertrophied, leads to the dilatation and hypertrophy of the veins with which it anastomoses, and thus becomes the point of departure for a great derivative route, extending from the sinus of the portal vein, towards the principal vein of the lower extremity.

3. That this derivative route is traversed by the blood from above downward, and not from below upward, as has been generally taught hitherto.

4. That it may follow sometimes the aponeurotic, and sometimes the sub-cutaneous, veins of the abdomen; that in the first case, neither varices nor varicose tumors are developed upon its passage; that in the second case, on the contrary, one or many of these tumors is nearly always produced.

5. That the venous current, directed from the liver towards the crural vein, reveals its presence by a shudder sensible to the hand, and by a continuous murmur audible with the stethoscope.

6. Finally, that the existence of this current may be considered, in the great majority of cases, as a symptom of cirrhosis of the liver; and that this symptom, although always betraying an old and incurable cirrhosis, ought to be regarded nevertheless as a favorable sign, inasmuch as it dissipates the fear of an abdominal dropsy.—*Gaz. Méd.*, 1859, p. 492.

Diagnosis of Fatty Heart.—Resumé.

From a lecture by Henry Kennedy, Censor of the College of Physicians in Ireland.

Fatty disease of the heart is rarely attended with valvular disease. The proportion seems to be as six to one.

When valvular disease coexists, the aortic valves more particularly are thickened and fatty.

This state rarely allows of regurgitations.

It may occasion a soft souffle with the first sound of the heart, leaving the second healthy (Stokes).

The fatty state of the aortic valves does not seriously compromise the duration of life.

Visible arterial pulsations often accompany this state.

The most usual pulse is large and diffuent—rarely slow, unequal, or rapid.

In more than half the cases, there is enlargement.

A marked disproportion often exists between the complaints of dyspnoea and the efforts made to relieve it, especially when the right heart is the most diseased; and it is the most predisposed to fatty degeneration.

Marked diminution of animal heat, confined, perhaps, to unusual parts of the body.

Exclusion of the groups of symptoms pathognomonic of other diseases of the heart.

Apoplexy of the Cerebellum.

Dr. Hillairet, of the *Hospice des Incurables*, gives a case in which considerable effusion of blood was found in the substance of both hemispheres, so that the cerebellum was divided into two parts—the one superior, the other inferior; with destruction of the gray substance over the whole of the large circumference of the organ.

The diagnosis was made correctly from the symptoms, during life; they were—frequent vomiting at the beginning of each attack, during two hours; the sensibility, general and special, persists; no paralysis of movement, staggering after the attack, or reeling when in a sitting posture; walking impossible; after each bleeding, momentary return of intelligence, alternating with coma; profound stupor; rapid failing; death in forty-eight hours.

Diabetes in Pertussis.

Dr. Gibb, of the St. Pancreas Royal Dispensary, announces the presence of *sugar* in the urine of children suffering with whooping cough, which he treats with nitric acid.

Deceptive sign of Pregnancy.

Ballotement may exist perfectly when the uterus is empty, and a foreign body floats freely.

The case was ovarian disease, complicated with ascites, and mistaken for pregnancy.

Chloroform in the Diagnosis of Spurious Pregnancy.

Professor Simpson, of Edinburgh, recommends that tympanitic subjects, and all in whom a firm unyielding swelling of the abdomen may simulate the enlargement of a gravid uterus, should be fully chloroformed. The abdominal muscles then become perfectly relaxed, and you can make the most complete and satisfactory examination of the uterus, and all other organs within the abdominal cavity, during the period of anæsthesia. Professor S. does not regard the peculiar tension of the abdomen in these cases to be due so much to the presence of gases, as to some affection of the diaphragm. No gas escapes; he remarks, while under the chloroform influence; and, on the other hand, the abdominal swelling disappears, for a second or two, when the patient takes a deep inspiration, and then suddenly breathes out again. But whatever be the true explanation, the value of anæsthesia as an adjuvant in aiding and establishing a correct diagnosis for such cases, cannot be overrated.

Obstinate Vomitings of Pregnancy vs. Arsenic.

DIFFERENTIAL DIAGNOSIS.

<i>Arsenic.</i>	<i>Pregnancy.</i>
Paralysis — first sensory, then motor — of one or several systems of muscles.	Equal depression, without paralysis.
Cramps and convulsions.	In second stage, skin hot, dry, and burning.
Skin cold and clammy.	Simple excoriation, and burning pain.
Suffocation or constriction about the throat.	Predominance of cerebral and neuralgic symptoms.
Evacuations foetid and dark.	Very acid breath.
Ischuria renalis.	

The Kiesteine Test of Pregnancy

May be greatly facilitated by the use of rennet, which coagulates and causes deposition of the kiesteine in from one to twenty-four hours.

The deposit thus obtained is nearly free from phosphates and from smell, and in larger quantity than by the usual method.

If, after the deposit is formed, we add to half an ounce of the turbid urine (taking the lower portions), a few drops of a strong solution of

ammonia, and boil for a minute or two, the urine becomes almost tremulous from the presence of a semi-mucous mass. This seems to be characteristic of kiesteine.—*Dr. J. B. Hicks, Accoucheur to Guy's Hospital.*

PATHOLOGY.

Interstitial Keratitis a direct result of Inherited Syphilis.

Reasons for this Belief :

1. From its being a marked and peculiar form of disease, it is probable, *a priori*, that its cause is one and definite.
2. Its subjects resemble each other by a peculiar physiognomy, and they have almost invariably their upper central incisor teeth of the permanent set, dwarfed and notched.
3. I have seen no case concomitant with phthisis, and very few in which enlargement of the glands of the neck had occurred ; this contrasts with the strumous diathesis, blonde type, in the lesions, as well as in the physiognomy.
4. It affects by preference the eldest child of the family, and often coincides with a large infantile mortality. The average age for 64 children is that of 10 years. The females are to the males as 1.8 to 1.
5. It occurs in all classes alike, the well fed and the underfed, among residents in the most healthy countries as well as among those of crowded cities.
6. In 19 cases out of 31, I obtained confessions that one of the parents had suffered from constitutional syphilis prior to the birth of the patient.
7. In 32 cases out of 38, a clear history of the usual symptoms of infantile syphilis was given. In 11 cases, these symptoms were ascertained in brothers or sisters of the patient.
8. In six cases, there were concomitant nodes ; in six, ulceration of the palate ; in three, erosive lupus.—*JONATHAN HUTCHINSON, Esq., Ophthalmic Hospital Reports, July, 1859.*

Anæmia Lymphatica.

Dr. Wilks, in the Guy's Hospital Reports, has chiefly contributed to bring this affection into notice. In six cases cited by him, as in others observed by Dr. Markman and Dr. Hodgkin, a remarkable uniformity of lesion existed ; "too considerable," remarks Dr. Wilks, "to constitute merely a coincidence of lesion between the lymphatic glands and the *spleen*, and, therefore, there is without doubt a *peculiar* form of affection involving these organs, accompanied by anæmic cachexia, prostration and death." There is said to be no excess of the white corpuscles, but deficiency of the red, with the usual signs

of progressive anæmia in either sex alike. It does not appear from the cases recorded, to have been at all amenable to ferruginous or other usual treatments. The glands chiefly affected and enlarged in the different cases, have been first, sometimes the inguinal, sometimes the cervical, or the axillary, or all at once, progressing along the abdominal and thoracic glands to a fatal termination. A chain of tumors is sometimes found encircling the arch of the aorta, or accompanying it along the spine to the pelvis. Their structure, as described by Dr. Hodgkin, is fibro nucleated, or fibro plastic. See *Med. Chir. trans.*, vol. 17.

The spleen is not merely enlarged, but exhibits a lardaceous deposit, white or yellow, either finely disseminated or seeming to compose a large portion of the mass of the organ. It may extend over a term of several years. The enlargement of the spleen seems to be less constant in this affection than in the

Leucocythæmia Splenica,

another malady recently recognized by Dr. Hughes Bennett, of Edinburgh, and other observers, in which the blood reveals an excess of the white corpuscles, but which is not characterized by the extreme anæmia and prostration, remarked in anæmia lymphatica. Dr. Wilks considers the latter as probably a destructive process, with loss of function, the former as an hypertrophic process in the lymphatic glands, &c., affected. Epistaxis, purpura and other hæmorrhagic tendencies, with wasting of the body, and need to keep the bed, are also symptoms connected with the leucocythæmia. The invasion has been very gradual in the cases observed, and ague was not always among the antecedents. While the spleen was very much enlarged in one of the autopsies, there was no distinct, circumscribed morbid deposit in it, as in the anæmia lymphatica.—*London LANCET.*

Relations existing among the Parasitic Fungi which sometimes infest the human body.

Mr. Bazin, of *l'hospice de St. Louis*, has long connected the affections known as chloasma, sycosis menti, hêrpes circinnatus and tinea tonsurans as different aspects merely in the development of the *Trycophyton*.

Dr. Jenner, in one of his clinical lectures, mentions a case of favus having been admitted into the children's hospital, and which did not, at that time, extend to any other of the children who played together; but sometime afterwards, a case of herpes circinnatus having been admitted, several children were attacked by it, and at once two of them had tinea favosa. This fact is quite analogous to the grouping and natural succession of plants observed in other spheres,—one prepares the soil for another. Dr. Lowe reports cases of favus and

sycosis from the implantation of the yeast plant! Mr. Hutchinson believes that chloasma may be produced by implantation of the oidium; and Dr. Wm. Tilbury Fox thinks he has succeeded with saccharine solutions in producing the oidium from the torula.

Milk Sickness.

Believed to be connected with the water in the vicinity of a lead ore mine. J. B. EVANS, M.D., Russellville, Munroe Co., Ky.

Referred to *fungus grass*, and experimentally reproduced by feeding the same, either green or as grass. Corn meal the specific for cure. Dr. J. E. NAGLE, *Nashville Jour. of Med. and Surg.*, Oct. '59.

Lead vs. Phthisis Pulmonalis.

M. Beau (*at la Charité*) affirms the extreme rarity of phthisis among workmen in lead. He has observed phthisical subjects become delivered from all symptoms of thoracic affection, cough, hemoptysis, &c., since beginning to work in the white lead manufacture and becoming poisoned by it.

SURGICAL PATHOLOGY.

Inflammation excited by the Evolution of the Wisdom Tooth.

Dr. Robert (*Gaz. des Hôp.*) attributes to this, in some cases, ostitis, periostitis, neurosis, and abscesses, which, by burrowing into the sub-clavicular region, have proved fatal. (Bérard.)

This may be a cause of enlarged tonsils, or the velum palati or uvula may be affected. A case is cited of hypertrophied uvula occasioning anorexia and vomiting, &c., which were attributed to a gastric affection. Fistulous ulcers, dependent on this source of irritation, give rise the more easily to errors of diagnosis, as the teeth may all be sound. These fistulæ are slightly depressed, with the skin around them plaited or wrinkled, and, in affection of the lower jaw, frequently adhering to the bone. In one case cited, the fistula was traced back, with a probe, to the tooth, on the extraction of which, recovery soon took place. The second molar had previously been drawn, but without effect.

Phosphor-Necrosis.

For some years past, much attention has been called to this pathogenetic effect of phosphorus, observed especially in those who work in match factories. At a recent session of the N. Y. Path. Soc., Dr. Markoe presented two specimens removed from the jaw of a patient, with the following remarks on the pathological anatomy of phosphor-necrosis, viz: "While, under other circumstances, necrosis produces suppuration on the outside, the separation of the dead bone and the formation of an involucrum; here, instead of a sequestrum, we find the surrounding parts secreting immediately around the dead portion a pumice-stone like material, very firmly adherent to it. After the removal of this exudation, there is no reproduction of the bone." Dr. Wood, who is said to have a large experience in such cases, did not countenance the last assertion, and proposed to show, at a future meeting, some beautiful specimens of perfect reparation, in cases where the bone had been destroyed by phosphorus.

Trismus Nascentium

Is generally of the same nature as traumatic tetanus, and to be prevented by attention to dressing the umbilical cord.—Dr. J. M. WATSON, Professor of Obstetrics, Nashville, Tenn., has called attention to this subject in a special work.

The Trifacial Nerve.

Dr. Carnochan, in proposing for the relief of tic douloureux, an operation which, *with our therapeutic resources*, we cannot too strongly condemn, viz., the exsection of the trunk of the 5th pair on the cerebral side of the ganglion of Meckel, adduces the following anatomical considerations:

1st. The second branch of the 5th pair, extending from the ganglion of Gasser to the infra orbital foramen, has two peripheries, one formed by its terminal branches to the superficial parts of the face, the other by those emanating from Meckel's ganglion.

2d. In the *dolor crucians faciei* of Fothergill, the seat of neuralgia is in a part or the whole of the trunk, between the ganglion of Gasser and the intra orbital foramen, including the latter part.

3d. The morbid impression may reciprocally affect the trunk from the periphery, or the periphery from the trunk.

4th. The ganglion of Gasser, or the common trunk of the 5th pair, is probably the source of irritation, because when this ganglion and the trunk of the 5th pair are destroyed or injured, the eye of the affected side is atrophied, while the other organs of special sense manifest symptoms of disturbance.

5th. The encephalic strands of the 5th pair on the cerebral side of the common trunk can hardly be the seat of the disease, since no symptoms of cerebral disturbance exist in *tic douloureux*.

Dr. C. bases the exsection of the nerve trunk on the cerebral side of the ganglion of Meckel, on the grounds that,

1st. The diseased part will thus be removed.

2d. Because the two peripheries of the nerve will thus be insulated from the encephalon.

3d. Because the influence of Meckel's ganglion in supplying morbid nervous sensibility is destroyed.

4th. Because the sensibility of the two peripheries of the nerve is obliterated, and consequently external impressions cannot be reflected or transmitted.

Finally, he admits that, even after exsection of the trunk beyond the ganglion of Meckel, the neuralgia may return for a time from disease of the stump of the nerve or its compression within the foramen rotundum by exostosis and contraction. He imagines, however, that it would eventually subside. This attempt to revive a cruel and useless operation, condemned by medical experience, is a striking proof of the deplorable and short-sighted materialism which, under the auspices of the organician school, is depraving the noble art of medicine. The best counterproof of its folly is the dynamic cure of these neuralgias by the drug homœopathic to each individual case.

SURGICAL ADJUVANTS.

Anæsthetics: Ether versus Chloroform.

Dr. G. Haywood insists on the preference to be given, in all cases, to rectified sulphuric ether over chloroform. In no case, says he, has death resulted from the use of the former; its effects pass off sooner, and less vomiting, nausea and headache follow its administration. A bell-shaped sponge, with a concavity large enough to admit the nose and mouth, is all that is required for its administration; from $\text{ʒ} \text{iv}$. to $\text{ʒ} \text{viii}$. being the dose.

In a recent discussion in the N. Y. Academy of Medicine, Professor Dalton opposed chloroform, on the ground of its liability to paralyze the heart more completely than ether, when, in experiments on animals, anæsthesia is carried by either agent to the stoppage of respiration. Thus, in pushing inhalation to the extreme, Dr. D. has been obliged to take great pains to extinguish life by ether; whereas death often follows the use of chloroform, notwithstanding the best precautions. Dr. Dalton declares that ether had never failed, in his hands, to produce all the effects that can be desired in anæsthesia.

Electrical Anæsthesia in Surgical Operations.

Dr. W. G. Oliver, whose successful application of the electromagnetic current to the painless extraction of teeth was mentioned in our February number, reports the following cases :

BUFFALO HOSPITAL, Feb. 10, 1858.

In presence of the clinic of the Medical College—Professor FR. Hamilton, Surgeon. Subject: a woman aged 25. Varicose tumor on the left leg. A naked copper wire was wound round the leg, above the knee, nine or ten times—another just above the ankle—and the negative pole attached to them both; a metallic rod was placed in the patient's hands, and with it connected the positive pole. The circuit being complete, the battery was set in motion, and a current passed for five minutes. The patient complained of burning and pricking from the wires, until the current was reduced to a mild, uniform one; then the surgeon passed a needle and ligature through the part affected, taking up a piece of flesh one inch in thickness and about two inches through. The ligature was then tied, and the same operation repeated three inches below. During the operation, considerable pain was felt; then a complete interval after the ligatures were drawn; but on breaking the connection, pains returned, severe and darting, and increased until they were insupportable. A gentle current was then passed through the parts, as before; in a few seconds, she was free from pain. In five minutes, the current was discontinued once more, and in fifteen or twenty seconds the pain returned, less violent than before, but still severe; the current was re-established for a few minutes, and the patient was left free from pain.

A more complete success was obtained in another operation, of *elkoplasy*, upon the left leg of a sailor aged 25. On its front part was an intractable ulcer, five inches by three. A wet bandage three inches wide was wound around the limb six or seven times, above the ulcer, and a flexible copper wire wound around the bandage about twenty times, and then secured; a similar bandage was placed at the ankle; the positive pole attached to the upper, and the negative to the lower bandage; a gentle current was then passed through the limb, until the muscles became contracted and severe pressure was felt; it was then moderated, and kept steady for five minutes, when the surgeon removed every particle of diseased flesh from the muscular and bony parts. The patient said he felt no pain, only rather severe pressure at the bandages. The apparatus was then removed to the right leg; a piece of healthy flesh was then cut out, corresponding in size and shape to the orifice made by the extirpation of the ulcer. The flow of blood was so profuse that scalding water had to be used to arrest it. The patient still answered that he felt no pain. While the blood was still flowing, the surgeon dropped some hot water on the other leg, just above the knee, when the sailor immediately exclaimed, "Oh! that's hot!"

It was proved, by a subsequent experiment, that the anæsthesia of a limb is more complete when the positive pole is connected with the upper and the negative with the lower bandage, than when this position is reversed.—*Dental Cosmos.*

New Method of reducing Hernia.

Professor B. F. Richardson, of Cincinnati, reports in the *Lancet and Observer* for November, 1859, success in performing the taxis for a refractory case, by making the patient take simultaneously a full inspiration, and then a strong and continuous expulsive effort, so as to distend the abdominal muscles as much as possible, the tumor being steadily pressed all the time. Two minutes was required for reduction.

Apparatus for Fracture of the Lower Jaw at the Symphysis.

A silver plate, to fit the teeth, covers them completely to the gum, with wires from its upper surface bent down and over the under lip and jaw; a padded splint separates the wire from the jaw. Any dentist can make such a plate. The patient can converse, and eat with a spoon, without detriment to the seat of fracture.—J. C. HABERSHAM, M.D., in the *Savannah Journal of Medicine.*

Sloughing Bed Sores.

These accidents, occurring in paraplegic subjects, or from irritation of the spinal cord, are most effectively and rapidly arrested by alternate applications of ice and very hot poultices. I have seen sloughing in a dog, that had gone almost to the bone, cured thus in two days, and there was no recurrence of it.—BROWN-SEQUARD, (*from a Lecture on Paralysis.*)

In-Growing Nail.

Drop hot tallow on the granulations. Instant relief; granulations soon disappear, and the cure is complete.—Dr. N. GILMAN, *Boston Medical and Surgical Journal.*

Uva Ursi

Has been successfully employed as a substitute for borax and ergot, in determining effective contractions in the gravid uterus, at term.

Speculum Scope for the Ear.

Dr. A. Young, Jr., in the *Boston Medical and Surgical Journal*, recommends the following method of examining the ear, available for sunlight :

To a base board 8 inches square is attached a rod 2 feet long, bearing a sliding ring, with a thumb-screw, and an armature 12 inches long—having at the end a ball and socket joint, with thumb-screw, and another short armature, to hold a mirror, 6 inches square.

Raise the lower sash of the window, place it on the sill ; rest the beam of the sash on the top of the rod. Swing the armature out of the window, and, by means of the thumb-screws, adjust the mirror to direct the rays of the sun into any desired part of the room.

This has been long in use by Dr. Clarke, in Boston. Dr. Young adds a *forceps speculum*, with an attachment on its left handle of a $2\frac{1}{2}$ inch focal magnifying glass. Some eyes may require a longer or shorter focal glass. The lens may be thrown over the external opening of the speculum when required.

The patient is seated with the ear facing the *solar scope* ; a stream of light is reflected upon the auricle. Seated in a chair beside the patient, the *speculum scope* is introduced into the meatus, and, as soon as a good view is had, with the right index finger, move the magnifier over the opening of the speculum. The meatus is several times enlarged, and the mechanism of the *membrani tympani* viewed, with any lesions or malformations that may be present.

Vapor in Surgery.

Professor J. B. Flint, of the University of Louisville, in the *Monthly Medical News*, bestows the highest eulogies on vapor dressings in the treatment of penetrating and gunshot wounds. The points gained are, prompt relief of pain, suppression of inflammation, prevention of the suppurative process, and rapid cure. It is the localization of the Turkish bath.

Mode of Application.—A folded flannel, of dimensions proportioned to the size and gravity of the wound, is wrung out of cool or tepid water, and being spread on a firm surface, the heated flat-iron of the laundress is moved over it repeatedly, until its pores are filled with steam. It is applied as hot as the skin will bear, and covered with oiled silk, which extends beyond its edges and is not bound tightly down.

The Revival of Hypnotism by the Académie de Médecine in Paris.

WITH CITATIONS FROM DR. AZAM AND DR. FÉREDAULT.

It would seem that our transatlantic neighbors had drawn so thick a bandage over their own eyes, in excluding the *mesmeric ray*, that they were unconscious of this class of phenomena, so popularized among us by public lectures. It is really amusing now to witness the resurrection of animal magnetism by those who flattered themselves with having buried it so safely under ground. Two years ago, I observed in the wards of La Charité, how the filiation of nervous diseases conducted to analogous filiation in the methods of treatment, and that while the varied forms of paralysis were being subject, (especially in the ward of Mr. Rayer) to all the modifications of galvanism and electro-magnetism, some hysterical and neuralgic subjects in the adjacent wards of MM. Briquet and Bernard were controlled by mesmeric passes, practised publicly by the internes. Now, in his surgical ward, Mr. Velpeau has introduced hypnotism as an anæsthetic preliminary to surgical operations. It seems that this procedure, of which Mr. Braid had made for years past a notorious speciality in England, and with which every reader of the *Lancet*, *Braithwaite's Retrospect*, or the *Zoist*, may be familiar, had to be imported *pro re nata* by M. le Dr. Azam from Bordeaux, and communicated first to Mr. Broca, who experimented successfully in the service of Mr. Follin.

The patient is placed in an easy position; you make him look fixedly at a shining object about two feet from his eyes, a little above their visual range, and so placed that it can only be seen by a convergent squint. This is indispensable. Within four or five minutes—sometimes in a few seconds—the pupils dilate, the lids oscillate rapidly, then the subject falls asleep, and becomes absolutely insensible, so as to have no consciousness of an operation performed upon his body. The limbs are cataleptic, and keep the positions in which they are placed, however inconvenient. To awaken the patient, it suffices to blow on the eyelids, or gently to rub them with the thumbs.

This procedure, like all others borrowed from the magnetizers, is uncertain. It succeeds best with women, with young persons, nervous and impressible, and often miscarries with adult men, unless of the nervous temperament and somewhat feminine constitution. Children, from the age at which you can fix their attention, make good subjects.

Noise, a crowd of spectators, mental preoccupation, the dread of an operation, &c., are, of course, unfavorable to success: the patient ought not, therefore, to suspect this intention. As the cataleptic state approaches, the countenance loses its expression, the lashes wink, the breathing is hurried, and motions of involuntary deglutition are made. The face usually flushes, and the jugular veins swell, while the pulse falls, yet without presenting the characters of

syncope. Some close their eyes, others keep them open. A slight snore may announce that the anæsthesia is complete. This is the moment to operate; besides, it may be tested by pinching the skin, and by raising the limbs and observing whether they keep the position in which you place them. The anæsthetic period, continues Mr. Azam, lasts from four to sixteen minutes, as nearly as an average time can be stated. I regard it as the transition between the ordinary and the cataleptic waking states, and as more or less prolonged in proportion to the intensity of the squint in fixing the bright object.

If the patient be addressed, he does not answer during the first moments. If you insist, and the patient, by some working of the face, makes it known that he understands, frictions over the larynx will restore his speech, but he will not use it spontaneously. It is better not to speak to him, because, in so doing, you shorten the anæsthetic period, and hasten the arrival of an opposite state, very embarrassing for an operation.

If the hyper-æsthetic state has already supervened, it is best quickly to awaken the patient entirely; there is then no memory of what has transpired.

While the limbs are relaxed, the pulse remains very calm; but if the limbs be long catalepted, the pulse is remarkably hurried, and so is the breathing. Hence, a counter indication for diseases of the heart.

Epileptic or hysterical convulsions, in those who are subject to them, are liable to be brought on by hypnotism.

This sleep, like any other, will terminate of itself, if undisturbed. To awaken the patient, it suffices to blow forcibly upon the eyes, with either your mouth or a bellows, or to rub the lids gently with your fingers.

This series of phenomena has been described by Mr. Braid, in his work called *Neurypneumology*, 1842; in Todd's *Encyclopædia*, article *Sleep*; by MM. Littré and Robin, in the *Nouveau Dictionnaire de Nysten*, under the heads of Hypnotism and Magnetism; by Mr. Béraud, in the new edition of his *Elemens de Physiologie*. It is common for somnambulists to go to sleep in looking at a ring on their fingers. The *Gazette des Hopitaux*, after citing the works above mentioned, and acknowledging the fundamental identity of these hypnotic phenomena with those of mesmerism, and the similar practices of Hindostan, says that, "Whether from distrust, or from conviction that these facts could be of no scientific utility, it is certain that they had been almost completely forgotten." English authors recognize, as characters common to the hypnotic sleep with that of magnetized subjects, the vision extended to great distances, and the transposition of the senses, of which so much has been said.

History will write that magnetism, having one day been presented to the Academy of Sciences at Paris, as a serious question to be examined, studied, and sounded, this school could not find expressions sufficiently contemptuous and insulting for the authors of such a

proposition; it devoted them to ridicule and scorn, until oblivion should have covered them with its mantle; then, it filched one of their methods for its own advantage. History will say that this school has recoiled before a scientific question, and that it has not recoiled before an exploitation! And it will add, that this was done with hypocrisy.

The Coal-Tar and Plaster Disinfectant.

This adjuvant in the dressing of wounds, which owed a transient notoriety to the patronage of Mr. Velpeau, has fallen into discredit since the experimental studies made at the Hospital des Invalides, the result of which Dr. Bonnafont communicated to the Academy of Sciences on Sept. 5th, 1859, the *Comptes Rendus* of which had not reached us before our February number.

By invitation of Mr. Faure, physician-in-chief to the Hotel Impérial des Invalides, the coal-tar and plaster powder prepared by Mr. Langlois, the pharmacian-in-chief, according to Mr. Velpeau's formula, has been tested upon the wounds in the *Salle de la Valeur*. Each of the surgeons on service inscribed on their reports the results of the evening dressings, so that during a period of 32 days all the surgeons of the hospital combined their observations with those which Mr. Bonnafont made himself every morning. The resumé of these observations is that,

1. The coal-tar and plaster powder rather covers with its own odor that of the wounds, than really destroys their odor.
2. It is incontestably salutary in its action on livid ulcerated surfaces; but not more so than many other powders already in use.
3. The dressing is more easily removed than others when covered with pus, but in common with all carboniferous powders, it soils whatever it touches, and is incompatible with neatness.
4. It possesses little or no absorbent properties, and pus, after having imbibed the stratum of powder immediately in contact with it, renders the mixture impermeable, and the rest of the pus is confined over the wound, while the powder next the linen on which it is spread remains dry; and as soon as this dressing is removed, the pus next the wound is found to have lost little or none of its fetidity.
5. It is unsuited to the exigencies of a large service, on account of the frequent necessity for its renewal, an objection which applies to all dressings that do not absorb the pus as fast as it is produced.

HYGIENE.

Prevention of Gas Smoke.

An ornamental circlet of metal, across which is stretched a sieve of fine platina wire, is used as a cover on the top of the globe or chimney. The smoke ceases, and the flame is brighter and clearer by

about 25 per cent. Thus, no unwholesome effluvia defile the air of the room or discolor its ceilings or decorations.—*London Literary Gazette and Annual of Scientific Discovery for 1860.*

The Magnetic Filter.

We are happy to announce, at the opening of the warm season this year, a simple and easily available instrument, by which the numerous forms of illness, due to the drinking of corrupted waters, may be obviated.

There are few facts so well established in etiology as the poisoning of the human system by malarial waters. Mr. Boudin has adduced, in his *Medical Geography and Statistics*, the case of the Ship *Argo*, which, on her voyage between an African and a French port, with more than a hundred soldiers on board, had laid in for them, separately from the ship's stores, casks of water from a highly malarial spot. Not one who drank this water escaped fevers, dysenteries, or some well characterized disease of malarial origin, while no one else on board was affected.

Of other impurities and their deleterious character, it is not necessary here to speak.

“Mr. Thomas Spencer, the Liverpool chemist, who discovered electrotyping, has been experimenting recently with magnetic iron ore, and believes he has ascertained that the magnetic oxide of iron which abounds in rocky strata and in sands, etc., attracts oxygen, whether it exists in water or in air, and polarizes it; that this polarized oxygen is the salubrious ozone—ozone, which destroys all discoloring and polluting organic solutions in water, and develops, instead, the sparkling and refreshing carbonic acid gas of the healthful spring. Even sewage water can be thus almost instantaneously purified. Moreover, Mr. Spencer has discovered that the apparently mechanical process of filtration is itself magnetical; that extraneous matters suspended in water may be rapidly attracted in filtration, and so separated; and this may be done, whether on a great scale or a small, either by the magnetic oxide or black sand of iron—by a mixture of this with ordinary sand, or by various other means; and Mr. Spencer has discovered a solid porous combination of carbon with magnetic oxide, prepared from the Cumberland hematite, which is said to have a very great filtering power.” We extract the above from the columns of “*The Builder*.” One of our citizens, Mr. L. S. Chichester, (85 Maiden Lane,) mechanical engineer and inventor, has availed himself of Mr. Spencer's researches, in the construction of a very perfect filter.

The small model, which we have seen, is adapted to screw on to any hydrant, with felt of different thicknesses, adapted to different pressures, and the case is so constructed that, without the trouble of

unscrewing it, water may be drawn as rapidly as desired, being allowed to pass around instead of through the filter itself. The chamber may be filled and emptied at pleasure, and is equally adapted to the porous cake of magnetic oxide of iron combined with carbon, or to the same or other matters in a disintegrated state; so that any desirable chemical reaction on the contents of the water may be conveniently produced. The compound of antimony, steel and tin, called white metal, is used for the case of this filter, which fulfils every desirable indication.

PROMISCUOUS.

Of the Chemical Composition of Mollusca in its relations with their Medical Employment.

We have already had the salted milk of M. Amédée Latour, the iodized and arsenical milk of Mr. Labourdette: now, behold the sulphuretted, iodated and phosphuretted snail of Mr. E. Fournier. This ingenious pharmaciaian has, in fact, ascertained that the oyster, the muscle, the slug, the snail, and a number of other acephalous mollusks or gasteropods less known, naturally contained iodine, sulphur and phosphorus; and according to him, the presence of these substances would account for the traditional employment of snails in some diseases of the chest.

We regret that the learned reporter, M. Moquin Tandon, should not have told us how many $\frac{1}{1000}$ ths of a grain of sulphur, iodine and phosphorus each snail contained. It remains, however, none the less evident that all these trials of new remedies, instead of being the sign of a great wealth in therapeutics, only concealed a poverty too real, and were but a succession of desperate efforts to replace the homœopathic preparations. But this is an awkward attempt, and the snail will never pass for an agreeable medicine convenient for administration.

Mr. Fournier has, moreover, assured himself that the chemical composition of mollusca might be varied in varying the media in which they exist; and as these interesting animals have the property of feeding with impunity on the most violent poisons, Mr. Fournier cherishes the project of feeding different series of snails on medicines the most heroic. Some of them will assimilate digitalis, others opium, others arsenic, others belladonna. The ancients nourished snails, with boiled bran mixed with aromatic plants, with laurel leaves dipped in wine: these were gastronomic snaileries. Mr. E. Fournier will have a pharmaceutic escargotière, and will produce the digitalis snail, the opium snail, the arsenic snail, etc., etc., without reckoning the phospho-sulpho-ioduretted snail, which is a product of nature. But what a demand we shall have for the snail pies!

Pocket Electro-Medical Apparatus.

M. Despretz has recently submitted to the Paris Academy, an electro-medical apparatus, by Ruhmkorff, consisting of a box about 4 cubic inches large, which contains an induction coil, a small Bunsen's pile of zinc and charcoal oxidated by M. Marie Davy's sulphate of mercury, some handles, a brush and some needles for distribution of the direct currents or of the extra currents to the surface of the patient. No vapors are disengaged. The manipulation is simple. It maintains its activity during a day. Price moderate.—*Chem. Cent. Blatt.*, Sept. '59.

Prospects of Homœopathy in Paris.

The following letter, from a distinguished homœopathist of Paris, to Professor Helmuth, of the Homœopathic Medical College of Missouri, gives an interesting and encouraging view of the condition of our cause in the French metropolis :

“OCTOBER 19, 1859.

“WM. TOD HELMUTH, M.D.

“DEAR SIR—I am happy to be able to reassure you in regard to the fate of Homœopathy in France. Its sustainers are here, as elsewhere, men of intelligence, in all classes of society. I have, among my clients, Senators, several Prefects, Generals, Magistrates, etc. The Emperor himself was, for a year, the patient of our colleague, Dr. Davet; and the proof that he was not dissatisfied with the Doctor's services is, that he decorated him, upon ceasing to require his visits.

“Here are a few figures, which will give you a fair idea of our situation :

“In 1836, there were in Paris but three Homœopathic practitioners—MM. Molin, *pere*, Pétroz, and the elder Gueyrard. At present, there are very nearly one hundred—which, compared with the number of Allopathic physicians, gives about the proportion of one to thirteen. This is less than in Spain, and especially less than in the southern part of Germany. In some parts of Hungary, the proportion of the Homœopathists is, to the others, as one to seven. In Paris, the Homœopathic physicians absorb, for their share, more than a quarter of the whole number of cases; and that is the reason, by the bye, why the gentlemen of the official school are so exasperated.

“The treatment of Dr. Tessier, at the Beaujon Hospital (100 beds), is exclusively homœopathic.

“We have, besides, four public dispensaries, well patronized, and six pharmacies, four of which (those of the Maison Catellan) are the most sumptuous in Paris. It should be remembered that two of these pharmacies have been opened since the trial, which seems to have created such a sensation in St. Louis.”

After giving a detailed account of a lawsuit in which homœopathy had no interest whatever, the author says :

“The Homœopathic Society is organizing upon a grand scale, and the future, which is all our own, dates from to-day.

“My address in Paris is No. 99 Rue St. Lazare.

“I should be happy to think, Monsieur, that this letter is equal to your expectations, and I pray you to accept the assurance of my entire consideration.

(Signed,)

“A. TESTE, M.D.”

Anæsthesia of Bees.

Chloroform is now saving hundreds of millions of valuable lives every year. The intelligent and virtuous citizens of the hive, whose annual massacre was celebrated in the rites of the brimstone theology, now, under that milder providence which dispenses with painful executions upon sick and suffering organs, have been admitted to the privilege of unconsciousness, while we are robbing their stores. Burglary, in the 19th century, becomes humane and delicate in its procedures, and murder is coming at last to be regarded in its true light, as a breach of etiquette, even towards bees. Quiescent under the magical vapors which we blow into their hives, the swarm may be handled without an apian pathogenesis. In a few hours, relieved of the burden of perfidious riches, they are again as lively and busier than ever.

Local Treatment for the recent Bite of Mad Dogs.

Wash the wound with warm vinegar or water, dry it, pour on a few drops of hydrochloric acid.

Alcohol,

Found in all the fluids and tissues of the body, and products of its combustion not found, leaves the system by the lungs, skin and *kidneys*; concentrates in the liver and brain.

Report of MM. L. Lallemand, Duroy and Perrin, Acad. Sci., Paris, Oct. 24, 1859.

*Disinfectants and Eudiometers.**

The permanganate of soda has been employed by Mr. Angus Smith in England, from the manifestation of organic matters in the air. He adds to a known volume of air a very weak solution of the permanganate of soda. If organic matters exist in the air, this solution will be discolored; then the additional quantity of the manganic salt necessary to restore its transparency, indicates the proportion of organic matters.

Mr. S. found that 10 cubic inches of air, taken at Lake Lucerne in Switzerland, decomposed only a grain of the solution of permanganate of potash; the same quantity of air, taken in a field in the north of Italy, decomposed six grains; in London, during the hot weather of 1858, 29 grains; in the city, over the Thames, 60 grains; in a hog stable, 109 grains.

* Connect with page 263 of this volume, in our article "Paludal Malaria," under the head of "Chemistry of the Marshes."

Mr. Condy has proposed to apply the alkaline permanganates to disinfecting purposes, as they annul the odor while chemically decomposing organic matters. Mr. Hoffman proposes to substitute the permanganate of soda for the salts of lead, zinc and copper, pitch, chlorine, and chlorides, in the disinfection of all animal matters.

M. Emile Monier called attention, in a memoir addressed to the Academy of Sciences, in December, 1858, to the measurement of the animal matters and sulphuretted hydrogen contained in the vitiated air of hospitals, of marshes, &c., by means of the permanganate of potash. He draws, through an aspirator, a given volume of air through a series of tubes with balls, called *Liebig tubes*, containing water acidulated by one tenth of its weight of sulphuric acid, which arrests or dissolves the animal matters held in suspension in the air. When, through this tube, some cubic metres of vitiated air have been passed, the acid liquors are collected, in which the animal matters are retained, and in order to determine their quantity, we pour into this liquor the solution of permanganate of potash. If 3.92 grammes of the crystalized salt to 1 litre of water be employed, every cubic centimetre of this solution represents 1 milligramme of active and absorbable oxygen.

In order to measure sulphuretted hydrogen in the air, we use the same apparatus, but substitute for the sulphuric acid, potassa. The sulphuret of potassium formed will be dosed by the permanganate of potash. This mode of analysis, remarks M. Louis Figuier, is much more convenient and exact than those employed by Mr. Angus Smith in England, and M. Léon Gigot in France; but Mr. Gigot announces having succeeded in collecting unchanged the organic matters contained in the air, by replacing in his apparatus, of several consecutive tubes, the sulphuric acid, by distilled water, kept at a low temperature by a refrigerant mixture. See his memoir in the *Comptes Rendus* of the Academy of Sciences for 1859.

Bromine in Diphtheritic Croup.

By M. Le Dr. OZANAM.

Condensed from the Comptes Rendus de l'Académie des Sciences de Paris, by Dr. M. E. LAZARUS.

"When I presented to the Academy my first memoir upon Bromine, in 1855, I had collected 14 cases of cure of pseudo-membranous affections, under the influence of bromine. Since then, I have had occasion to treat 17 patients. Out of this number, 15 have got well, one has resisted, but afterwards recovered under another medicine, one has succumbed under a complication of erysipelas.

"Since this method, followed by many physicians out of France, has given satisfactory results, it is important to regulate its mode of employment, and to show that it is a prophylactic as well as a curative agent. Water deposits bromine in proportions which vary with its temperature and agitation, from 1.12,000 to 1.50. In the proportion of 1.1,000, it forms a transparent and amber-colored liquid, of characteristic odor, which, if the glass-stopped vial be well filled, is easily preserved in the dark. The addition of the bromide of potassium aids in preventing

the volatilization of the bromine. Glycerine dissolves it in considerable quantities, and preserves it in the open air better than water, but it must be kept in the dark.

"I have been able to protect entire families against imminent contagion, by making every one who approached the patient take from three to six drops daily of the bromized water, in sweetened water, as a prophylactic. Whether there were as yet only a morbid influence with malaise and sore throat, or already morbid imminence, with white spots apparent on the red throat, in either case the danger has been repelled.

"I was called, in May, 1858, to a boarding school to see a young girl with confirmed croup; she was treated with bromized water, and got well, after having expelled several times false membranous tubes, from six to eight inches in length. The nurses, who watched her by day and night, also took bromine, and were preserved. But some days afterward, three other children of the same school were attacked with quinsy (*angine couenneuse*.) They were isolated, and placed under treatment. Five days later, three new cases broke out in a neighboring class, which had no communication with the chamber of the first patients. I could not conceive the cause of this increasing epidemic, until I learned that numerous cases like these were then under treatment at the *Hôpital des Enfants*, and that in this hospital, which stood quite near the boarding-school that I attended, the halls reserved for this class of diseases was the nearest to that of our own patients. The air and breezes thence had borne the miasma to us. The whole house had to be preserved and purified. I caused, then, to be placed in every dormitory, and in the infirmary, plates filled with water, into which three or four drops of pure bromine were poured. This body is so diffusible that the atmosphere was soon impregnated with it; the vapors which exhaled from it slowly through the hall purified the air during the day. The vessels were withdrawn in the evening, in order to avoid too strong an action upon the confined air of a dormitory closed during the night.

"This precaution succeeded completely; all the patients got well; no new case occurred, and a contagion that might have proved fatal, in a house containing more than a hundred persons, was arrested in its germ. The fumigation of the vapors of bromine were continued during more than twenty-five days.

"Bromine is so cheap, is efficient in doses so small, by reason of its energy and its diffusibility, that it might be used for the purification of vast halls during whole weeks, and preserve them from epidemic influence. Hering and Frank had already, before me, theoretically indicated the virtues of bromine."

We call attention to the medico-political fact set in relief by the article before us, to wit, that a homœopath, known as such, and an active propagandist of homœopathy through the pages of *L'Art Medical* (of which Dr. Ozanam is an editor), can, in the midst of that professional warfare which is raging between the rival camps of homœopathy and allopathy, carry a useful discovery in medicine under the flag of truce to the temple of universal science, and avail himself of its unitary organization to diffuse throughout the world of letters the light of its truth.

NOTICES.

Dr. J. H. PLATT, a native of Albany, N. Y., and a graduate of the Homœopathic College of Pennsylvania, has received and accepted the appointment of House Physician to the Liverpool Homœopathic Dispensary.

Dr. C. H. SKIFF, recently of New-Haven, Conn., has removed to Brooklyn, N. Y. Office and residence, corner of Clinton and Montague streets.

Materia Medica and Toxicology.

NOTES FROM J. S. DOUGLASS, M.D., OF MILWAUKIE.

1. *Gelsemium Sempervirens*.

This plant, some provings of which I gave in the first number of this Journal, is the *Gelsémium* of some authors, as Darby and Gray. [As *Gelsemium* was the ancient name of the jasmine, perhaps it should be preferred.]

It belongs to the Class Pentandria—Order, Monogynia in the Linnæan system—Natural Order, Apocynacea. The characteristics of this order are thus given by Professor Eaton, (see North American Botany, p. 251.) “Acrid, stimulant, emetic, sudorific. *Gelsemium sempervirens* is the *Bignonia sempervirens* of Linnæus, and the *Gelsemium nitidum* of Michaux and Pursh.

Description: Stem twining, smooth, leaves opposite, lanceolate, entire, perennial, dark green on the upper surface and pale beneath, on short petioles. Flowers pretty large, yellow; calyx small; corolla open-funnel form, 5 lobed; stamens with oblong sagittate anthers; style long and slender. The two stigmas each two-parted. Pod elliptical, 2 celled, 2 valved, each containing 5 or 6 large, flat, winged seeds. The flowers are showy, fragrant, but of a somewhat narcotic odor. It is native of the southern coast of the United States from Virginia to the Gulf of Mexico. Flowers from March to June. The bark of the root is the medicinal part. The root is several feet in length, and is sometimes two inches in thickness. The bark of the root is of a light snuff color; the woody part is yellow. The tincture is employed by eclectics in doses of from 15 to 50 drops, producing profound narcotism for 12 hours. [It is also used empirically in the Southern States as a specific for gonorrhœa. An infusion is made from the leaves; and of this, teaspoonful doses are given at intervals till some degree of narcotism is produced. The disease is said to be cured in three or four days.]

2. *Æsculus glabra*, or *Ohiensis*. Ohio Horse-Chestnut—Buckeye.

More than a year ago, I barely commenced some provings of this remedy with a tincture made from the nut. I gave a single drop each to six persons in the afternoon. Three of them awoke the next morning with troublesome hæmorrhoidal symptoms, one quite severe. Being subject to occasional hæmorrhoidal difficulty, with a laxness and tendency to prolapsus ani, I have several times resorted to this medicine with more prompt relief than I have ever experienced from any other remedy. I have sometimes been sensible of heat and a feeling of contraction of the anus within a few minutes after taking it; and within a few hours, the difficulty has been entirely removed.

I have given it in one case of very persistent prolapsus ani in a boy of five or six years, which Nux and Ignatia had failed to cure. It was promptly curative in doses of one drop of the first decimal dilution. Nux is a prompt antidote to *Æsculus glabra*.

The leaves and fruit of the Ohio *Æsculus*, or Buckeye, have long been known as a poison. The cattle eat the young leaves in the Spring, and are soon seized with slight tremors; they then walk as if intoxicated, stagger and fall; the eyes look glassy, expressive of suffering; the bowels are constipated; saliva increased; all food and drink refused. If the quantity of the leaves or nuts eaten be large, death results in a day or two. Otherwise, there is gradual recovery of the power of motion, which is hastened by the old treatment of forcing oils, mixed with common salt, into the stomach. The expressed juice of the nut has been used in domestic practice as an anti-spasmodic narcotic in flatulent colics, &c. We hope a thorough proving may be made of both species of the *Æsculus*. The *Æsculus Hippocastanum* is shown by the provings published in our first number to be a remedy of great value.

3. *Trifolium Repens*.—*White Clover*.

The well-known power of this plant to produce increased flow of saliva in animals, particularly in horses, causing the medicinal disease called "slavers," induced Dr. Douglass to try on himself a trituration of the flowers, one part to six of sach. lact. "The effect was so speedy and marked, that I gave it to six other persons. The symptoms in all were produced within a few minutes, and consisted in a feeling of fullness, or congestion of all the salivary glands, in some instances amounting to decided discomfort, and even pain, quickly followed by increased flow of saliva, sometimes copious. One of the number placed her hands over the parotid gland, and said she felt just as if she had the mumps coming on. The effects were substantially the same in a number of others."

It is proposed to test the powers of this remedy in the treatment of mumps, and also in mercurial salivation. "It certainly acts more promptly than mercury." A case is given by Dr. Douglass of a child suffering for several days from dentition, which was growing worse under ordinary homœopathic treatment. "The gums were largely swollen, the mouth hot, red and dry, with total want of salivary secretion; quick pulse, hot skin, great nervous irritability, and threatening symptoms of disease of the brain." An infusion of clover-heads was made, of which teaspoonful doses were given. In a few hours, the child was found "in a state of most profuse salivation, the saliva running in a continuous stream from the mouth. All the symptoms which had been so threatening disappeared, and the relief was permanent." "The essential *primary* pathogenetic effect of this drug is congestion of the salivary glands. The salivation is only the secondary effect, or the reactive and curative effort of the organism, just as perspiration is under Aconite or Gelseminum in fever."

Rumex Crispus.

A fragmentary proving under the direction of Dr. HENRY C. PRESTON,
St. John, New Brunswick.

The subject, William Kelly, aged eighteen, is sound and vigorous. The season, November 4th to November 16th, 1858. The 12th and 13th days only were stormy and damp.

The doses employed were, in quantity, 5 drops the first day, 10 drops the second, third, and fourth days, 5 drops the fifth day, 1 drop the sixth day, and 1 drop the seventh day, regularly at 4 P.M.

After the 7th, the distress augmented to such a degree that he was unwilling to continue the proving any longer. The evolution of the symptoms continued after the last dose from the 11th to the 26th of November.

This proving is chiefly characterized by pains, numerous, varied, and of frequent recurrence, from which hardly any part escaped. These pains were all transient, one pain ceasing with complete intermissions of from ten minutes to an hour, and then another pain coming on. Some, of a neuralgic character, were so severe, that the prover asked for an antidote, which was refused. Most of the pains were severe enough to prevent study, but did not interfere with active duties. Motility seems to have been left unimpaired, and only one symptom is recorded of diminished local sensibility.

The pains cease from 11 A.M. to twelve, and recommence a few hours, or less, after repeating the dose in the afternoon.

Sensorium Commune.

From the first day of the proving until the ninth, the nights are very restless, the sleep broken and unrefreshing, or disturbed with vivid dreams; he jumps and tumbles in bed, walks about the room, and talks in his sleep.

His dreams are extraordinary and terrific, as of witnessing autopsies, seeing murdered men, running about naked, falling, and being drowned, &c.

On the 9th day, two days after taking the last dose, his dreams were pleasant; on the 10th, he slept well; on the 11th, the restlessness returned. Several times during the first day, there was dizziness.

Head.

Three hours after taking the first dose, the head began to ache, and ached severely until going to sleep, towards midnight. The headache returns on waking, and continues till noon next day. It is dull on the 3d day, very severe on the 5th, 6th, 7th, 8th, and 9th, continuing the whole forenoon of the 10th. Affects most frequently the temples; on the 6th and 8th, it is felt in the occiput; on the 6th and 7th, over the right eye; on the 12th day, in the forehead.

Eyes.

1st day. Three hours after taking 5 drops, at 7 P.M., pains, sharp, shooting, in the left eye, running to the right jaw and arm. Pains dull and steady in the right eye. Pains in both eyes—more severe in the right.

2d day. Pains in both eyes, heavy and dull.

3d “ “ in right eye, deep seated.

4th “ “ over the left and in both eyes, with soreness to the touch over left.

5th “ “ in or over either or both eyes.

6th “ Same, and lachrymation.

7th “ Pains in either eye.

8th, 9th, 10th, and 11th days. Pains in the right eye.

9th and 10th days. Pains in the right eye, and in both.

Parts of the Face in pain.

1st day. The right jaw and molar teeth; the side of the face, including the right temple and ear; also left side of the upper lip.

2d day. Sharp pain in the teeth.

3d “ Right ear and left side of the face.

4th “ Left ear, and running to the shoulder.

5th “ Dull pain in the nose; forty-five minutes in right temple, then in left temple, in left ear, over left eye with soreness to the touch.

6th “ Right ear, and over right eye.

7th “ Teeth of lower jaw, of left side; in both ears; the right ear repeatedly, and the right temple.

8th “ Morning—right temple, ear, jaw, and teeth. Afternoon: left temple and ear.

9th “ Morning—right ear, teeth of right jaw, teeth of both sides. Afternoon—front teeth.

10th “ The right eye, both eyes, headache all the forenoon.

11th “ In the right ear, under jaw, and teeth; in the front teeth; also on the left side, half an hour.

12th “ Running pains in teeth, severe for an hour in right temple; in all the upper teeth.

Digestive Organs.

2d day. Nasty taste in the mouth; tongue heavily coated.

3d “ Pains severe in the gastric region.

4th “ “ dull and heavy towards the cardiac orifice.

5th “ “ severe on waking in the morning, and frequent; tongue heavily coated. Tickling in the throat soon after taking the drug, then throat a little sore.

6th day. Pyrosis after dinner; constant inclination to urinate.

8th “ Pains severe in the stomach; the throat is dry, and deglutition difficult; anorexia, constipation.

9th day. Same dryness of throat.

10th “ Hoarseness.

11th “ Pain in stomach on waking. Third day of constipation.

12th “ Anorexia.

Thoracic Region : seats of pain.

1st and 2d days. Right side when lying down. Left side, with sense of depression in the thorax. Small of the back for a few minutes. Right scapula.

2d day. Running down the back ; dull and steady in the back.

3d day. Sharp and deep, ascribed to left side of the heart, repeated on the 4th and on the 8th. Severe in both sides, and felt as in the lungs. Very sharp in the breast, running to the right and to the left. Great pressure and sense of depression in the upper part of the breast. Under the right scapula ; left do.

4th day. Chest, on both sides.

5th day. Back, chest ; very sharp in left scapula.

6th, 7th, and 8th days. Right side ; sharp in the breast ; in the left side ; nearly constant in the back.

9th day. Heart, and left scapula ; chest.

10th and 11th days. Right scapula ; middle of the back for twenty minutes ; chest ; back of the neck.

Limbs : seats of pain.

2d day. Knees ; very sharp on rising after sitting a while : running down the left leg. Twitching of right leg and arm.

4th day. Elbows, arms, and left knee.

5th day. Left hand ; soon after waking, left arm feels as if bruised. In the afternoon, right arm, hand, and knee.

6th day. Right arm, thumb, and leg ; left foot and ankle.

7th day. Left foot ; with privation of sensibility in leg ; in left arm for two hours, and repeated ; fingers of the left hand ; right arm, thumb, and knee.

8th day. Right arm and knee ; left arm, hand, and thumb.

9th day. Left arm, thumb, and leg ; right leg and toes.

10th day. The right arm feels as if its muscles were glued together, and sore to the touch ; this is repeated on the following days. Pain in the fingers of the left hand.

11th day. Left arm and foot ; right arm, hand, and knee.

12th day. Right arm and legs ; left arm and hand, for fifteen minutes.

The shoulders and scapular regions were as often the seats of pain as the arms, throughout this proving.

The pains seem to have been neither fixed nor constant anywhere.

Pathogenesis of Bromine in relation to Croup.

Taken from a Memoir on the Characteristics and Physiography of the Croup Genus and its Species, by Drs. Hering, Heimerdinger, and other Physicians, at Presburg, in the 22d vol. of Stapf's Homœopathic Archives for 1846.

Our materia medica is incomplete in the pathogenesis of drugs experimented with on Man, with regard to the characteristics of croup, for very obvious reasons — to obviate which, we prelude, in this

proving of Bromine, with symptoms observed upon the inferior animals.

Howling, with hoarse voice. Transudative character of the inflammation of the mucous membranes of the larynx and of the trachea; commencing formation of false membranes. Convulsive occlusion of the glottis, with violent symptoms of suffocation. Cough; cough hoarse and hissing; dry, with croupal timbre; obstinate, with sneezing and croupal timbre; frequent, with violent attacks of suffocation. Mucous rattle in breathing; breathing very difficult; violent dyspnœa; breathing deep, slow, hissing; breathing painful, superficial, alternately accelerated and retarded.

Death supervenes amid violent convulsions, or in a state of great weakness, amid phenomena of suffocation, of inflammation, or of paralysis (*lahmung*) of the lungs.

Necropsy.—Inflammation of the breathing organs. Quantity of bloody foam in the larynx and trachea. Inflammation of the larynx, the trachea, and its branches, with redness diffused and in streaks.

On a pigeon.—Violent inflammation, with exudation of plastic lymph, which obstructs almost completely the air passage.

Symptoms observed on Man.

Cough, with attacks of suffocation. Cough with effort, preventing speech. Violent cramping of the chest. Difficult and painful breathing.

Epistaxis (with relief). Face pale or hot, with thirst. Urinary secretion augmented. Pulse hard, full; first slower, then faster than usual (Noack and Trinks.)

Remark.—These experiments, the accuracy and value of which we have no reason to doubt, assign to bromine the first place among the remedies hitherto known against the croup.

It is very remarkable that the thousands of poisonings and of necropsies made by toxicologists should have given neither symptoms nor lesions analogous to those of croup. The vapors of *Chlorine* have been remarked to produce a kind of croup. Bretonneau has mentioned one case, and Allers two. Chlorine, bromine, and iodine are of the same natural group or family of drugs. *Spongia tosta*, so highly recommended by Hahnemann, contains bromine as well as iodine.

Is croup more frequent near the coast of seas than in the interior? Atomyr suggests that the bromine, iodine, and chlorine with which sea air is charged, may account for it.

In addition to the precited symptoms, Dr. Hering has published in the same archives,

In Experiments on Animals,

Retiform redness of the mucous membrane of the throat, with numerous erosions. The inflamed surfaces of the throat and pharynx are covered with plastic lymph. Coat dirty, granulated, brownish,

very adherent to the mucous membrane in the throat and isthmus faucium; intense inflammation beneath.

In Experiments on Man, with infinitesimal doses.

Hoarseness; loss of voice; he cannot speak distinctly; the voice is low and feeble; the throat feels raw in the evening, and the hoarseness is then more intense. Sensation of contraction within the trachea, or as if it were compressed in the cavity above the sternum, during two days. Cough, hoarse, hollow, dry, with great lassitude. He suffered in the chest, as though for want of air; was better while walking rapidly. Amelioration in the evening and at night; worse again in the morning. The breathing seems to be hindered by some obstacle in the middle of the chest, as by a slight pressure at the inferior extremity of the sternum.

The pathogenesis of bromine, by Lembke, *Gaz. Hom.*, Leipsic, vol. 37, June, 1849, only confirms some of the precited symptoms. The *Dublin Press*, in 1850, adds: breathing convulsive; short and accelerated; short and difficult, with deep inspirations.

Pathogenesis of Sulphate of Quinine in relation with Diphtheritic Angina and Croup.

From Jahr's Sympt. Codex.

Skin.—Gangrenous inflammation; livid redness of the skin, with formation of a gelatinous membrane, or of superficial crusts. Crust thick, livid and humid, becoming dark and dry, with edges at first red and exuding, then yellowish and softening.

Nose.—Frequent epistaxis and sneezing.

Lips, bluish. Mouth eroded at the gums and walls of the buccal cavity, with violent pain and gangrenous crusts. Accumulation of mucosities, with nocturnal angina. Salivation. Tongue loaded with white mucus, yellow below; thick coat of a yellowish white, especially at the root, or else dry.

Throat painful when swallowing, or in moving the neck; very much so in the morning. Scratching, sometimes with darting pains or hoarseness. Sense of dryness or burning in the pit of the throat, and as from presence of a foreign body. Accumulation of viscous mucus, sometimes waking and forcing to cough in the night.

Larynx.—Hoarseness, with constriction or swelling, that closes the throat. Irritation in the throat, forcing to cough, sometimes with difficult expectoration, or dry short cough.

Chest.—Oppressed. Fits of nocturnal suffocation (lymphatic œdematous angina) towards midnight, with swelling of the throat, which is nearly closed. Breathing cramped; snoring, gasping. Sweat over the whole body, with general chill, especially of the back. Pulse slow, small, soft. Tranquil sleep after the attack, and tendency of the symptoms to return by a continued cough.

Neck.—Pain on both sides of the jugular nerves, bearing towards the larynx, with sensibility to pressure. Indolent swelling of the neck.

We must not, remarks Dr. Tessier, in membranous angina, nor in croup, neglect to study the parts subjacent to the inflamed mucous membrane, nor even those a little more remote; as in that case we should not understand the spasms or the muscular inertia which play an important part in these inflammations. I have seen a young girl who was suffocating, unable to speak or to swallow, and who recovered these faculties by the simple application of a spoon and energetic pressure upon the base of the tongue, made in order to inspect the inflamed parts.

Chloroform in the Blood.

If chloroform, in extremely small quantities, be injected into the arteries of the limb of an animal, it instantly produces tetanoid rigidity in that limb.

Etherial oils, alkalies and acids act similarly, but in a less degree. The nerves, muscles, and all the other textures, first lose their vitality (cadaverization stage), then the tissues soften, and begin to putrefy (gangrene stage); the blood, if its entrance be not prevented, takes on putrefaction, and a secondary coagulation arrests its further circulation. Foul discharges then take place, and putrid gases are evolved (sphacelus stage). Finally, the mortified parts become dried and withered (mummification, or dry gangrene stage). Professor Kussmaul, in *Virchow's Archiv*, Band xiii., Heft 4 and 5; also Flourens: *Comptes Rendus*, 1849 and 1850.

Pathogenetic Characteristics.

By J. S. DOUGLASS, M.D., of Milwaukee.

Each drug presents, in its entire pathogenesis, the picture of a malady. Each group, or natural series of groups of symptoms, presents in its limited pathogenesis a picture of some local disorder.

In the following studies of our materia medica, I have sought the local sphere and pathognomonic symptoms of each drug; these will be *italicised*. With symptoms less exclusively characteristic of one drug, will be cited the others whose analogy of action is greatest:

Acetic Acid

Seems to be the only known agent that dissolves the cancer cells.

Urine increased and lighter colored. (Profuse, light, ox. ac.) Irritation of the trachea and bronchial tubes, and dry cough, attended with oppressed respiration, followed by moist cough and fever, increased difficulty of breathing, emaciation and night sweats, œdema of the feet and legs, diarrhœa: death.

Fever.—Hectic fever, with emaciation, cough, night sweats, diarrhœa, dyspnœa, and dropsical swelling of the feet and legs; typhus fever, with violent delirium, diarrhœa, pain in the abdomen and rumbling in the gastric region; also, typhus with stupor, tympanitic abdomen and obstinate constipation.

Skin pale and waxen; general anasarca; diminished sensibility of the surface of the body.

Though some of the individual symptoms of the above groups are not peculiar to *Acet. Ac.*, the groups are quite so.

Aconite.

It may appear singular that a drug with such marked features as a whole, should have very few individual peculiarities. Yet such is the fact. There are very few isolated symptoms of *Acon.* that are not closely simulated by other drugs. None, however, as a whole, presents so complete a picture of all the stages of inflammatory fever and inflammations. Take the following consecutive symptoms of *Aconite* from the *New Hahnemann Mat. Med.* :

After a large dose, in 5 minutes, prickling and tingling down the arms and fingers, and painful numbness across the wrists; the tongue and mouth feel numb, then the legs and feet; the face is blue, and the patient grows weak and almost blind, the arms and hands cold and pulseless, and the legs and trunk much the same. Coldness and shivering; hands and face blue; cold over the whole body; paleness and shuddering, with sunken features; and much more of a similar character. But these are all primary symptoms. Following these, we have alternation of coldness and heat; coldness and stiffness of the whole body, with hot forehead and ears, and inward dry heat; coldness of one cheek and heat of the other; and corresponding changes in the cerebral and mental symptoms. This series of symptoms indicates the struggle that is going on between the depressing and benumbing influence of the drug and the reactive energies of the system, endeavoring to overcome the depression. The victory is partly achieved; reaction and warmth are beginning to be established, though, as yet, only partially. Then we have, following this, another series, characterized by burning heat, thirst, strong rapid pulse, acute inflammatory symptoms of various organs, &c.

Aethusa Cynapium.

Rolling the eyes and slight convulsions *on falling asleep*. Epileptic fits of children, with clenched thumbs, red face, squinting of the eyes *downwards*, staring, dilated pupils, foam at the mouth, lockjaw, and small, hard, accelerated pulse. Violent headache, as if the brain were dashed to pieces. See *Mur. ac.*

Agaricus Muscarius

Has few absolute peculiarities. We may mention the appearance of its symptoms diagonally, changing from side to side, as in the *right*

upper arm and *left* lower limb; or drawing, now in the *right* upper arm, then in the left knee joint—now in the right, then in the left thigh.

It produces, perhaps more than any other drug, burning, itching and redness of various parts, as the ears, nose, face and upper and lower extremities, resembling chilblains.

It exerts a great, perhaps peculiar influence, upon the abdominal organs, producing flatulence, congestion, inflammation, and even gangrene. But perhaps its most direct and specific action is upon the liver and spleen. It produces pain in both these organs, and excessive enlargement of the liver. It is, perhaps, more specifically adapted than any other drug to enlargements of these organs, and to the various bilious and gastro-enteritic derangements connected with congestions of the liver and spleen.

The pathological anatomy exhibits the liver enlarged and the gall-bladder filled with thick, dark-colored or grass-green bile. It is a legitimate inference, confirmed by clinical experience, that it is an efficacious remedy in those troublesome cases of bilious diarrhœa in children, and cholera infantum, in which the liver is so generally involved, and attended with grass-green, bilious discharges.

Its action is such on the spinal marrow as to render it more homœopathic to spinal irritations, with all their accompanying pains of head, limbs, &c., than Bell., (to which it is so closely allied), or perhaps any other remedy we possess. (*Baryta Mur.*, *China*, *Lactuca*, *Merc.*, *Podophyllum*, and, perhaps, other drugs, produce enlargement of the liver in common with *Agaricus*; but none in so eminent a degree.

Agnus Castus.

Chilliness of the scalp, with tension, but warm to the hand. Illusions of smell, as of herring and musk. Hard, aching pain in the dorsum of the nose, as if a stone were pressing there—going off on pressing upon the part.

The wind which he brings up, and that which is passed by the rectum, smells like old urine in clothes.

Acute, deep, sharp stitches in the coccyx, and on the left side near the coccyx and sacrum.

Remarkable depression, and even abolition of the sexual function. (*Nuphar lutea* exerts a very analogous influence.)

Heaviness of the right foot; sensation as if a heavy load were attached to the tarsal bones; drawing the foot down in any position of the foot. When walking, the feet easily turn. Fine lacerations in the bottoms of either foot.

Alumina.

Dullness and numbness of the head; stupefaction, with dread of falling forward; cloudiness, and sense of intoxication, sometimes *alternating with pain of the kidneys*; is easily intoxicated with the

weakest spirituous drinks; sensation of numbness in the scalp; pressure on the forehead, as if from a tight hat.

As soon as she sees blood on a knife, she has horrid ideas of killing herself, though she abhors the idea. Consciousness of her personal identity confused.

Falling off and excessive dryness of the hair, which is sore to the touch. (Several drugs cause falling off of the hair, as *calc.*, *graph.*, *lyc.*, *sulph.*, &c., but none of them with the same excessive dryness and soreness.) Itching, dry scales on the scalp.

Squinting of either eye.

Pressure on the throat, as from a plug, with soreness, dryness, and roughness of the voice. Spasmodic pressure in the middle of the chest, as if the œsophagus were contracted or compressed, especially when swallowing. Sensation of swelling in the sides of the throat. Copious, thick, tenacious mucus, every evening and morning, tasting salt after dinner, and arresting the breathing till swallowed.

Stinging in the throat when swallowing, as from a sharp body. (See, also, *arg. nit.*) Tightness from the pharynx down to the stomach, as if the food could not pass. On walking, in the morning, pharynx feels narrower than usual, as if contracted and lame.

Tearing from the liver to the hip.

Alum. has a peculiar group of symptoms of the digestive organs, and attended with chronic and obstinate constipation, from torpor of the lower intestines, rendering it an important remedy in this class of affections; as, evacuations like laurel-berries, with cutting in the orifice of the rectum, followed by discharge of blood; evacuations, with straining and involuntary urination; hard stool, covered with mucus; hard, difficult stool, with pain in the rectum; protrusion of varices, which become moist, with lancinating pain; chills all over during stool; hard stools, with pressure and excoriated feeling of the rectum; beating in the small of the back during stool; the rectum feels dry and constricted during stool; feeling of excoriation of the rectum after stool, which was attended with contraction of the rectum and constriction of the orifice. (See *Sulph.* and *Eugenia.*) Itching and burning of the orifice; sensation in the perineum as if bruised and inflamed; the rectum seems paralyzed.

Leucorrhœa of transparent mucus, attended with tremor and sensation as if everything would fall out of the abdomen. Watery leucorrhœa. (See *Sepia.*) Leucorrhœa, with burning. Too early menses, preceded by headache.

The dreams are peculiar.

General feeling of constriction, particularly in internal organs.

Most of the symptoms seem to come on in the sitting posture, and to decrease when walking. Aggravation or appearance of all the symptoms immediately after dinner or in the evening.

Ambra Grisea.

Though this is a very useful drug to allay irritability of the nervous system, can any one indicate any peculiarities in its pathogenesis? or in that of *Ammoniacum*?

Ammonium Carbonicum.

It is perhaps difficult to designate many individual peculiarities of *am. c.* which have not, at least, their apparent analogous symptoms in other drugs. Its great peculiarity doubtless is its direct action on the blood. It seems to be established that a small proportion of *ammonia* in the blood is the ingredient which preserves its fluidity. An excess destroys the blood corpuscles and the coagulability of the blood, and produces a scorbutic state, melæna, hæmorrhages, morbus maculosus, &c., and hence is homœopathic to many diseased conditions characterized by blood deteriorations. This is abundantly confirmed by clinical experience. But notwithstanding this peculiar action on the blood, most of its characteristic symptoms are closely imitated by *merc.*, *argent.*, *ars.*, *kreosote*, *plumbi.*, &c., which depress and destroy the vital energies by producing dissolution and liquefaction of the *solids*.

It occasions freckles, in common with *kali carb.* and *lyc.* Bleeding of the nose after dinner, or on washing the face in the morning. Small boils and indurations, emitting water and blood, upon the cheek, at the corner of the mouth, and upon the chin. Watery, burning leucorrhœa. (See *Alumina*.)

Weight and lameness in the right arm ; it feels as if weighing a hundred weight, and is without strength. (*Am. mur.* has a similar effect.)

The whole upper part of the body is red, as if covered with scarlatina. The characteristic action of *am. carb.*, to a remarkable degree, is exhibited in the first number of this Journal, under the head of "Autoxiation by Carbonate of Ammonia," by Huxham.

Ammonium Causticum.

The most distinguishing characteristic of this drug is, that it produces the croupous false membrane upon the nasal mucous membrane, uvula, epiglottis, trachea, and bronchi. But *sul. acid.*, *bromine.*, *kali bi-chrom.*, and probably others, also produce this membrane. In its effect on the blood it is nearly allied to *am. carb.*



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ON THE HOMOEOPATHIC LAW:
ITS UNIVERSALITY AND ITS REQUIREMENTS.

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(Continued from page 22.)

IN our former number, we endeavored to indicate ^{the} true sphere of medicine — to mark out the boundaries beyond which its laws do not operate, and within which hygiene, chemistry and mechanics perform only subordinate duties.

We also endeavored to show how the yet hopeful laborers in medicine, of all kinds, who compose the active in contradistinction to the expectant school, entertain the belief that, in curing disease, we “ must institute those new pathological conditions which are most conducive to the salutary efforts of nature.”

And we have pressed the pertinent question, “ What must be the relationship of the new to the old disease, in the accomplishment of a cure ? ”

There are but four relationships that can, under any circumstances, exist between them ; and of these, one only can be true and universally observed. We have already seen how

limited, how far short of universality, are those of *opposites* and *dissimilars*, and consequently push our inquiries further. The next answer given comes from a school known as

THE ISOPATHIC.

“ We believe that the disease or pathological condition instituted by art must be *identical* with that to be removed.”

In attempting to follow this relationship in practice, we would have a task more discouraging than that of Sysiphus, for he was cheered on, again and again, by a momentary prospect of success. Identity of condition implies identity of *cause*, and leads the way in the forever fruitless search for the hidden seeds and springs of disease. Nor is this all. Could the countless influences that deal out sickness on every hand be clearly discerned—how, we ask, could they be secured, how prepared, and how applied in practice? It is a very difficult and often fruitless undertaking correctly to diagnose a pathological condition presented for treatment, and one yet more difficult to search out the specific causes of that condition; while in ninety-nine cases out of every hundred, it would be utterly impossible to secure those causes so as by them to institute a new condition identical with and distinctive of the old. No array of facts or exercise of logic is needed here, to show how worthless must be a practice having so intangible and so inappreciable a relationship as its basis and guide.

The next response to our question comes from the school known as

THE HOMŒOPATHIC :

“ We believe that the new pathological state instituted by art, must be *similar* to that we would have removed.”

In regard to this relationship, we observe, 1st, *that it is plain, simple, and definite.*

It is an undertaking by no means difficult to those capable of making a comparison, to discover a similarity, or to tell

when it exists, between one case of disease and another—between a pathological condition or “totality of symptoms” arising from some morbid cause, and one produced by a medicinal agent. Show us a man who is unable to recognize a similarity when it exists between one case of disease and another, and we will point him out as one who has not the capacity, and should never assume the responsibilities, of a physician.

2d. We observe that *this relationship is not only simple and plain in itself, but that in every case it points out definitely and distinctly the conditions which, by art, we have to institute.*

In other words, it places before the practitioner or medical artist the exact pattern or picture he has to imitate. Not so the relationships of antipathia, allopathia, or isopathia.

When told to institute a condition that shall be *opposite* to the existing morbid one, the practitioner is left wondering and in doubt as to what would constitute an *opposite*, and wherewithal it should be induced.

When told to institute a *dissimilar* condition, he is yet more in doubt; and, like the mariner in thickening fogs, knows not which way to turn—anxious to proceed, yet afraid to venture.

In both instances, the state given does not necessarily, if at all, shadow forth the state to be induced; and the practitioner is left to follow the ambiguous pointings of empiricism, or the promptings of his own ingenuity, amid a hundred learned yet contradictory theories.

And when told to institute a condition *identical* with the morbid one existing, he looks as blank as one told to gather, for use on earth, the music of the stars which “sang together in the morning of creation.”

3d. *That this relationship, assisted by a correct knowledge of the successive stages of morbid action, directs in the treatment of conditions, such as no drug, under trial, has ever been known to produce.*

It being our intention, in a future number, to notice this

point more fully, we pass it here, with the simple remark, that when we find an abscess of the liver, we justly infer a previous state of inflammation of that organ ; and having at hand no medicine known to produce an abscess, but one that has often produced an inflammation there, we are warranted and constrained to employ it as the appropriate remedy.

We observe, finally,

4th. *That this relationship enables the practitioner, in all countries and under all circumstances, to select remedies for every form of disease, whether they be new or old.*

Knowing the pathological condition he has to induce, his ability to cure all curable cases coming within the sphere of medicine will be limited only by his knowledge and possession of *pathogenetic* agents.

We have now fairly though briefly set forth the relationships, as advocated and observed by the various schools of medicine, and, in conclusion, claim—

1st. That of those represented by antipathia, allopathia, and isopathia, not one is such as can be recognized or followed in all cases, nor in any considerable number of the cases, coming within the sphere of medicine.

2d. That the one represented by homœopathia may be recognized in all such cases, and practically followed, as far as the required pathogenetic means are known.

Since the laws of nature are but expressions of certain fixed *relationships*, we also claim—

3d. That the possible and probable universality of the homœopathic relationship gives us the possible and probable universality of the *homœopathic law*.

II.

Having assumed, what we presume no one will deny, that a general principle, deduced from the phenomena or facts in medicine, and pointing the practitioner's way through the ever-changing phases of human ailments, is needed, we have made no special efforts at its proof.

Whoever doubts the necessity of such a principle and practical guide, may be convinced by a reference to the ups and downs of various theories and various remedies in the past, and a view of the contradictions, inconsistencies, and total want of scientific accuracy, as well as success, in the orthodox practice of the present day.

If ever a mariner needs a compass to guide him over the deep, when shores have vanished from sight and beacons and even charts are useless, the practitioner of medicine needs one that shall discover to him the pathological conditions to be instituted for the removal of those morbid ones concerning which no experience, no clinical charts, can ever enlighten him.

As well might the mariner depend upon the moving waves or the ever-changing winds to guide his course, as the practitioner upon the phases of ailments that *have* occurred, or the prescriptions in *bygone* cases, to indicate the treatment required in those before him.

Take into account the multitude of ever varying morbid influences to which human beings are subject, and the great diversities of temperament, constitution, and habits existing among them—multiply these by the sum of all the derangements possible in all the organs of the human body,—and who, with the product before him, can say that no general principle or law of cure is required, but only a history of the cases of disease and modes of treatment as known in the *past*?

If, to obtain the third side of a triangle—two sides being known—it is necessary to have one of the *angles* given, it is equally necessary, in the accomplishment of a cure in any case, that not only the disease and pathogenetic means be given, but also the *relationship* between them.

This relationship, like the angle, points out the work to be accomplished, and indicates the method for it.

Since, then, a general therapeutic principle is needed, and since no probable or even possible one is presented, except that of *similia*, we claim it as the one required, and will now offer some proofs in its favor, from analogy.

In our first number (page 10), we advanced the following proposition: "That as the law requiring terrestrial bodies, when left unobstructed, to move invariably toward the centre of the earth, is immutable, so that which permits a medicine to cure only a disease the image of which it is able to produce in the healthy, is immutable and without exception."

1. Bodies left free to move were observed to fall toward the earth, and the moon and planets to march their regular rounds through the heavens; yet no one, before the time of Newton, imagined that they were all compelled so to do by one kind of force, acting ever in obedience to one general law.

They had various properties and relations, and were therefore supposed to be moved by a variety of causes. But the great English philosopher, from the suggestive lesson of a simple incident, discovered that the motions of all bodies near the earth, or in the heavens, were alike caused by one force, and governed by a single law, to which he applied the name *gravitation*.

In like manner, drugs were observed to cure diseases; yet no one, before the time of Hahnemann, imagined that they were compelled so to do by a peculiar kind of force, in all cases acting in obedience to one general law. Drugs had various physical and chemical properties, and various relations, and were therefore supposed to accomplish cures under the control of a variety of principles or laws. But the great German medical philosopher, from the suggestive lesson of a simple incident, discovered that the curative action of drugs in all cases was and must ever be due to the operation of a general therapeutic law, which he termed the *homœopathic*.

2d. The falling apple led Newton to inquire, "why may not this power (that brings the apple to the ground) extend to the moon? And if so, what more would be necessary to keep her in her orbit about the earth?" The cinchona bark, producing a miniature form of chills and fever when taken in health, led Hahnemann to inquire, "why may not this power to produce an affection similar to that which it is known

speedily to cure, extend to all other drugs? and if so, what more is needed to account for their curative action?"

Newton, availing himself of all the information furnished by Tycho, Kepler, and other philosophers, astronomers and mathematicians who had gone before him, moved on step by step, and after years of study and close calculations, was able to show a doubting and sneering philosophical world the practical effects of his discovery.

So Hahnemann, gathering facts from Hippocrates, Galen, Paracelsus, and others, through whom had come down the records of medicine, comparing the cases cured by various drugs with the effects known to be produced by them in the healthy, experimenting and studying for years, was at last able to exhibit the practical and successful workings of his law to a doubting and sneering medical world.

The law of gravitation soon bore down all opposition, because capable of mathematical demonstration; while that of therapeutics, susceptible only of moral and physical proofs, and therefore subject to more uncertainties, has been, with a slower but no less certain step, advancing over all opposition urged by pride, ignorance and prejudice.

3d. It may be objected to the homœopathic law, that no rational explanation of its *modus operandi* can be given—no reason *why* it is paramount to all others in medicine. In answer, Hahnemann has said, "As this therapeutic law of nature clearly manifests itself in every accurate experiment and research, it consequently becomes an established fact, however unsatisfactory may be the scientific theory of the manner in which it takes place. I attach no value whatever to any explanation that could be given on this head."

It was objected to the law of gravity that its essential nature was not understood. To this cavil, Newton answered, "What the efficient cause of these attractions is, I do not here inquire. What I call attraction may possibly be caused by some impulse, or in some other way unknown to us." "I have explained the phenomena of the heavens and the sea by

the force of gravity ; but the cause of gravity I have not yet assigned." " I consider these principles, not as occult qualities imagined to arise from the specific forms of things, but as universal laws of nature, according to which the things themselves were formed. For that such principles do really exist, appears from the phenomena of Nature, though what the causes of them are, be not yet explained."

Newton had his own rationale of the law he discovered, but never for a moment put it forward as a basis, nor even proof, of the universality of his law.

Hahnemann had his own theory as to the essential nature of the law he discovered ; and although that theory was advanced by him with no small degree of confidence, to his credit be it said, he never claimed it as necessary to the truthfulness or universality of his law.

Most of the opposition to homœopathy, the world over, has been directed against the theories and the practice of its followers—its outworks merely,—not against its own essential and impregnable walls.

4th. It may be objected to the universality of the homœopathic law, that under its guidance the practice of medicine is not invariably successful. So it was objected to the law of gravitation, that all bodies left free to move would not tend to the center of the earth. Feathers and straws and kites were often seen to move upward or away from the earth ; and balloons, bearing considerable weight, obeyed not the law. " Abundant exceptions these to Newton's laws," the objectors cried. " Abundant, indeed," echoed the rabble.

And it was objected to the law of gravitation that it could not fully explain the phenomena of the heavens : and the objection seemed well grounded, for Newton had long tried in vain to account by it for the motions of the moon. After the lapse of twenty years spent in diligent study, and after the correction of several errors which had always been fatal to his calculations, he at last was enabled to see the moon wheeling on her way under the guidance of his law.

History tells us that when his immortal work was done, and it was published by the Royal Society, "not more than two or three of his cotemporaries were capable of understanding it; and more than fifty years elapsed before the great physical truth which it contained was thoroughly understood by the generality of scientific men."

So it has been objected to the homœopathic law, that it cannot be followed in the treatment of all cases of disease; and the objection has seemed well grounded, for not all have recovered health who have resorted to its practice. But, through the observations and experiments of Hahnemann and his followers, pathogenetic means have been discovered and errors in materia medica corrected, till scarcely a form of disease can arise for which the remedy required is not at hand. As the feathers, the kites, and the balloons were found disobedient to the one law, on account of currents of air and of gases lighter than the atmosphere, which did not leave them "*free to move*," so the cases which remained uncured when submitted to homœopathic treatment will be found, on careful analysis, to be subject to certain influences which do not leave them *susceptible of cure*. As it is our purpose in a future number to set forth the *requirements* of the homœopathic law, and thus to indicate the *causes* of failure in practice, we will but briefly allude to them here.

Suppose, for example, twenty cases offered for homœopathic treatment, and that four of them remain uncured; by analysis, we find,—

- a. That one was a case not coming within the sphere of medicine, as pointed out on page 12.
- b. That one had not the remedy required by the law.
- c. That one, having the proper medicine, received it not in proper form and manner.
- d. That one was governed by circumstances sufficiently unfavorable to render the means employed of no effect.

Now, we assert, without fear of contradiction, that no trial of homœopathia by its friends or foes has ever resulted in

a failure, except from one or more of these causes ; and we submit that no such failures can compromise the system in the estimation of any candid or competent inquirer.

Much has been said of Andral's trial of it, and of its failure in his hands. We answer by asking, who would be surprised or led to doubt the law of gravitation, if told that one of the "scientific men," thirty years after the publication of Newton's works, had failed by the aid of his law to calculate the relations and motions of a new planet ? Andral, though a thorough scholar in most branches pertaining to therapeutics, was quite ignorant of the *materia medica* and practical minutiae of the homœopathia.

In later years, he himself acknowledged his experiments to have been insufficient to prove either the truthfulness or the falsity of Hahnemann's teachings.

5th. To the universality of the homœopathic law it may be objected, that the measures prescribed by antipathia, allopathia, and isopathia are successful in curing disease.

So it was objected to the law of gravitation, that it was not needed and could not be universal, because the movements of celestial as well as terrestrial bodies had been well enough accounted for without its aid. When we consider that the "generality of scientific men," for more than fifty years after the discovery and publication of that law, not only clung to their short-sighted hypotheses in opposition to it, but even failed in that time to gain a thorough understanding of it ; we cannot be surprised that, after fifty years from the exhibition of the homœopathic law in Hahnemann's *Organon*, "the generality" of medical men should be seen clinging to their multitude of theories in opposition to it—nor, indeed, that they should be found possessed of little or no understanding of it.

If the testimony of figures was so long in turning the minds of men, from errors to which education had wedded them, into the plainest paths of philosophical truth, we need not wonder that the testimony of facts should be longer yet in

bringing them from their fondest medical theories into the adoption of homœopathia.

If it was so difficult to convert philosophers—men professionally in the pursuit of truths and general laws—men more than others above the thraldom of ignorance and prejudice, why should it appear strange that it has been difficult to convert physicians, men proverbially jealous and intolerant, men more than others subject to the influences of personal pride, not to say also of superstition and ignorance?

In proof of this objection, that antipathia, allopathia, and isopathia prescribe successful remedies, suppose a list of fifty cases claimed to have been cured by them to be presented for our consideration. By analysis, we find,—

a. That of the fifty, thirty were such as might and often do recover without the agency of art. We may here observe, that in the first vol. of Putnam's Magazine, issued some years ago, appeared an article from the pen of a distinguished American physician and editor—to whom we had the privilege of reply—claiming that “in nineteen out of every twenty cases of disease, nature is able to accomplish recovery without the aid of medical art.” He was canvassing the cures of homœopathia. Were we to adopt his proportions now, instead of admitting forty per cent., we could only allow *two and a half* per cent. as the number cured.

b. That of the twenty remaining, ten had received medicines whose pathogeneses clearly show them to have been *homœopathic*, viz. :

One case was of	<i>Scarlatina,</i>	remedy	<i>belladonna.</i>
“ “	<i>Paralysis,</i>	“	<i>nux vomica.</i>
“ “	<i>Cholera,</i>	“	<i>cuprum.</i>
“ “	<i>Vomiting,</i>	“	<i>ipecacuanha.</i>
“ “	<i>Intermittent Fever,</i>	“	<i>cinchona.</i>
“ “	<i>Synochal Fever,</i>	“	<i>aconite.</i>
“ “	<i>Diarrhœa,</i>	“	<i>rheum.</i>
“ “	<i>Tonsilitis,</i>	“	<i>capsicum.</i>
“ “	<i>Convulsions,</i>	“	<i>hyosciamus.</i>
“ “	<i>Syphilis,</i>	“	<i>mercurius.</i>

We are reminded that the remedies named were not administered each by itself, but generally in combination with other articles. Doubtless, sir—doubtless; but can you show us that in either of these prescriptions the accompanying articles were relatively more important, or more operative, than the molasses on the boy's bread?

c. That of the other ten cases cured, five were subjected to measures which, while apparently antipathic or allopathic, were in reality so far homœopathic as to impress the parts diseased in a curative manner.

One case was of *high nervous excitement*, caused by pressure of blood on the brain, and the remedy employed *opium*, as a narcotic.

Another was of *asthma*, and the remedy *ipêcac.*, as an emetic.

Another was of *dysentery*, and the remedy *colocynth*, as a cathartic.

Another was of *pneumonia*, and the remedy *cantharides*, as a vesicatory.

Another was of *phagedenic ulcer*, and the remedy *arsenious acid*, as an escharotic.

Upon examination, we find that, although the most prominent effect of *opium* is coma, its first impression upon the brain is to excite or exhilarate; and that coma supervenes only as the congestion becomes more and more complete.

Hence, while apparently an antipathic remedy in the case given, it was really homœopathic, and therefore curative.

Ipecac., although given as an emetic, to increase expectoration, was homœopathic, and therefore efficacious in curing asthma.

Colocynth, given as a cathartic to clear out the offending material from the colon, affected the parts implicated by dysentery, and in a similar manner, and was on that account the successful remedy.

A *blister* has been known to inflame a portion of the lungs over which it has been placed, and instead therefore of curing pneumonia simply by derivation, has done so really by virtue of its homœopathicity.

Arsenic produces phagedenic ulcers, and may therefore prove curative in similar affections.

d. Of the remaining five cases, one was a case of *quinine poisoning*, treated with *cinchona tincture*, and one of *frost-bite*, treated with *ice-water*. These cures, claimed by isopathy, belong rather to homœopathy; for the difference in temperature between air at a freezing point and water that will melt ice, and between *cinchona bark* and its alkaloid product, is such as to preclude *identity* and to ensure *similarity*.

e. Of the three cases yet remaining, one was a case of *psoric eruption*, treated with *mercurial ointment*; one of *diarrhœa*, treated with *astringents*; and the last one of *phthisis pulmonalis*, treated with *setons*.

Upon the best of authorities, we declare these last three cases not cured. The *psoric eruption* may have disappeared from the skin under the application of *mercurial ointment*, but only to return upon some future occasion, or to work yet greater mischief within and beyond the reach of the superficial dabbler.

The *diarrhœa* may have been checked by the *astringents*, but the irritation, of which the alvine discharges were but the outward signs, is not removed, and, upon the least occasion, will astonish the patient with a "relapse."

And the *phthisis pulmonalis*, apparently arrested by the *setons*, has been steadily holding its ground, though permitting the officious hand of art for a time to perform its sewerage, and thus indirectly to assist in the final destruction of the ill-fated tenement.

We believe that the results of our examination of the fifty cases reported as cured by antipathia, allopathia, or isopathia are such as would be obtained from a careful analysis of the cures claimed by those systems the world over; and that, so far from proving anything against our law, they actually confirm its reality, and show how it has ever been the basis of success—"as light shining in darkness, while the darkness comprehendeth it not."

6th. To the homœopathic law it may be objected, that it throws away or undervalues the accumulated knowledge of all the wise men in medicine who lived before the time of Hahnemann. So it was objected to Newton's law, that if adopted in practical philosophy and astronomy, it would do away with all the grand hypotheses and systems which it had taken the greatest of men hundreds of years to build up.

As, however, all truths in philosophy discovered before the time of Newton not only remained, but were the necessary stepping stones to his system, so those in medicine discovered before the time of Hahnemann have remained, and together now form the immutable basis and means of approach to the true temple of medicine.

7. It may be said, that if the homœopathic law is true and universal, why was it not sooner revealed to a disease-ridden world? We reply by asking why the law of gravitation, the laws of heat, light and electricity, the circulation of the blood, and the protecting power of vaccine virus, were not made known to man ages before they were?

III.

At this point in our course of argument would properly come in the practical or statistical proofs of the universality of the homœopathic law. But as these have so often appeared in our literature, we consider their repetition here scarcely necessary.

The superiority of the practice governed by that law, when compared with that of any other system, is as transcendent as truth and science can make it.

To illustrate the practical advantages of homœopathia over all other systems of medicine, and especially to show the benefits of a general principle in therapeutics, we will here offer a succinct sketch of the Asiatic cholera, its history and treatment. That our sketch may appear truthful beyond all question, we shall quote somewhat extensively from the *London Medico-Chirurgical Review*.

For more than thirteen years, the epidemic form of "spasmodic cholera," as it was called, had been making frightful ravages in Hindostan and other parts of Asia.

English surgeons in those countries had written paper upon paper respecting the nature and treatment of the disease; yet, in Europe, very little attention, and no fears, had it excited till the year 1830, when it commenced its irresistible march across the Russian empire.

For more than a year, it had gone from palace to hut through that country, destroying the old and the young, the weak and the strong alike, when the emperor, feeling how powerless were all the medical defences to stay or lessen its fearful ravages, offered a reward of 1,100 pounds sterling for the best treatise on its cause, nature and cure.

This offer was duly proclaimed in Germany, Hungary, Italy, England, Sweden, and Denmark, as countries most likely to feel the importance of preparing for its visitation.

The first notice of the advancing disease, in the *Medico-Chirurgical Review*, appeared in the October number for 1830. The editor says,

"This terrific epidemic has reached Astrachan—nay, even Moscow—and is menacing the Russian dominions in Europe."

After mentioning the offer of the emperor, he says,

"We venture to predict, that not one IOTA of additional information to the stock on hand will be thus elicited."

Six months later, and the nearer approach of the destroyer, and the failure of all known means of cure for it, gave the editor more serious thoughts. No longer disposed to ridicule the anxiety of the emperor, he writes—

"During the present year, the rapid and deadly progress of the cholera over a great portion of the Russian empire, renders it an object of dread and interest to Europeans generally, and calls for every *mite* of information relative to the phenomena of this justly-termed inscrutable and intractable disease, which research can discern or experience supply."

Taking the alarm, "medical commissioners" were sent by

the English to St. Petersburg, to study the epidemic, and to discover reliable means for its cure.

Three months pass, and the editor again writes,—

“ We have been preparing an extended article on this wide-wasting pestilence, and have brought it down to the time of writing this short notice.

“ But we find that no limit is yet put to the ravages of the disease, no satisfactory history of its European progress compiled, no probable cause of the malady ascertained, and no consolatory prospects of a successful treatment brought to light.”

Six months later, and the editor writes,—

“ The far-distant storm which startled our countrymen on the banks of the Ganges fifteen years ago, and has since ravaged with devious but too fatal course every country from the Straits of Malacca to the Pas de Calais, has at length burst on our shores! In Asia, the fiend was contemplated by us with curiosity—in the wilds of Russia, with suspicion—in Germany, with alarm—but on English soil, with TERROR !”

From this point, we find the Review filled with notices of books, pamphlets and letters upon cholera, each of which has its own theories and *modus medendi*.

One writer, mentioning the various remedies put forward and their failures in practice, says,—

“ Venesection was at one time ordered to be employed by *Government!* Then sweating was praised; and various ingenious contrivances were brought forth, for the purpose of raising that process.

“ Of internal remedies, *calomel* and *opium* were most in repute. But they were far from successful. *Rhubarb* and *magnesia* superseded *calomel* and *opium*, and were, in their turn, renounced for *sub-nitrate of bismuth*. This was believed to be almost a specific; but the accounts given of its effects, by various practitioners, would excite laughter, were it not that the subject was too melancholy.”

Three months pass, and in an appendix to the April number, 1832, is given “ a history of the progress of Cholera in England,” written by one whom the editor says “ is a gentleman well qualified to perform it.”

In his chapter on *treatment*, we find the following:—

“ In each country where this disease has appeared, we find a very different and opposite treatment recommended as one proved by experience to be the best.

“ In India, bleeding, calomel and opium were the favorite remedies. In Russia, a practice as inert as a few grains of sub-nitrate of bismuth in frequently repeated doses.

In England, the mustard emetic.”

The writer further corroborates the opinion expressed by Sir William Crichton :—

“ It is a most melancholy confession, but one not the less true, that after cholera has spread its devastations from Ceylon to Archangel, from Orenburg to Berlin, we are almost as far from a rational *methodus medendi* as we were when it first appeared on the banks of the Ganges.”

During the following summer, after the dreadful scourge had visited Paris, the Royal Academy of Medicine issued a report of their observations and conclusions concerning it. After perusing this report, the editor of the Review says,—

“ Not one fact is added to our knowledge, nor one novel conclusion submitted to our reason.”

Speaking of the non-professional persons who might read the report, he says,—

“ In short, if they come to any conclusion, it must be that doctors everlastingly differ among themselves, and make experiments on their patients, rather from curiosity than from any rational or well-grounded hopes of cure.”

M. Andral, the great pathologist of Paris, pronounced the disease to be *enteralgic* instead of *enteritic*, and recommended “ free bleeding among the young and vigorous, external irritation, and plenty of laudanum internally.” On the other hand, his neighbor and equally distinguished colleague, *Broussais*, declared it to be “ highly inflammatory action of the whole alimentary canal,” and prescribed “ ice internally, leeches to the epigastrium, and heat to the extremities.”

In closing our historical sketch, we may remark that the dreadful cholera, from its eastern haunts, had ravaged Russia, the various countries of Europe, scourged the British Islands, crossed the Atlantic, and spread death and dismay over America; that in St. Petersburg, in Vienna, in Paris, in London, and in New York, it had received the most careful scrutiny and the most determined assaults of the most distinguished

medical men in the world ; that books and pamphlets without number, theories and prescriptions without end, had been issued in every country ; that the editorial table of the review had groaned under the weight of these, and the editorial head become tired in their perusal. Not presuming to close with words of our own arranging, we will here let the *editorial pen* of the review write the conclusion.

“ If we say little at present, it is because there is really little to say— little, at least, that is new. It is true that every day brings a fresh specific ; yet, strange to tell, the dying cholera list shows no alteration in the relative proportion of recoveries and deaths. There must surely be something rotten in the state of Denmark, when, out of the multitude of certain or nearly certain remedies, from the tincture of the Russian merchant on Cornhill to the salts of Dr. Stevens, none have yet effected what all pretend to effect, a diminution in the gross mortality. Amidst the variety of remedies presented to our notice, we feel like a hungry guest with a splendid bill of fare—each article tempts, but which shall we prefer ?”

“ With our boasted civilization and intellect, we walk the same mill-horse round we walked before, and that others have walked before us.

“ When the cholera appeared in Hindostan, the papers so teemed with specifics and cures, that the government put a stop to their further publication, on account of the mortality they caused.” “ For ourselves, what shall we say ? Alas ! we must own that we are gloomy, heartless skeptics, without so much as a grain of faith, or one single saving particle of belief. Would that it were otherwise— would that we could only so much as imagine that cholera has been, is, or will be cured by the thousand and one plans, of happy memory, already published, publishing, or to be published.”

“ In point of fact, *we know no better mode of treating cholera than when it first appeared in the island ;* and the really severe cases are just as fatal as they ever have been.”

The story now is told—not by our words, but in those of “ JAMES JOHNSON, M.D., Physician extraordinary to the King, &c., &c.” And what have we learned ?

1st. That all the learning, all the theories, and all the ingenuity of the medical world, as represented by empiricism, by antipathia and allopathia, failed to point out reliable remedies for Asiatic cholera, *ante experientiam*.

2d. That they likewise and very signally failed to furnish such remedies, after the fullest and fairest opportunities for studying the disease, or, as we may say, *post experientiam*.

Turning, for a moment, from these sad conclusions, permit us to say that, in 1830, Andral and Broussais had a German neighbor, who, like themselves, was intently watching the approach of the dreadful monster of the Ganges, gathering all possible information in regard to its character, and studying hard to arrive at the proper method of dealing with it upon its arrival westward. That neighbor was SAMUEL HAHNEMANN. He took the same reports which reached them; and instead of taxing his ingenuity to decide whether the disease set forth was *enteritic* or *enteralgic*, or whether the remedies should be *antiphlogistic* or *antispasmodic*, he collected the symptoms given, and scanned them one by one till the image of the hideous monster stood up before him as the living reality. Under the guidance of the great law he had been permitted to discover, he next sought to learn what medicines had been known to produce affections resembling that awful image.

With a knowledge of drugs such as no other man ever possessed, he soon arrived at CAMPHOR, CUPRUM, and VERA-TRUM, and wrote them down as the best remedies for cholera.

A pamphlet was immediately prepared, giving directions for their use, and copies of it scattered by thousands in countries where the epidemic was raging. Thus, long before Hahnemann had treated, or even seen a case of it, he pointed out the means which then, afterward, and ever since, have proved themselves more successful than any others in its cure. In every country where Asiatic cholera has been confronted by practitioners of homœopathia, these three remedies have maintained the character given them by Hahnemann, and shed abundant glory upon his law.

When we review the history and treatment of this well-marked disease; when we behold it demonstrating the *worthlessness* of all the old theories and plans of medical treatment; and when we see it, at the same time, furnishing indubitable evidences of the *soundness* and *universality* of the homœopathic

law, we cannot but look upon and revere it as the messenger of good to man.

So uncertain were the statistics of treatment in common ailments, so blinded the people by professional jugglery, that ages might have passed away before the vast superiority of homœopathia had become apparent to the world, but for the terrible ordeals of cholera.

It is worthy of note, and quite significant of the future in medicine, that the first remedy, *camphor*, named by Hahnemann, has been adopted in nearly every prescription for cholera made by practitioners outside the homœopathic school—especially in every one that has gained reputation for success; that the second remedy, *cuprum*, has received the commendation of many of the most learned in the old schools, as both a curative and prophylactic agent in that disease; and that other remedies, approximately homœopathic in the cases, have been in various countries and at various times blundered upon and successfully employed by the same parties, such as *arsenicum*, *rhubarb*, *ipecac.*, *castor oil*, *tartar emetic*, *mustard emetic*, *cold affusions*, &c.

In conclusion, we observe, that as every individual case of disease is, comparatively, a new one, because in some respects it is different from all others, the perplexities of antipathia, allopathia, and empiricism in presence of Asiatic cholera recur in a greater or less degree at their every step in common practice.

And, on the other hand, the facility and success which characterized the application of the homœopathic law to the treatment of that disease, may be, have been, and must ever be characteristic of its daily applications in ordinary practice.

[To be continued.]

THE NATURE, PATHOLOGY AND HOMŒOPATHIC TREATMENT
OF STOMATITIS PUERPERALIS—(Nurses' Sore Mouth).

BY WM. TOD HELMUTH, M.D., ST. LOUIS, MO.

I.—SYNONYMS. *Stomatitis materna ; stomatitis nutricum ; nurses' sore mouth ; nursing sore mouth ; puerperal anæmia ; stomatitis puerperalis.*

It is a somewhat remarkable fact, that a disease of by no means unfrequent occurrence, and one often of such grave import as that we are about to consider, has been almost entirely overlooked by those writers who have attained the most elevated position as authority upon the disorders peculiar to the female sex.

And yet we believe there are few practitioners, particularly among those who reside in the western portion of the United States, who have not encountered obstinate cases of that affection known most commonly by the name of "nurses' sore mouth;" and no doubt there are many who have been surprised at its extent and obstinacy, who have searched in vain for some additional light upon its pathology and treatment, and have been repeatedly disappointed at the meagre details that are offered by the authors whom we have had the opportunity to consult. Among these, the following are remembered.

About forty or fifty numbers of the *British and Foreign Medico-Chirurgical Review*; about thirty volumes of Rankin's *Half-yearly Abstract of Medical Sciences*; Watson's, Barlow's, and Thompson's *Practice of Medicine*; Good's *Study of Medicine and Nosology*; Churchill's *Diseases of Females*; Meigs's *Diseases of Women*; Ashwell's *Diseases of Women*; Ramsbotham's *Obstetrics*; Burn's *Principles of Midwifery*; Cazeau's *Midwifery*; and the separate works of Edward Rigby, London, Challey, Churchill, Meigs, Maygrier, and some others on the same subject. In none of these works have we found any definite or useful information on this disease.

II.—*Nomenclature.*

We shall endeavor, as briefly as possible, to consider this portion of our paper, and would condemn the use of the names by which the disease is most commonly known, and which have been adopted by a number of physicians who have written upon the subject, viz, "*nurses'*" or "*nursing sore mouth.*" These terms are objectionable for the simple reason that the affection is not confined to nursing women, but may, and frequently does, appear prior to child-birth, and may perhaps be present during the whole duration of pregnancy. "*Puerperal anæmia*" or "*puerperal stomatitis*" (*stomatitis puerperalis*) would perhaps be preferable for designating the disease, as these appellations are more scientific in their character, explaining, to a certain extent, its true pathology.

In corroboration of the statement that puerperal stomatitis does make its appearance at the times adverted to, the author would not rely merely upon his own experience, but can refer to numerous physicians of this city who can testify to the fact, and also to published authority. Dr. P. W. Ellsworth, of Hartford, writes, "I had a very severe case commencing *nine weeks prior to labor.* The patient had nearly died from the disease with a previous child, in which case also the complaint made its appearance *prior to delivery.*" Dr. Miner, in the minutes of the City Medical Society of Hartford, mentions that "he knew a severe epidemic of it in Berkshire Co., a mountainous region in Massachusetts, in 1832, and another at Middletown, in Connecticut, in 1836." Dr. Sumner also stated that "he had known the disease occur as early as the fifth month of pregnancy;" and the author would state that he now has under his care a lady who has suffered from this affection for nearly twenty months. She was afflicted with it during the whole period of lactation, and finally weaned her infant; but before the disease could be eradicated, she again became pregnant, and the symptoms

became aggravated and intractable. For the same reasons, the synonym "*stomatitis materna*" should not be adopted by precise nosologists, because, as we have seen, before females can properly receive the term "*mater*," they are obnoxious to the disease."

III.—*Semciology.*

A patient affected by puerperal stomatitis complains of loss of taste, and a sensation as though the tongue were burnt or scalded; there is considerable soreness of the fauces, with occasional enlargement of the submaxillary and sublingual glands; at times, there may be profuse salivations, or there may be dryness of the whole buccal cavity. The tongue is somewhat swollen and stiff, and the patient dreads to take either food or drink, on account of the pain experienced by the simple contact of the aliment. The general expression is one of marked anæmia, the complexion is waxy, and there are dark livid circles around the eyes. The pulse is quick and wiry, and emaciation to a certain degree may be present. An examination of the mucous membrane exhibits great vascularity and some tumefaction, dotted here and there with vesicles, which, bursting, leave ulcerated depressions that may extend rapidly into the surrounding textures, or may remain without much enlargement, while similar solutions of continuity appear in other portions of the buccal cavity. The first appearance of the ulcer is noticed from three days to one week after the great vascularity of the membranes is present (the engorgement may be so general that the surface of the tongue appears as though it were smeared over with blood), and in some instances the papillæ fungiformis and filiformis are not visible. In other cases, however, (and generally at a later stage in the disease), the papillæ are erected, tumified, and rendered much more than normally sensitive. The first appearance of the ulceration is generally noticed on that portion of the mucous membrane as it is reflected upon the gum from the inner surface of the lower

lip on either side of the frænum inferioris, or as the membrane folds upon itself to form the frænum linguæ. This disorder may attack the œsophagus, and extend along the mucous membrane of the stomach and intestines. The prima viæ being thus invaded, a diarrhœa of a most obstinate character is manifest; or this symptom may appear at an earlier stage of the disease. A constant irritative cough is also present, and if the disorder is confined to the intestinal tract, this symptom may continue for a considerable period without any marked aggravation. If, however, the inflammatory action extend below the rima glottidis, a more serious difficulty is to be apprehended, and the symptoms of tracheal phthisis are noticed. We have also observed that often when the disease extends along the respiratory tubes, the appetite may remain almost unimpaired, digestion be tolerable, and sometimes constipation present; in such instances, the voice is altered, hoarseness or aphony being presented. A sensation of tightness about the chest, and cough, with muco-sanguineous expectoration, are then the symptoms which demand the attention of the physician.

Dr. Hall, in his reply to a letter addressed to him by M. L. Knapp, M.D., to inquire into the nature of nursing sore mouth, relates a grave case of the disease, and one which well illustrates its symptomatology. The date of his communication is January 26th, 1854. He writes, "the subject, aged about thirty-eight years, is habitually anæmic, strikingly deficient in the nutritive function—so much so, as to present a very pallid, exhausted appearance; and the buccal affection has regularly occurred in the early period of lactation since the birth of her second child—having had six, I believe. The infant then at the breast was about four months old; and from the history of the case, elicited from the attending physician and her friends, it appears that her general debility increased, and her health continuously declined to this period, when the symptoms had become extremely aggravated. She had been confined to her bed and utterly helpless for fourteen or fifteen

days, when I first saw her. Entire buccal membrane covered with aphthous inflammation, with numerous patches of small ulcers; several large ulcers occupying the edges and inferior surface of the tongue, and some isolated spots of ulceration on the inner surface of the lips; profuse salivation (not mercurial), much complaint of vitiated taste, with anorexia; pulse 125, very feeble, with a very low grade of febrile reaction, of a regularly remitting type; muscular and nervous exhaustion complete, with extreme feebleness of circulation. So distinctly remitting was the accompanying fever in this case, and so urgent seemed the demand for an anti-periodic, that that measure was resorted to, and met the indication very happily."

These symptoms, though imperfect, may serve to establish an outline of puerperal stomatitis; its semeiology will be further noticed in considering the literature of the disease. Enough, however, has been said to enable us to perceive, that the constitutional trouble is anæmia, of which the *local manifestations* are the solutions of continuity in the mucous membrane.

IV.—Literature of Puerperal Stomatitis.

The literature of the affection we are considering is confined to the American medical journals,—to Wood's *Practice of Medicine*, in which the short article that is headed "Sore Mouth of Nursing Women" (5th edition, 1858, vol. 1, p. 530), is mainly taken from the periodicals aforesaid; to a paper of Dr. Marshall Hall, and one from Professor Simpson, of Edinburgh. But the most elaborate treatise on the subject we find in the *Primary Pathology* of Professor Knapp, vol. 1, p. 163. Dr. Hall's treatise appeared, with a review of the same, in the *London Medical and Physical Journal* for July, 1820. This article is headed "Cases of a serious affection occurring after delivery, miscarriage, &c., and of a similar affection unconnected with the puerperal state." Although there is no particular mention made of the mouth affection in this paper,

still the tenor of his article leads us to the consideration of anæmia and its train of sufferings in puerperal women. Prof. Simpson's essay made its appearance in the *Edinburgh Monthly Journal*, and was reprinted in the *Boston Medical and Surgical Journal* of 1855. The article is entitled "Chronic pellicular or eruptive inflammation of the intestinal mucous membrane." To this paper allusion will be made when we arrive at the pathology of the disorder.

According to Dr. Knapp, the first physicians in the United States who described the disease were Drs. Hale and Backus; and upon their information, Dr. Wood, in his *Practice of Medicine*, has relied for his description of its symptomatology.

In the *Western Medico-Chirurgical Journal*, 1857, was published an article, entitled "Stomatitis in pregnancy and lactation," with a case that well indicates to what extremes the disease may proceed.

CASE. Mrs. W—, of scrofulous predisposition, and advanced to the seventh month of pregnancy, had been laboring under stomatitis for three weeks before advice was taken. The tongue, the lips, the cavity of the mouth, and fauces were thickly covered with ulcerated patches. From the difficulty of swallowing, it was also manifest that it had proceeded downward along the lining of the œsophagus; and it was just as evident that the mucous coat of the stomach was also seriously involved. There was much suffering on deep pressure in the epigastric region, and food was rejected immediately upon swallowing it. The symptoms pointed to a diseased condition of the cardiac orifice. There was at this time some constipation of the bowels. After a time, from a change in the voice, together with a sense of lightness of the part and stiffness of the muscles of the neck, it was evident that the larynx and trachea were suffering also. There was slight cough, with a muco-sanguineous expectoration; and upon retiring to bed, the semi-recumbent posture was chosen to favor inspiration, in which position the head was thrown back. There was slight dulness upon percussion over the whole thoracic surface. There was feeble respiratory murmur, owing to the thickened walls of the larynx, aided doubtless by the preternatural smallness of the chest.

She had now arrived at the eighth month of her pregnancy, the previous month having been spent in the foregoing developments. The symptoms now assumed a more grave character; the cough was constant and harassing; the sputa thick, tenacious, and slightly sanguineous; wandering pains through the chest; respiration difficult at intervals; dulness over the entire

thoracic surface, particularly manifest in the superior sternal and right clavicular regions. There was bronchial respiration, but no vesicular murmur; irritability of the stomach so great as to reject food, drink, or medicine. The dejections showed a large admixture of thick tenacious mucous, similar to that expectorated.

About the middle of the eighth month, the following were the symptoms: There had been a large discharge of pus in coughing; pectoriloquy in the right infra-clavicular region; the ulceration had extended to the posterior nares, followed by alarming epistaxis, doubtless from the destruction of a vessel in the progress of ulceration; the irritability of the stomach continues, as before; colliquative diarrhœa and hectic fever; cough persistent; sputa purulent and mucopurulent.

Her confinement, which was now close at hand, was looked forward to as an event which would close her sufferings. All the symptoms continued in an exalted form up to this period, when uterine contractions came on, and her labor was concluded in two hours from the first evidence of uterine effort, was easy, and followed by but little loss in discharges. She, however, began to sink rapidly, and, in eight hours from the delivery of the child, she died. The child was less than the average, but appeared healthy. In a few days, however, as I learned, it sank rapidly, with similar symptoms to those of the mother.

The above remarks are interesting and instructive, particularly as describing the symptomatology of the disease. A very similar case has recently occurred in this city under the care of Professors Temple and Adams. A paper appeared in the *New England Quarterly Journal of Medicine and Surgery* (Oct. 1842), entitled "Notes on Anæmia in its Connections with the Puerperal State, by W. Channing, M.D."

In the *American Journal of Medical Sciences*, several contributions to the literature of the affection are noticed. The titles of the papers are as follows:

1. "On Endemic Sore Mouth and Diarrhœa peculiar to Nursing Women, by Lewis Shank, M.D., of Memphis, Tenn." Oct. 1842.
2. "Remarks on a species of Sore Mouth peculiar to Nursing Women, by B. W. Taylor, of Monticello, Florida." March, 1843.
3. "Nursing Sore Mouth, by J. Yale Ware, M.D., of Mass." 1849.

4. "Stomatitis Materna, by Wm. H. Byford, M.D., Prof. of Theory and Practice of Medicine in the Evansville Medical College." April, 1853.

In the *New York Journal of Medicine*, May, 1848, a paper was published on the subject, from the pen of Henry D. Holt, M.D.

Prof. John King has contributed an article on "Nursing Sore Mouth," which is to be found in the *Eclectic Medical Journal* of 1852.

In the *North-western Medical and Surgical Journal*, November, 1849, is a notice of the disease, by Prof. Brainard, of Rush Medical College.

Dr. Hutchinson is the author of an article on "Stomatitis Materna," in the *Western Lancet* of April, 1855.

Dr. Morris has contributed a paper on "The Sore Mouth of Nursing Women," in the May number (1855) of the *Ohio Medical and Surgical Journal*; and in vol. 8, page 249, of the transactions of the *American Medical Association*, Dr. Reyburn gives his views and experience in reference to the affection we are now considering.

Upon a perusal of these contributions to the literature of puerperal stomatitis, it will be found that there is more or less difference of opinion expressed regarding the pathology of the disorder; but all the writers coincide in one point, viz. the anæmic character of the patients afflicted with the complaint. Many relate cases of trouble and severity, and mention its recurrence in the same female. Prof. Brainard, in his paper, states that he has been compelled to induce premature labor for the relief of a patient suffering from the disease; and Dr. Knapp, in his contribution, offers the following tabular statement, which is possessed of interest to those who are endeavoring to throw light upon this anomalous affection.

TABULAR STATEMENT of twelve cases of stomatitis materna; showing the direct ratio of the severity of the disease, as compared with the immature age of the individual, and the number of births crowded into a short space of time. By Wm. Lockhart, M.D.

Case	1.	Aged 24 years.	3d child.	Maximum severity.
"	2.	" 26	" 3d	"
"	3.	" 25	" 4th	"
"	4.	" 22	" 3d	"
"	5.	" 17	" 1st	"
"	6.	" 21	" 1st	Minimum severity.
"	7.	" 25	" 4th	Maximum severity.
"	8.	" 23	" 3d	"
"	9.	" 22	" 1st	Minimum severity.
"	10.	" 20	" 1st	"
"	11.	" 20	" 1st	"
"	12.	" 21	" 1st	"

With the above short account of the literature of stomatitis puerperalis, the next subject of importance is

V.—*Its Pathology.*

The pathology of stomatitis puerperalis has been differently regarded by different physicians. Dr. Wood appears to consider the affection of the mouth as the primary disease, and the debility of constitution as a secondary affection. So far as our observations have gone, this is not a correct pathological deduction; for in the majority of cases we have treated, the anæmia preceded the buccal affection.

Dr. Simpson, of Edinburgh, regards it as a *chronic exanthematous eruption of the mucous membrane*, and explains his views by allusion to the fact, that acute exanthematous eruptions are recognized as occasionally attacking some parts of mucous surfaces; and that there are also local inflammations of the mucous membrane, which, if presented upon the skin, would be termed eruptions. He then states at some length the peculiar symptoms manifested by those who are affected with what he supposes are the *chronic exanthematous eruptions* of the intestinal tract. The following is an extract.

" The principal general symptoms which I have observed in cases of chronic mucous or intestinal eruption are the following, in different

numbers and combinations, and of different degrees of severity in different patients :

“ General indefinable debility and emaciation ; a condition often of broken and impaired health, without any very appreciable cause ; the muscular system easily fatigued and exhausted ; sometimes so much palpitation as to lead to the idea of heart disease ; the circulation weak, as shown by the coldness of the extremities, diminution of nervous power, irritability, &c.” [These are certainly the constitutional symptoms often present in patients affected with stomatitis materna.] “ Direct evidence of the presence of, and tendency to, mucous eruptions in such subjects, can generally be obtained by carefully examining the state of the mucous membrane within sight. Spots of eruption, and sometimes ulcerations left by them, will frequently be detected on the inside of the lips and cheeks, and on the gums and tongue. * * * * * The tongue, with the mucous membrane lining the cheeks, is not unfrequently so swollen as to be marked and indented by the impression of the teeth. Sometimes when thus enlarged, the tongue is whiter than usual ; but in other cases, we see it red and irritable, and one or more distinct and broad patches of eruption are seen upon its surface.”

These symptoms, both constitutional and local, bear a close resemblance to stomatitis puerperalis ; but whether Professor Simpson's ideas regarding the pathology of the disorder are correct, we leave it to the profession to determine. The theory emanates from high authority, and is possessed of much plausibility. But it must be remembered that the Professor reasons by analogy, and pre-supposes the existence of the *chronic* exantheas upon mucous surfaces—a point in pathology, which, even in its present advanced condition, is by no means established ; indeed, the morbid anatomy of the *acute* exanthematous process is involved in much obscurity. All that the highest authority of the day has arrived at in relation to the acute exanthematous inflammations is, that that they generally form a complementary addition to eruptions on the general integument ; that sometimes they are vicarious with the crisis of an exanthema upon the skin, which, from various influences of which we are ignorant, is insufficiently developed ; and that sometimes they constitute a specific eruption, arising from a special relation between the general disease and a particular tract of mucous membrane. The first two of these varieties appear on tracts of

mucous membrane where it joins the original seat of the disease, as in the mouth, pharynx, tracheal passages, conjunctiva, or urethra. The last kind is confined to particular parts of the mucous system, as the ileum in typhus or the colon in dysentery, (*vide*, Rokitansky, Path. Anat., vol. iii, p. 55, Phil., 1855.) *Chronic* exanthematous appearances on the membrane alluded to are scarcely mentioned, and have not up to this present period been accurately studied; "indeed," says Rokitansky (*ut supra*, p. 56), "the study of this portion of pathological anatomy is attended with great difficulties; for with the exception of some of the processes that have been mentioned, such as typhus and dysentery, they occur *so seldom*, the products of the exanthema are so delicate, and there is such loss of color and collapse of membrane after death, *that very little is known about it.*" From these facts, and with such authority to sustain us, we may remark, that as yet Professor Simpson's pathology on this point is vague, and possessed of much uncertainty.

Professor Knapp traces the disease to *land scurvy*, or at least to the *scorbutic diathesis*. In his essay, he has a carefully prepared chapter on the medical topography of those portions of the country in which the affection has been most frequently encountered; and in his "etiological deductions" ignores the belief, so strenuously maintained by some, that malaria is an exciting cause, believing that it only has a tendency to the production of the scorbutic diathesis. He alludes to the fact that, so far as his experience extends, the disorder has been more prevalent during those seasons when there was a scarcity of vegetables and fruits, such aliment only being obtainable at high rates; and pictures with some accuracy the local manifestations of "nurses' sore mouth," as described by writers upon the subject, and the similarity of appearances presented by those persons afflicted with *land scurvy*, viz., general anæmia, ulcers on the mouth and gums, salivation, diarrhœa, &c. He cites cases that have been presented to the observation of himself and others, which were evidently

those of puerperal stomatitis, but which certainly bear a close resemblance to the symptoms presented in scorbutus. As another proof of the correctness of his views in reference to the pathology of the disease, he believes that the *diet* recommended as being most successful in the treatment of scurvy is exactly similar to the regimen which the experience of those most familiar with puerperal stomatitis has taught to be most efficacious in that disorder, and that the anti-scorbutic medicines are the only remedial agents to be relied upon in the treatment. To further establish his theory, he refers to the derivation of the synonyms. He finds (*Cyclo-pædia of Practical Medicine*, Article "Scorbutus,") that the word scurvy comes from the saxon noun *scurf*, signifying exfoliations from the skin—a dry scurfy state of the skin being a symptom—which is also sometimes a manifestation of "nursing sore mouth;" that the term *scorbutus* is of Dutch origin—a Dutch word metamorphosed into Latin, *scorbeck* in Dutch meaning *sore mouth*. Lind thinks it may have come from a Danish word *scorbock*, which means "*the gripes*," another prominent symptom! "Now, here are three of the *diagnostic* symptoms of *nursery sore mouth* giving origin to the very nomenclature of *scurvy*, and yet the profession has not discerned their identity! The term *stomacace*, used by the Roman physicians in describing the disease, comes from the Greek, and means also *sore mouth*, from which we have *stomatitis*—inflamed or ulcerated mouth; and *stomatitis materna* and *stomatitis nutricum* are terms used by some as the most proper appellations for *nursing sore mouth*."

To the followers of Hahnemann, who have been ever accused to trace back disorders to their remote causes, and who have been thoroughly indoctrinated with the principles of the psoric diathesis, &c., these views of Dr. Knapp are of importance, and deserve consideration; and there can be no doubt that, in many sections of the country, this tendency to scorbutic disease enhances greatly the disposition to the sore mouth of which we are speaking. But the writer may remark

that, in those cases that have come under his own especial observation, the individuals suffering from the disorder resided in the city, or in healthy and elevated regions of the surrounding country; in some instances, had travelled to different portions of the United States for the sole purpose of being relieved of the complaint, and whose circumstances were such, that even had there been a great scarcity of vegetables, "succulent food," &c. (which has not been the case), such diet would and could have been readily procured, of good quality and in sufficient quantity. Moreover, during the period in which the opportunity offered for observing the disease, the fruit seasons have been abundant, and every variety of vegetable has been within the reach of those of the most meagre circumstances. From these facts, which are deduced from strict observation, we cannot coincide entirely with the views of Professor Knapp relative to the pathology of puerperal stomatitis, but believe there are other simpler pathological deductions to be drawn, than either that of the scorbutic diathesis or the chronic exanthematous inflammations of Professor Simpson.

It appears that the disease in question attacks those females who are either pregnant, or who are suckling their infants; and that upon delivery, or after weaning, its progress is at once arrested; that its general characteristic is anæmia—its local manifestation, sore mouth.

Let us examine the subject more closely. In the first place, we are aware that milk is derived from the nourishment taken by the mother for her own support; and its well-known and peculiar nutritive properties bear such direct ratio with digestion and assimilation—in fact, with the very nature of the ingesta—that the older physicians supposed the lacteal secretion to be nothing more than chyle conveyed from the intestines to the breast. This opinion was entertained by Hoffman: he says, "*lac est chylus, non vero sanguis immutatus;*" and again, "*lac quod nihil aliud est quam chylus,*" (*vide* "A Dissertation on Milk, by Sam. Ferris, M.D." London

and Edinburgh, 1785). Todd and Bowman, (Physiology, p. 515), write, "In milk we find a natural combination of ALL the various substances employed for nutrition; and it is a fact of the highest interest, that this product of animal secretion, elaborated for the nourishment of the young, should contain one or more substances for each of the groups of alimentary materials." From these facts, it will be plainly evident that, during the period of lactation, there is a continual drain upon the system of the mother. In the healthiest females, we frequently observe, during the suckling period, a diminution and laxness of fibre, a weariness of appearance, a loss of flesh, and pallor of countenance. Is it, then, an unreasonable deduction, that if this extraction from the system of a portion of *all* the different elements destined to afford nutrition to the animal body produces such effects upon those of robust constitutions, that the result of such withdrawal is manifest to a much greater extent in those of delicate and frail composition, or in those who have suffered from imperfect digestion, disorders of the menses, and leucorrhœa? And is not general anæmia the term by which is designated this exhausted condition of the vital forces? As we have shown in other portions of this paper, the disease we are considering is not confined to those females who themselves nourish their offspring, but has frequently been observed to exist during pregnancy. What produces the anæmic condition before any secretion of milk has taken place? If we remember that one of the first changes manifest in the uterus after conception is *turgescence* of the organ, that there is a vast increase in size of the hypogastric arteries, and that "*the lymphatic vessels of the arteries are so numerous and their dilatation during pregnancy so remarkable, that we should be led to believe the uterus to be formed by them entirely,*" (*vide* Maygrier's Midwifery, p. 57), we can also understand that a similar condition of the constitution will be present in this, as in the former case, viz., a deficiency in the equal distribution of the nutritive principle.

But, besides this general anæmia, for which we have thus endeavored to account, we believe that in the affection we are considering there is a *local anæmia of the mucous membrane*. Rokitansky, in his *Path. Anat.* (vol. 1, p. 98), in reference to local anæmia, writes, "It comprises both oligæmia, or an insufficient measure of blood in relation to what experience has shown to be its just standard, and true anæmia of an organ. It is present under various conditions —

1st. "As a partial manifestation of 'general anæmia,'"
(brought about by the drain of lactation and the supply of blood necessary to the growth of the fœtus).

2d. "As a consequence of hyperæmia of one or more other organs," (as in the uterus after conception).

3d. "As the effect of external or internal pressure upon an organ, and its consequent inadequate injection." (May not the distended and continuously expanding uterus, during a period of nine months, by its pressure upon the large arteries, veins, and lymphatics, have also some influence in the production of anæmic symptoms?)

It is upon this authority that we have ventured to express the ideas of both local and general anæmia as a part of the pathology of stomatitis puerperalis.

Let us now endeavor to establish the more immediate causes of the local inflammation. Paget, in his *Surgical Pathology* (page 281), writes thus of inflammation: "The proximate causes or the immediately preceding conditions of inflammation appear to be, *various perversions of the nutrition of a part.*" Let us, then, ascertain what are these conditions. They are (Paget, *ut supra*, p. 193),

1st. A *regular* and not far-distant supply of blood.

2d. A *right state* and *composition* of that blood.

3d. (At least in most cases) a certain influence of nervous force.

4th. The *natural state of the part* in which nutrition is to be effected.

It has been shown that, during both pregnancy and lacta-

tion, there is not the regular and not far-distant supply of blood ; that from the withdrawal of the elements of nutrition from the constitution during the suckling period, and in the nourishment of the fœtus, there is not the right state and composition of that blood ; that, in the majority of cases, the two conditions just mentioned will produce a great depression of nerve force ; and that, from anæmia, the mucous membrane is not in the " natural state in which nutrition is to be effected."

We are also disposed to believe that the ulcerations resulting from the inflammatory process established by the causes mentioned above are not exactly "*aphthous*," but are more nearly allied to the catarrhal ulcer ; however, as yet, not more than a few foundation stones have been laid for a comprehensive knowledge of ulcers on mucous membranes. The only reason that the author can adduce on this point is the similarity of the appearances laid down by Rokitansky in his description of catarrhal ulcers, to those solutions of continuity appearing in the buccal cavity in puerperal stomatitis. (For a description of ulcers upon *mucous* surfaces, *vide* Rokitansky, *Path. Anat.*, vol. iii, p. 53).

These very imperfect pathological conclusions are offered on this subject, as those to which can be referred both the constitutional and local symptoms of puerperalis stomatitis ; and without further comment, we will pass to

VI.—*Treatment.*

There is no mention of the treatment of this affection in our scanty literature on diseases of women. Those medicines, however, which are applicable to the disease, are arranged, first, into those which have performed cures, and, secondly, into those whose pathogeneses would indicate as useful agents in the treatment. From the cases that have come under our own observation, we may say that it frequently happens that when salivation is present, there is diarrhœa accompanying ;

and that when there is dryness of the buccal cavity, there may be constipation, and the cough is troublesome.

MEDICINES:—1st. *Ammonium carb.*, *baryta carb.*, *benzoic acid*, *calcareo carb.*, *carbo veg.*, *kali chlor.*, *kreosote*, *mercurius sol.*, *nitric acid*, *pulsatilla*, *sepia*.

2d. *Arsenicum*, *belladonna*, *borax*, *causticum*, *graphites*, *hepar sulph.*, *iodine*, *kali carb.*, *muriatic acid*, *nux vomica*, *petroleum*, *sulphur*.

Ammonium carb. cured a case of long standing, that had resisted every allopathic medicine, and had continued during a protracted visit to the eastern cities. There was, in this instance, great prostration, hollow cough, burning in the tongue—the whole buccal cavity being filled with vesicles and ulcerated depressions, and the tongue swollen, stiff, and very sensitive to cold air and drinks. A perusal of the symptoms of this drug, both general and local, will satisfy the reader of its importance in this disorder.

The *chlorate of potash* has also been found to be a most valuable remedial agent, and appears to act very well with *mercurius*, when the latter is indicated by diarrhoea, salivation, &c. The third triturations have been chiefly resorted to, and finally the treatment concluded by the occasional use of *sulphur* for some weeks after all traces of the local symptoms have disappeared. In other instances, where there has been a great depression of the vital forces, a disposition to tracheal inflammation, dryness of the fauces, cough night and morning, acid stomach (the latter, in one case, always preceding the appearance of the vesicles), with burning in the tongue and difficult deglutition, *calcareo carb.* has been exhibited with marked success.

Baryta carb. cured a young lady of stomatitis puerperalis when many other remedial agents had failed. The chief symptom that directed the writer's attention to this medicine was the absolute and complete *anorexia*. The sphere in which *baryta carb.* produces beneficial effects, is allied to the condition present in stomatitis puerperalis.

Sepia and *pulsatilla* have allayed the local symptoms in cases of a somewhat recent character, when the upper surface of the tongue appeared as though *scalded* or *burnt*, (a very common symptom in the disease), and when the uterine functions were considerably at fault.

In a case where all the above medicines, and many others, had failed to alleviate, and the ulcerations on the tongue were very extensive, the patient having taken *calomel* in large quantities for a somewhat similar affection several years previously, *benzoic acid* was given with astonishing results. (The dilution was the third).

In an emaciated female who had suffered severely from the disease, and had been troubled for a long period with ague, *natrum mur.* and *arsenicum*, in repeated doses of the sixth attenuations, effected a cure in twenty-one days.

It had been our intention to have entered minutely into the pathogeneses of the different medicines that might prove serviceable in the disease we have been considering; but this paper has already exceeded its intended limits, and the mere repetition of symptoms which can be found so readily in the codex would probably be—even if read—a tiresome and not extremely beneficial study.

The author, however, would here append a letter from Professor Adams in reference to the treatment of the disorder, as that gentleman has had a large experience on the subject, and has seen it in all its phases. He writes

DEAR SIR,

In compliance with your request that I would give you my experience as to the nature and treatment of "nursing sore mouth," as it is usually termed, I would say that, in the course of a practice of twenty-five years, confined to our newly settled western country, it has been my lot to meet with a great number of these cases of disease. First, then, my views as to the predisposing causes. I have noticed that this affection was very much more common and more malignant among individuals residing in the country, and who were pioneers and the descendents of pioneers; in which cases, their parents, as well as themselves, had, from the necessities imposed upon a frontier life, been for a long time, perhaps all their lives, deprived of the free use of vegetables and fresh meats; but, on the contrary,

they had been confined in their diet principally to bacon and bread. So habitual has this mode of life become, that we find most have entirely lost their desire for vegetables of any kind; hence, on the tables of our early settlers, seldom could a single vegetable be found from one week to another. It has been among this class of the community that I have found the most frequent and obstinate cases of stomatitis materni. I have, from observations made in this direction, concluded that the disease is a species of scurvy; although the effects of the kresote eaten with this free use of bacon may combine to account for its frequency among this class. The remedies also which I have found the most successful in the treatment of these cases would favor the supposition that its essential character is quite identical with scurvy. *Nitric acid* has with me decidedly been most frequently found useful. *Staphysagria* I have also used with good results, and in many cases *mercurius*. The diet should be changed to vegetables, even when diarrhœa is troublesome. Lemonade made from fresh lemons, and butter-milk, for drink. Carrots, fruits, &c. have appeared to me remarkably useful. As to gargles, I have seldom found any real benefit from them. When the mouth is very hot and painful, a little strong brandy has afforded the most general and permanent respite. Occasionally, a dose of *nux vomica*, when the food appears to create fullness and flatulence, has been found useful as an intercurrent remedy. It is evidently a deep-seated affection, frequently transmitted from parent to child, lying hidden from view until the evolutions connected with maternity develop themselves and bring it into active form—aggravated doubtless by the vicious mode of living of the sufferer.

Truly yours, &c.,

R. E. W. ADAMS.

The DIET of the patient is also a subject of some importance; and we have found that the moderate use of broiled or roast meats, and almost every variety of vegetables (provided diarrhœa is not present), with a little wine once or twice a day, sometimes beer, and less frequently brandy and water, is the best aliment that the patient can take. As a general rule, tea has been prohibited, and chocolate or alkathrepta substituted in its stead. Restriction in diet—a course pursued by the writer in his first encounters with stomatitis puerperalis—is one that in almost every instance will aggravate both the constitutional and local symptoms of the disease.

ACUTE BRIGHT'S DISEASE OF PREGNANCY.

[WITH CASES.]

BY W. A. M. CULBERT, M.D., OF NEWBURGH, N. Y.

THE detection of acute Bright's disease, and its relations to certain dangerous accidents incident to the pregnant and parturient states, belongs exclusively to the investigations of modern pathology.

In the year 1843, Dr. Lever observed that puerperal convulsions more frequently attacked women whose urine during pregnancy was albuminous. Attention then having been called to the subject, a short interval only elapsed before that fact was fully verified, and others added, bearing upon it, of equal importance. M. Blot, during his service at the Maternité, examined the urine of 205 pregnant women, and discovered albumen in forty-one cases. Of this number, one in every six was attacked by convulsions during labor. No case of the disease occurred to him in which the urine was not albuminous.

This coincidence of albuminuria and convulsions, since that time, has been frequently confirmed by numerous observations. Moreover, the coincidence has been shown to extend to a large class of complications, varying in degrees of danger, that are apt to occur before and subsequent to delivery. From the frequency of this coincidence, a probability arises, bordering almost on certainty, that an intimate connexion exists between them; but how intimate, or what its exact nature, are questions that seem yet to remain undetermined. Some pathologists, among others Marchall, Dupall, and Siebert, maintain that albuminuria, and a certain morbid condition of the kidney (of which it is only a symptom) found on *post mortem* examinations, are secondary and accidental phenomena of the convulsions—the real cause of the convulsions being an irritability of the motor system of nerves, caused by pregnancy, and increased by the act of parturition.

On the other side, Simpson, Lever, Cormack, Frerichs, Braun, and many others, contend that true puerperal convulsions are caused by an acute form of Bright's disease of the kidney. In consequence of this disease, the serum of the blood is discharged with the urine, where it is found as albumen, and by which the system is enfeebled; while the urea and other excrementitial elements of the urine, being retained in the blood, are converted into *carb. ammonia*. The *carb. ammonia* poisons the blood, and from the direct action of this poisoned blood upon the brain and nervous system proceed the convulsions and other evils. The disease of the kidney cannot be a secondary phenomenon—the *result* of the convulsions—because the albuminuria and other symptoms of it are clearly discoverable before delivery; and moreover, post mortem examinations reveal that it is often too extensive, and in a stage too far advanced, to admit the opinion of a recent origin.

Both theories have been urged with much force and ability; but it is scarcely possible that either can be esteemed exactly right to the exclusion of the other. Either theory by itself fails to explain all the admitted facts of the case. The true theory must embrace both statements. The convulsions in acute Bright's disease are developed, from causes otherwise insufficient, in women whose nervous irritability is heightened by pregnancy.

The ordinary cause of Bright's disease during pregnancy is pressure of the gravid uterus upon the emulgent veins of the kidney—the severity of the disease being generally in proportion to the degree of pressure. If a ligature be applied to those veins of a dog, albuminous urine and congestion of the kidneys speedily occur. In primiparæ, the unyielding abdominal walls press the distended uterus inward, and thereby obstruct the renal veins to a greater degree. This accounts for the more frequent occurrence of convulsions in them than in multiparæ, whose abdominal walls are more flaccid.

But pressure is not the only cause of this disease. Some of

its symptoms may occur as early as the fourth month, before the uterus is so much distended as to exert a considerable degree of pressure. In these cases, it probably depends on sympathetic irritation, or increased nervous irritability of pregnancy. The amount of albumen in the urine, as a general rule, is a tolerably accurate index of the extent and danger of this disease. When the quantity is small, no marked symptom may occur; but if it be excessive, the patient, especially the primipara, will be in great peril on the approach of labor.

Though this symptom is the first to appear, it generally escapes notice until the occurrence of cedema or other symptom arouses suspicion, and causes an examination of the urine.

To detect albuminous urine, two tests—heat at 212° and nitric acid—are commonly relied upon. Either alone may produce fallacious results; it is necessary, therefore, to use them conjointly. If albumen be present, it appears, on applying the tests, in the form of white flakes, which gradually settle to the bottom, leaving the clear fluid on the top.

Cedema is another prominent symptom of Bright's disease of pregnancy. It appears first in the feet and ankles, also in the eyelids, giving to these parts a puffy appearance. By degrees, it extends up the legs, abdominal walls, chest, and arms, until the cellular tissue of the whole body is greatly distended, and everywhere pits on pressure. The vulva and vagina sometimes are so much swollen as to interfere with the necessary examinations during delivery. This condition corresponds with the "*cedema gravidarum*" of the old authors. In this state, the urine is scanty, voided sometimes with difficulty, and almost solidifies on testing. Its specific gravity is always high, and the microscope reveals fibrinous casts of the tubuli uriniferi, or exudation clots. As the disease advances, and the blood becomes more contaminated, the nervous system at length suffers. In some instances, this occurs as early as the eighth month; in others, not till the full completion of pregnancy. The patient then complains of pain in the head, giddiness, humming or other strange

noises in the head, drowsiness, imperfect vision, deafness, lumbar pains, aching through the hips, neuralgic dartings down the legs, general febrile action, and the whole appearance is excessively pallid, as in chlorosis.

During labor, this disease is apt to be followed, not only by convulsions, but by floodings and irregular contractions of the uterus. Subsequently to labor, many complications may arise to endanger life or protract convalescence. I have repeatedly witnessed a low type of fever, or a like inflammation of the uterus and its appendages (accompanied by entire suppression of the milk and lochia, or the lochia may be of putrid odor), paralysis of bladder and bowels (causing retention of the urine and obstinate constipation), hemiplegia and paraplegia.

The detection and treatment of this disease materially affects the rate of mortality in child-birth, and therefore should receive the earnest attention of all engaged in the practice of midwifery.

If the patient come under treatment sufficiently early — that is, a few weeks before labor — much may be done to afford relief and avert subsequent danger. An entire cure, however, cannot be effected until the pressure of the gravid uterus — the leading cause of the disease — ceases to operate, by delivery of the patient. As soon as this has been accomplished, appropriate treatment will often remove every trace of the disease within a few weeks. Even in favorable cases, however, entire convalescence is apt to be very slow and tedious. In other cases, death may quickly follow, or the acute disease may lapse into a chronic form, and eventually carry off the patient.

In treating this disease before labor, it is necessary to guard against constipation. Accumulated *fæces cannot fail, by increasing the pressure against the renal veins, to augment the disease.*

Among other remedies that may be applicable, *arsenicum* and *mercurius corr.* especially, seem to correspond with the

disease in many cases, and clinical experience has abundantly attested their value. *Ferum cit.*, in a later stage, is often followed by decided and rapid improvement, particularly in cases characterized by anæmia. For the low types of fever, *arsenicum*, *rhus*, and *mercurius acet.* seem especially suited.

The usual course and symptoms of the disease, and the influence of treatment, may appear from the following cases :

CASE 1. Mrs. A. B.—Primipara ; aged twenty-three years, and married about fourteen months, was taken in labor 10 P. M., Dec. 31st, 1859. Upon inquiry, she had enjoyed good health during pregnancy till the beginning of the eighth month. About this time, she noticed a puffiness of the hands and feet, which soon extended over the whole body ; she had suffered also from cerebral irritation, headache, drowsiness, giddiness, and fever. A physician who was consulted quieted anxiety by the assurance that nothing unusual was presented in her symptoms. She had been in labor, when I saw her first, about four hours : the pains were regularly recurring, every five or six minutes, and the mouth of the womb was soft and dilating.

She was œdematous over the whole body, urine scanty and albuminous, and complained of severe pain in the head and in the back. More than usual solicitude was felt for her safety on account of the history of her case. At 4 A.M., as the head began to press upon the perineum, she was seized with convulsions, which lasted from ten to fifteen minutes. When they had ceased, the forceps were applied—everything being favorable—and the child extracted without much trouble. During the night, the convulsions returned three times ; and the two following days, she was in a profound coma. On regaining consciousness, the right eyelid was paralysed, and the corresponding eye saw three objects for one. She was able to ride out in five weeks ; but convalescence was exceedingly slow and protracted—several months having elapsed before she had regained her usual degree of health and vigor.

Case 2. Mrs. C. D., aged twenty-two years, married eleven months, and when I was called (Oct. 30, 1859), in the eighth month of her first pregnancy. Until the fifth month, she had enjoyed excellent health ; about that time, after suffering from various unpleasant symptoms, she noticed a puffiness of the feet. This had steadily increased until I was called. She was then very much bloated ; the abdomen was tense and greatly distended ; suffered from intense headache, and, on account of drowsiness and fainting when up, was compelled to remain in bed ; had been quite deaf for two weeks ; lumbar pains, extending through to the groins ; and she passed only half a pint of urine in twenty-four hours, which, when tested, almost solidified. Her appetite was gone, bowels constipated, and had been for several months. She was excessively weak, pulse small and feeble, and 100 per minute. The appearance of her face was pallid, as in confirmed chlorosis.

It was suspected that much of her suffering was owing to the retained faecal matter increasing, by its mechanical agency, the pressure upon the uterus.

By the use of appropriate remedies, great masses of faeces were dislodged. *Arsenicum 3°* and *mercurius cor. 3°* were then given in alternation, and with prompt benefit. The urine soon began to increase, and contained less albumen. The œdema also diminished, appetite and strength improved, and her general health steadily advanced up to the period of her confinement, when she was safely delivered, after a labor of fourteen hours. Convalescence was rather more protracted than ordinarily occurs, but in all respects far more rapid than case 1. She was quite well in four weeks, though full strength did not return for some weeks after. She is now, March 10th, 1860, in perfect health.

It would be easy to cite many other cases illustrating the great benefit of homœopathic treatment in Bright's disease of pregnancy before labor—and, in fact, such was my intention; but there would be, necessarily, much repetition, and as no rational doubt of the fact can exist, these will suffice for the present.

HOMŒOPATHY IN ACUTE INFLAMMATORY DISEASES.

BY DR. JÆGER, OF ELGIN, ILL.

THE venerable Dr. Hirsch, of Prague, resumes his experience of twenty-four years.

He regards the homœopathic treatment of the most formidable inflammations as forming the brightest points in our therapia.

“The allopathist,” says he, “who marches like Goliath with his antiphlogistic apparatus, sees in the homœopath, with his miniature weapons, the boy David, who carries off the victory; and this without having laid the foundations of

severe and incurable evils, in the depressed power of reaction in maltreated organs, which leaves a peculiar susceptibility to relapses.

“ Were it not for allopathic intervention, all pathological anatomy would shrivel into a pamphlet, for the bulk of its observations are on artificial products—monstrous hybrids, engendered between drugs and diseases—and not results exhibiting the tendencies of nature.”

He adduces the mischief done in rheumatism by alcoholic embrocations, and charges, as his experience, that organic diseases of the heart frequently result from this treatment. He has seldom observed, in his own extensive practice, the simultaneity of rheumatism in the extremities with similar affections of the heart. Here is a case in point.

A gentleman, forty years of age, of robust constitution, was attacked one evening with a violent rheumatism of the right shoulder joint. The pain increased in a few hours to such a degree that I was called early in the morning. I found that the shoulder joint was considerably swollen, and some parts, especially the region of the *acromion*, highly sensitive to the touch. The *scaleni* were also very sensitive, especially the *scalenus anterior* of that side. The right arm could not be moved in the shoulder joint; even the moving of the elbow and the fingers would increase the pain in the shoulder, which the patient denoted as tearing, pulling, and straining. The veins of the arm were considerably distended, and the temperature of the surface increased. I gave *mercurius sol.* 2^o, half a grain every two hours. This remedy has frequently rendered good service in the most violent rheumatic affections. Towards evening, the patient was better, and during the night had slept for several hours. The mercury was continued, and after two days the pain entirely disappeared; excepting the “quick raising up of that arm” caused a little pain. This was the state of things on the third day of the treatment, when a friend of the patient advised him to make

use of a certain liquid which he would send him—to rub the shoulder joint twice a day with it, and that the pain would be entirely removed in twenty-four hours.

At my next visit, the patient informed me of his friend's advice, and showed me the bottle containing the liquid, which was a strong solution of common salt and French brandy.

As in duty bound, I called his attention to the ill consequences of such a treatment. He promised, for the moment, not to make use of the liquid; but on the next day he was again urged by his friend to use it, and he did so.

After two applications in twenty-four hours, the arm could be moved freely; but the next day the knee joint was somewhat swollen and painful. Now, the same process of rubbing was thoroughly followed on that part, and in less than twelve hours the pain had entirely subsided from it. The patient slept well the following night; but in the morning he was suddenly attacked with a most intense chill, which was soon followed by a violent palpitation of the heart, with an indescribable anxiety and violent dyspnoea. I found at my visit the countenance of the patient much changed; face pale, lips cyanotic, his looks unsteady, very restless, and crying for help. The palpitation was exceedingly strong, tumultuous, unrythmical, and was distinctly visible in the region of the apex of the heart; the pulse considerably accelerated and irregular; the tongue and extremities cold.

Aconite, in solution, every five minutes, one tablespoonful. After one hour, amelioration of the symptoms, and in the afternoon the patient lay very quiet; palpitation and pulse better, countenance cheerful, and there was a profuse perspiration, which continued all night, with a good sleep.

In the morning, he was entirely free from the symptoms of the threatened endocarditis; but the pain in the right shoulder joint was felt again, which was removed by the alternate use of *bryonia* and *mercurius solubilis* in three days. This case

illustrates quite distinctly that rheumatic hyperæmic affections of the heart may be artificially induced by the improper local treatment of rheumatism of the joints; they may even be developed to endocarditis, and cause many other disorganizations of that organ. After the violence of the disease of this patient was subdued, I could not discover any abnormal sound of the heart.

Not alone by the above-mentioned method are a great number of chronic heart affections induced; but also by the vigorous antiphlogistic treatment of arthritis. The result of Mr. Bouillaud's experience in rheumatismus acutus can only be attributed to his fool-hardy treatment—bleeding his patients until ten pounds of blood were taken from them. Then he found that, out of 114 cases of rheumatismus acutus, sixty-five were complicated with endo- and pericarditis. And not one of these cases died, as he states; but how many of them were made miserable, and had their lives shortened, Mr. Bouillaud has not stated.

Another case in point is urethral gonorrhœa, which, by means of various injections, is suppressed in a few days, to return again, either without any apparent cause, or to manifest itself in some other form which is more painful, and generally more obstinate.

If a physician should advise injections of *zincum acet.* in affections of the irritated inflamed mucous membranes of the nose (catarrhs), would we not repulse his proposition at once? And why? Because we know the bad consequences of a too rapidly suppressed catarrh too well; and yet, in gonorrhœa, where the results of the violently suppressed secretions are latent for a long time, the physician has no hesitation in employing injections of the most active astringents and other remedies, at the same time consoling himself with the thought of having never seen any bad result from this treatment. Ricord is the great expounder of this treatment at present. He has an endless register of gonorrhœa patients set down as cured. We agree with him, that the symptoms of the

original disease were controlled ; but we are also well satisfied that, in these apparently cured patients, the foundation to chronic affections has been laid through the treatment.

Another source of satisfaction with the results of our treatment in inflammatory diseases, is based upon the fact that, after the process of inflammation, the affected organ does regain its full and normal function, and the organism itself is not reduced by the loss of vital humors, nor is there any fear of a relapse.

HYSTERIA LOCALIZED IN THE LABYNX.

An interesting symptom of Hysteria seated in the Larynx, and simulating the barking of a dog.

BY DR. CRAMOISY.

Translated from the " Journal de la Société Gallicane," by A. I. CARMICHAEL, M.D., of New-York.

EVERY physician knows by experience the difficulty sometimes met with in localizing certain of the neuroses, and I take great pleasure in being able to point my professional brethren to the remedy which I have found so useful in the anomalous affection above mentioned.

Our late and honored president, M. Petroz, has observed the barking form of hysteria in many young women. It was after hearing him mention the matter at one of our meetings, that I administered the remedy indicated by him to a young girl who came to consult me, and who had, up to this time, made trial of many remedies without success.

Mademoiselle Délion (Félicie), aged eight years, belonged to a respectable and healthy family. At the age of two years, she was aroused from sleep by a convulsive movement of the head, causing great distress, which would in a few

moments subside, and recommence when she fell asleep. In order to facilitate the lateral movements of the head, Félicie was in the habit of holding it in her two hands, and aiding them by the muscular action of the arms. Each spasm generally lasted three or four hours. This condition of things continued for five years, to be succeeded by the curious hysterical phenomenon which is the subject of our present consideration. The father of Félicie called upon me on the 5th of December, 1857, to ask advice respecting a cough which she had had for three days, and which, to his surprise, would continue from five to ten hours incessantly—the child being conscious of its coming, and of its disappearance. Upon examination, I found that she was the subject of a marked neurosis of the larynx, and that the cough was merely a symptom of hysteria, known by the name of the dog-bark. She could scarcely reply to my questions, so distressing were the paroxysms of coughing. As she had not yet reached puberty, I hesitated in considering this as hysteria. Knowing, however, that sometimes certain nervous symptoms manifest themselves before puberty, which seem to arise from the efforts made by nature in developing the uterine system and creating the menstrual function, I made a diagnosis correspondingly, and as follows :

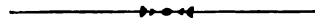
“ Symptoms of hysteria, seated in the larynx, and simulating the bark of a dog.”

As there were present pain in the head and eyes, with photophobia and dilatation of the pupils, I administered *bella-donna* 12° every three hours, but without effect.

On the 15th December, I prescribed *ignatia* 12°, every three hours, equally in vain.

On the 25th, *cuprum* 12° was given in the same manner.

On the 31st, finding no result, I gave, at the suggestion of Dr. Petroz, *pulsatilla* 6°, two drops in a tumbler of water—a tablespoonful every four hours. The spasms ceased after the third dose, and the cure was rapid and complete.



PUERPERAL FEVER.

BY W. WILLIAMSON, M.D., OF PHILADELPHIA.

ALMOST any of the usual forms of simple fever may attack the puerperal female; and although they are apt to be modified by her condition, they may still terminate just as such diseases do when they occur in patients not in the lying-in state. In such cases, disorder of the parts concerned in parturition may arise incidentally; but the malady known by the name of "puerperal fever" is a complicated affection, of which the disease of those organs generally forms an essential part. It is capable of being modified by the previous condition of the patient, during both pregnancy and parturition, and also by accidental circumstances and epidemic influence. In some seasons of its prevalence, it is quite mild and manageable—and after running a short course, ends favorably; while, at other periods, it assumes a malignant form, and too frequently hastens on to a fatal termination. It is no more likely to occur, nor to be more severe, after hard labors, than after easy ones.

HISTORY AND RELATIONS.

The disease was first treated as a specialty in the latter part of the seventeenth century. Previous to that time, the local inflammations and fevers which occurred after child-birth were all considered as the consequences of errors in diet and regimen, or accidental interruptions of the ordinary secretions and discharges. About the middle of the eighteenth century, puerperal fever prevailed at the Hotel Dieu in Paris to an alarming extent, and attained a degree of great mortality; and, on account of an albuminous exudation, resembling coagulated milk, which was found in the peritoneal cavity, on the surface of the intestines, with an effusion of serum, the whole thing was thought to be a metastasis of milk. A few years subsequently, the disease made its appearance in

the Hotel Dieu of Lyons; and, on dissection, there was noticed sero-puriform effusion into the cavity of the peritoneum, thickening of the omentum, softening of the uterus, and gaseous accumulation in the intestines; and here, for the first time, the disease was looked upon as an "epidemic erysipelatous inflammation of the peritoneum."—*Pouteau*.

A few years later, Sauvages described the disease, and viewed it as an inflammation of the uterus, occurring in the puerperal state, associated with typhoid fever and suppression of the milk. In the epidemic which broke out in Vienna in 1770, the disease was characterized by pain in the hypogastrium, and swelling of the abdomen; and, after death, the uterus was found to present marks of inflammation and gangrene, and the intestines were covered by false membrane. The milky effusion, and other morbid formations found in the peritoneal cavity, were looked upon as the products of inflammation. Not only the uterus and peritoneum, but, in many instances, the ovaries and fallopian tubes, were found to have been inflamed, and were softened or contained purulent collections.

The discrepancies observed by writers of that day gave rise to various notions about the true nature of the malady; but the weight of authority settled down on the doctrine that it was an inflammatory disease affecting chiefly the pelvic viscera and the peritoneum, associated with a typhoid or putrescent disposition; and that the various pathological changes resulted from absorption of putrid or morbid matter from the uterus, and from the retention and absorption of morbid secretions and excretions; and that the abdominal lesions were consequent upon the grade of the fever, and modified by the greater or less virulence of its proximate cause. But little has been added to our knowledge of the nature and pathology of the disease, or that is valuable in its treatment, from the time above mentioned until the discovery of homœopathy by Hahnemann.

From what has been stated, it might be inferred that, in

all cases of puerperal fever, the lesions and other evidences of local inflammation are to be found ; but such is not the fact, for it is unquestionably true, that some of the most malignant and rapidly fatal forms of the disease are not characterized by the signs of inflammation of the peritoneum, or of the uterus and its appendages—the chief observable alterations, after death, being a remarkable change in the character of the blood, a lacerable state of the tissues, and a dirty offensive watery effusion into the serous cavities. Such cases, however, are rarely met with, except in hospital practice, in small crowded wards, with very imperfect ventilation. In private practice, cases sometimes occur, in which, at an early stage of the disease, the irritation is transferred to the brain or meninges, and inflammation of the pelvic and abdominal viscera thereby superseded. I recently attended a case in which symptoms of cerebral disturbance existed *previous* to labor, and then disappeared ; but, in two days after delivery, the same symptoms reappeared, with the accession of others emanating from the spinal marrow, and ran the patient rapidly down into a typhoid condition, and destroyed her in five days. Not long since, I attended another case, in which the *mode* of attack was similar ; but convulsions came on instead of fever, and the patient recovered. In a majority of cases, however, it will be found that inflammation of the pelvic viscera and abdominal tissues, and its effects, constitute the chief lesions of puerperal fever ; and that the character of the disease very much depends upon the extent to which these organs are affected, the strength of the vital forces, and the freedom of the circulating fluids from morbid secretions and excretions.

About the contagious nature of puerperal fever much has been written ; and if weight of authority is competent to settle any mooted point, the respectability and number of the names of the physicians who declare their belief in the contagiousness of this disease, would decide the question for ever ; but the number is not few, nor is the respectability

much inferior, of those who are equally persistent in their denial of the existence of anything like contagion about it. Among the practitioners who advocate the doctrine of contagion, are those who have had the charge of large lying-in hospitals, and consequently have had the best opportunity of studying the habits of the disease in its most aggravated forms, and are therefore the best qualified to give an opinion ; while, on the other hand, the experience of the physicians who deny the existence of contagion is chiefly confined to private practice, where, of course, the element of contagion is less likely to be manifested. Under certain circumstances, it is no doubt contagious.

A strong argument in favor of the *infectious* nature of the disease is based on the fact that, when epidemic in certain communities, it has been confined to the patients of particular physicians and nurses, while the patients of other physicians and nurses in the same neighborhood have escaped.

A remarkable instance in point is recorded of a midwife connected with a London lying-in charity, who, among the out-door patients, within one month, delivered thirty women, of whom sixteen were attacked with puerperal fever, and all died ; and that of about 380 cases attended by other midwives of the institution during the same period, not one contracted the disease. The subtilty and tenacity of the animal poison which imparts to the disease its infectious qualities is truly astonishing. In many instances, it has been known to attach itself so closely to a practitioner, that, notwithstanding all precautionary measures in the way of ablutions, change of clothing, &c. were used, he has been obliged to relinquish practice for a time, in order to stop the extension of the disease among his patients. Alcohol being a great destroyer of animal poisons, it would be well for every practitioner, while attending patients with puerperal fever, to wash his hands and sprinkle his clothing frequently with it.

Several instances are recorded of physicians who, after assisting at autopsies of puerperal peritonitis, have com-

municated the disease to their patients. Nurses, also, are said to have been instrumental in carrying the disease from one patient to another.

In hospital practice, the disease is known to have been transmitted through the medium of bedclothes, bedding, and the wearing apparel of patients, and also by means of the discharges from patients, and from using the same sponge. Washerwomen have been attacked with a malignant form of inflammation of the cellular tissue of the hands, from washing the bedclothes of puerperal fever patients. I once attended a nurse who was thus affected from working with the poultices of a mammary abscess of a puerperal fever patient, and she has since been subject to attacks of erysipelas of the head and face. Some connection has several times been noticed in hospitals between erysipelas and puerperal fever. On one occasion, numerous cases of infantile erysipelas occurred just before the breaking out of puerperal fever among the lying-in patients, among which great similarity of symptoms could be traced during life; and on examination after death, the peritoneum of the infants was found to have been extensively inflamed, and to be covered copiously with a sero-purulent effusion, similar to what is observed in patients who die of puerperal fever. The disease has been known to break out among the patients of physicians during their attendance upon cases of malignant erysipelas, and after they have made post-mortem examinations of patients who had died of that disease. In one instance, seven women who were delivered in rapid succession by a practitioner soon after he had made an autopsy of a man who died after a short illness from œdema of the leg and thigh, followed by gangrene, were all seized with puerperal fever. One nurse, who laid out the body of one of the patients, was taken on the evening of the same day with sore throat and erysipelas, and died in ten days. Another nurse, who laid out the body of another of the puerperal fever patients, was seized on the following day with similar symptoms, but without any development of erysipelas, and died in a week.

SYMPTOMS.

In attempting to give an outline of the symptoms of puerperal fever, I shall endeavor to describe the disease as it is generally seen by the practitioner. Its progress is sometimes very rapid; death has occurred within twenty-four hours after the attack; some patients never get warm after the chill, but are overwhelmed by the onset, and die without reaction ever taking place. It usually runs its course in six or eight days, but occasionally it lasts much longer.

The period of attack, after delivery, is very uncertain. As already noticed, premonitory symptoms have been known to appear before labor—and in a few days afterwards, the disease has been developed in full force. Some physicians of eminence do not consider the puerperal female secure from an attack for several weeks after delivery; but I have never seen a serious case commence later than the twelfth day. The usual period of attack is from the fifth to the eighth.

The mode of attack is as various as the time. In some instances, the disease is ushered in by a severe chill. In other cases, it approaches insidiously: the patient complains of nothing, or seems to be more indifferent than common; says she feels first rate, or perfectly well; is inclined to smile more than usual, and to treat things lightly; would rather help herself than ask for anything; may be either dull and heavy, or lively and sleepless. During this time the face is apt to be rather pale, and the features to have a pinched appearance, with a strange expression of the countenance. The appearance of the eyes may be unusually clear, with the lids more retracted than common, or the whites slightly tinged with yellow or redness, and the lids hanging heavily over the pupils; obscurity of vision; double vision; luminous sparks before the eyes; contraction or dilatation of the pupils; oversensitiveness or partial insensibility to light; pulse weak and rapid, from 120 to 140 in a minute—often irregular, and sometimes intermittent; respiration short and quick, with a sense

of exhaustion from slight exertion; tenderness of the epigastrium; nausea or vomiting, with but little retching; a kind of regurgitation of bilious matter, worse after drinking and from motion; pain and sensitiveness in the hypogastric and iliac regions, followed by hardness and swelling over the region of the womb. The tongue is soft and flabby, its surface slimy or covered with a yellowish white coating; sometimes dry and covered with a thick brown fur; the skin is of a dirty white color, dry, or covered with a warm perspiration, occasionally of a sour or musty odor. The mind is not often disturbed by delirium in the beginning; rather inclined to indifference; she thinks she will not get well; fancies she hears the voices of familiar friends in the next room, or the crying of children, the noise of cats, &c.; makes no inquiries about her infant.

As the disease progresses, the pains in the pelvis and abdomen become more acute, with excessive tenderness to the touch; tympanitis appears; the bowels, at first costive, now become loose—the stools watery, brown and foetid, and pass involuntarily. The urine, at the beginning of the attack, is usually scanty, high colored, and passed with cutting pains in the urethra, as if from knives, but is now either suppressed or passed unconsciously. Eructations of flatus; belchings of the contents of the stomach; hiccup; tremulous tongue; clammy and offensive perspiration; cold extremities; respiration quick, short, and laborious; pulse small and irregular; the expression of countenance becomes exceedingly anxious; there is no desire for sleep; great talkativeness; meteorism increases, sometimes enormously; thinks she is not at home; wants to go home, or take a ride; is very polite, and expresses thanks for everything that is done for her; fancies she hears music in the street; sinking spells or syncope occur from slight exertion; the pulse fails at the wrist, and finally death supervenes.

In most cases, there are pains in the back, hips, and in one or both legs. The patient almost always lies on her back, with her limbs drawn up or separated. If the lochia have not been diminished or suppressed before the attack, they undergo

a change in both quantity and quality soon afterwards. If the attack comes on before milk is formed in the breasts, the secretion will not take place until the patient is about to recover; and if the attack is delayed until after the milk has come, the secretion very soon diminishes or ceases altogether. The urine is small in quantity, voided frequently, with pain, and is high colored or turbid, except in a few instances, in which it is not at all changed in appearance.

In some cases, there are no chilly feelings observable at the ushering in of the disease; in other cases, a slight shudder, or a few cold sensations pass over the patient, and then disappear; while, in a majority of cases, the chill is distinctly marked, and accompanied or immediately followed by the local symptoms of sensitiveness, pain, and distension in the lower parts of the abdomen. The chill is often preceded by a sense of debility, and wandering pains in the abdomen. It has been observed that the sooner the attack comes on after delivery, the greater the danger to the patient; and also that in such cases the disease is apt to make its approach more insidiously than when it comes on at a later period. And it is stated that, from the suddenness of the attack and the violence and duration of the shivering fit, we may generally estimate the danger of the succeeding disease.

It often happens that the first symptom observed is a little burning or smarting pain on passing water, which, as the disease advances, becomes worse, and gives the sensation of a knife or other cutting instrument passing inwards, as already mentioned. Previous to the attack, the bowels are generally constipated: but a sudden looseness frequently takes place soon after the accession. In other cases, diarrhoea does not set in for three or four days, or not till the very last stage of the disease. The evacuations, when the diarrhoea begins, are generally preceded by pain, which runs *up* the rectum, accompanied with flatus, which is expelled with considerable force. A little further on, they become involuntary, and pass away silently; are very foetid, carrion-like, and are of a greenish or

dark brown color. Scybalæ are occasionally discharged with the loose fecal matter.

Translation of the disease takes place occasionally to the extremities, and abscess is developed, or abscess is formed in the abdomen, and recovery follows, under appropriate treatment.

DIAGNOSIS.

The general symptoms of the disease have been so fully pointed out, that it is scarcely necessary to say more on the subject of diagnosis. I will, however, mention a few of the characteristic symptoms, viz., pain, sensitiveness and anomalous enlargement in the hypogastric region, (especially if these symptoms occur five or six days after delivery, and are accompanied or soon followed by a rigor or chilliness, and the subsequent fever be attended with a weak pulse of more than 120 beats in a minute), absence of milk in the breasts, loss of affection for the child, and a vitiated condition or suppression of the lochia.

The affections with which puerperal fever, in its commencement, is liable to be confounded, are *after-pains*, *hysteralgia*, *milk fever*, sometimes called *ephemeral fever*, and *gastric fever*.

After-pains are characterized by alternate contraction and relaxation of the uterus, commencing soon after delivery, and continuing only a few hours, or, as they do in some cases, for two or three days. The pains return at intervals of longer or shorter duration, and are generally accompanied with lochial discharges of a healthy character. The secretion of milk is not interrupted, the pulse is not much accelerated, nor are the usual signs of fever present.

Hysteralgia is most likely to occur a few hours after delivery, and is, in some cases, so severe as to threaten immediate dissolution. The pain is located in the back and hypogastrium, and is accompanied by sickness, faintness, and feebleness of pulse. Palpitation of the heart and dyspnoea are occasionally present, and large coagulæ are sometimes

discharged. The attack is generally sudden, and unattended with chills, and there is very little increase of sensitiveness of the uterus on pressure.

Milk fever, or *ephemeral fever*, is not so frequently met with under homœopathic treatment—where the bowels are not disturbed by laxatives—as it is under allopathic treatment. If it occurs at all, it is most likely to appear about the time of the coming of the milk; but exposure, irregularities of diet, improper exertion, &c., may excite the disease at any time during the lying-in period. It usually begins with yawning, and a disposition to stretch; then follow, cold sensations, running up the back and extending over the body and limbs, or they may increase to a full chill, with shiverings, and be succeeded by headache, throbbing in the temples, flushed face, pain in the back and limbs, hot skin, full, hard and often frequent pulse, thirst, coated tongue, pains in the abdomen, and diminution of the milk and lochia. These symptoms are generally succeeded in the course of two or three hours by a copious perspiration, and a consequent mitigation of all the sufferings, a return of the secretion of milk, and the accustomed discharge of healthy lochia. The whole affair usually passes off in from twenty-four to thirty-six hours, and seldom returns, unless it be improperly treated, or is complicated with some visceral disease. This affection has been mistaken for puerperal fever, but the difference is sufficiently plain to enable the physician to distinguish one from the other. *Aconite*, *belladonna*, *bryonia*, *pulsatilla*, and *rhus* are the remedies best adapted to its treatment.

Gastric or intestinal fever is not often met with in lying-in patients. It is characterized by chilliness, nausea or vomiting, pain and tenderness in the epigastrium, flatulency, griping pains in the bowels, constipation or diarrhœa. with green stools, white coated tongue. with red edges and tip, intense thirst for cold drinks, and rejection of all foods and liquids.

PROGNOSIS.

The general prognosis of puerperal fever is unfavorable, and the more so if the disease be epidemic. Cases apparently mild in the beginning will sometimes suddenly terminate in death, without the ordinary premonitory symptoms of approaching dissolution; while, in other instances, the most desperate cases will get well. The treacherous character of the disease should admonish the practitioner to be very cautious about pronouncing a favorable prognosis before he sees evident signs of recovery.

If the attack occurs within the first few days after delivery, it is more likely to be fatal than if it occurs later in the period of confinement. Total suppression of the lochia, the absence of milk in the breasts, and entire indifference to the welfare of the child, are very unfavorable symptoms; and it has been observed that cases with *very extensive* swelling of the abdomen rarely get well. A return of the rigors after the disease has been progressing for two or three days is also very unfavorable.

Dusky-red prominences, of the size of a shilling or larger, are often visible, in fatal cases, about the joints—the wrists, knuckles, elbows, ankles, and knees; and it has been remarked that these appearances are most common in cases where the uterus and its appendages are chiefly involved. Among the symptoms of a fatal tendency may be mentioned, further, the increased frequency of the pulse, with diminution of its force; dry and brown tongue; cold clammy sweat on the face and extremities; pallid countenance, with a wild and haggard expression; desire to go away; delirium; ecchymosis; vomiting of a substance like coffee grounds; and involuntary discharges of *fæces* and urine. If these symptoms be present, the physician must not be deceived by diminution of swelling, cessation of pain, &c., for these changes frequently take place immediately before death.

In the progress of the disease, one set of symptoms is

often superseded by another. But the practitioner should not consider this circumstance as an evidence of improvement; especially, if the symptoms connected with the urinary organs should subside, and the abdominal symptoms be increased, or if the abdominal symptoms should diminish while the cerebro-spinal symptoms are on the increase—as this is in the line of progress from the commencement of the disease towards a fatal termination. But if, at any stage of the complaint, the old symptoms should improve, and no new ones make their appearance, the prognosis would be favorable.

Among the favorable signs may be enumerated the following, viz.: Diminished frequency of the pulse, with increase of volume; a more natural expression of countenance, with ability to sleep without starting, and the absence of delirium; ability to change the position from the back, and to lie on one or either of the sides; *gradual* diminution of the local symptoms, as regards swelling and pain; return of the secretion of milk, with inquiries for the child; return of a more healthy condition of the lochia; increased secretion of more healthy urine, with the ability to retain it; and the return of the natural temperature of the skin, with a gentle, healthy moisture.

In some cases, the milk does not return after recovery from an attack of puerperal fever; but this circumstance does not involve the patient in any difficulty. It is a common thing for patients to lose their hair after an attack of this fever, just as they do after typhoid fever and erysipelas.

[To be continued.]

CLINICAL OBSERVATIONS ON CLEMATIS ERECTA.

BY DR. DESTERNE.

Translated from the "Journal de la Société Gallicane," by J. A. CARMICHAEL, M.D., of New-York.

ACCORDING to Bœninghausen, the clinical indications for the use of *clematis*—when at the same time the totality of the symptoms observable in the patient corresponds to the pathogenetic signs of the remedy—are as follows :

1st, Indurations resulting from inflammation ; 2d, glandular indurations ; 3d, of the inguinal glands ; 4th, of the testicles ; 5th, of the penis ; 6th, of the urethra ; 7th, interrupted emission of urine ; 8th, purulent urine ; 9th, purulent deposit in the urine ; 10th, general eruptions ; 11th, squamous exanthemata ; 12th, squamous tetter ; 13th, herpes, with shooting pains ; 14th, horror of bathing one's self ; 15th, exacerbation from application of lotions (in diseases of the skin) ; 16th, the same, from warm fomentations.

Clematis is particularly suited to persons of mature age, to those of florid complexion ; &c. Its effects are most observable in the morning.

According to Noack and Trinks, *clematis* is suitable in individuals of a relaxed, cachectic and scrofulous constitution. It has been employed in glandular scrofula, and principally in engorgement of the cervical ganglia (Schneider), and for swelling and induration of the lymphatic ganglia ; for articular rheumatism, particularly that supervening upon a suppressed blenorragia (Lobethal) ; in gouty nodosities, mercurial cachexia, inveterate psoriasis, (for psoriasis inveterata, equally efficient remedies may be found in *sulphur*, *rhus*, *causticum*, and *ranunculus bulbosus*—Schöen) ; urticaria, especially in the chronic form, (also, *rhus*, *lycopodium*, *calcaria carb.*, *bryonia*, and *urtica zivica*—Schöen) ; bullar erysipelas, particularly after rupture of the bullæ (Id.) ; impetigo figurata larvalis, with serpiginous crusts (with *sulphur*, *arsenicum*, and *lycopodium*—Schöen) ; ecthyma vulgare luridum ; scabies ulsicularis, after the formation of

the ulcers (with *rhus*, *calcaria carb.*, *hepar sulphur*—Schöen); herpes exedens (Léon Simon the elder); exanthemata, with thick crusts and scaly exanthems; chronic miliary eruption; mentagra; fungus; carcinoma of the lip; cancer of the breast; melancholy; headache, in various forms; chronic ophthalmia, with photophobia, particularly that of a scrofulous nature; nocturnal toothache; sequences of a suppressed blennorrhagia; swelling and induration of the testicle; inflammation of the testicle (Weber); urethritis; secondary blennorrhagia, with hydrocele (begin with *rhododendron*—Hartman); stricture of the urethra; fungus of the parenchyma of the testicle; varicocele. With some few exceptions, Jahr adopts the nomenclature of Noack and Trincks. He places *clematis* in the front rank in the treatment of the following affections:—Indurations, resulting from inflammation; scirrhus indurations; carcinomatous ulcerations; ulcerations of the face and lips; herpetic ulcers; erysipelas, with ulcerating surfaces; psoriasis inveterata and palmaris; dental pains, invading the bones of the face and reaching to the ears; strictures of the urethra, caused by callosities; orchitis; the same, in consequence of a suppressed gonorrhœa; chronic induration of the testicle; sarcocele; cancer of the breast; articular rheumatism, with swelling; gonorrhœal rheumatism. M. Jahr prescribes *clematis*, also, but subordinately, in scirrhus and cancer of the womb; phagedenic and putrid ulcerations of cachectic and scrofulous individuals; in eczema or malignant tetter of Sauvages; simple and inflammatory eczema; rupia, simple and syphilitic, &c. &c.

Rheumatic Ophthalmia—Sclerotitis? Iritis.—Physiological indications for *clematis* are, sensation of pressure upon the eyes, with photophobia and lachrymation, particularly in the open air; lids forcibly contracted in the morning, with sensation of heat.

Diseases of the Mammæ.—For induration of the lymphatic glands of the breast, when painful to the touch, and if there be any appearance of cancerous degeneration; ulceration, with pulsating, burning, and lancinating pains along the borders of the ulcer, particularly upon being handled.

Blennorrhagia.—Ruckert thinks *clematis* not indicated in blennorrhagia proper, but a very important remedy in metastasis to the testicles.

Diseases of the Testicles.—Dr. Hirschel regards *clematis* as the principal remedy in the treatment of orchitis, especially when it supervenes on exposure to cold, after blennorrhagia; and if the testicle be indurated, sensitive to pressure, the scrotum red, swollen, with tearing drawing pains, tension and retraction of the spermatic cords and region adjacent. Ruckert gives, as general indications for *clematis* in blennorrhagic orchitis, "painful induration, with sensation as though grains of sand were disseminated upon the surface of the organ—sequence of ill treated blennorrhagia." He cites a case where, after exposure to cold and damp, a blennorrhagia was accompanied with violent pains in both testicles; nocturnal aggravation, with fever; testicles hard, swollen, and highly sensitive to pressure; scrotum red and tense; discharge nearly suspended. *Clematis* 12°, two doses in three days. The precited symptoms subsided during the interval, and the discharge reappeared. The swelling of the epididymis continuing, *aurum* 12° completed the cure. (*Attomyr*, by Lèon Simon, Jr.)

From fatigue in hunting, a blennorrhagia was succeeded by orchitis, with phymosis, and ulceration of the preputial mucous surface; great pain; no sleep; the testicles, particularly the left, became enormous; the scrotum red and tense, as in hernia; fever intense, with furious delirium. After *aconite*, *clematis* completed the cure. *Clematis* is suitable, says Ruckert, when the testicle is hard, swollen and painful, and with a sensation of traction upon the spermatic cord. If it feels bruised to the touch, with tension in the groin, upper thigh, and scrotum, Hartmann frequently prescribes *clematis* 8°. "I have myself obtained," says Ruckert, "the happiest results in orchitis from *clematis* 12° and *spongia* 30°. *Clematis* alone, given once every twelve or twenty-four hours, has very often sufficed. Various swellings of the testicle, caused by

cold, and not of syphilitic origin, have been resolved by *clematis* 3°, given night and morning, for eight or ten days (*Ohlhauf*). A very acute orchitis, with high fever, general prostration, cephalalgia and vomiting, was relieved in the course of twenty-four hours by *clematis* 3° (*Gross*).

REFLECTIONS.

The authors of the preceding statements have mistaken the natural termination of disease, in resolution, for the effects of their remedies. We believe that *clematis* may be usefully employed in orchitis following a contusion, as observed by Dr. Seran. In regard to blennorrhagic orchitis, our own experience, and that of those into whose practice we have inquired, completely invalidate the indications set forth by Ruckert. He seems carefully to have ignored the pathological characteristics of the malady, and hence the errors into which he has fallen.

We will take the authors whose authority Ruckert has invoked to determine the indications of *clematis* in blennorrhagia.

1st, Hartmann—one of the most justly distinguished men of the homœopathic school—is called to a patient laboring under blennorrhagic orchitis. He administers *mercurius* and *rhododendron*, and afterwards *clematis*; and soon—say, in the course of three weeks—the patient gets well.* In France, where the study of pathology is less neglected, the merest tyro would know that blennorrhagic orchitis may, of itself, terminate in resolution during three weeks.

2d, The pain produced by orchitis having reached its maximum of intensity, the inflammation of the testicle will manifest all the symptoms of strangulation.

About the third, fourth, or fifth day, these pains, despite their violence, become appeased, after having lasted for twenty-four hours unremittingly.† *Gross* sees the patient at

* Gazette Homœop., vol. xi., p. 350, 1837.

† Traité de Pathologie Externe, (par Vidal de Cassis), vol. v., p. 150.

the height of the paroxysm, and gives *clematis*. Twenty-four hours afterwards, the patient is relieved; but he takes little trouble to inquire if the result be due to the action of the remedy, or otherwise; he only sees the cessation of the disease. The remaining observations of Ruckert have about the same value. Weber and Ohlhaut have given as little attention to the pathology of this affection as Hartmann, Gross, and Ruckert. We conclude, then, that *clematis* is not indicated in blennorrhagic orchitis, and least of all in the individual cases in which its administration is here recommended.

Irritable Testis.—Under the head of blennorrhagia, comes an observation of Rosenberg's, which, we believe, was an irritable testis, in which *clematis* was salutary. We give the fact on the responsibility of the author. H— had a gonorrhœa for many years, upon which supervened so violent an inflammation of the testicle that it attained the magnitude of a child's head. The patient became sad and misanthropic. The following year, moist and itching spots appeared in the palm of the left hand, and his general condition was ameliorated. During the winter, the itching spots disappeared, and he complained of colics. The waters of Carlsbad and Marienbad dissipated these pains; then the spots reappeared. He had intermittent pains in the testicles, when his extremities would become cold, and a pulsating constrictive pain occur suddenly in the left testicle—more particularly, it would extend to the lower part of the belly whenever the organ was touched, and was accompanied with faintness and retraction of the testicle, which was otherwise unaffected. During the winter, he suffered from heat of the head, and complained continually; appetite good, but stools irregular; disgust for life, and disposition to suicide. *Nux vomica* and *sulphur* relieved the abdominal pains; *aconite* and *dulcamara* removed the impersibility to cold. An annular eruption appeared, but without relief to the testicle. *Clematis* 1° relieved the pains of the

testicle for the whole summer ; but they returned the year following, and were again dissipated by the same remedy.

Chronic Bubo (by Ruckert).—This tumor had persisted after the suppression of a blennorrhagia. It was of oval form, of the size of a walnut, and the integument of a deep red. For five years, allopathic remedies had failed ; then *carbo animalis*, *mercurius*, *hepar sulph.*, *iodium*, and *silicea* were given for three months, without result. In eight days, *clematis* made a cure.

Stricture of the Urethra.—According to Bœninghausen, *clematis* exercises a specific action upon the urethra and the tissues connected with it. He reports the cure of a prostatitis, with stricture and retention of urine, by means of *sulphur*, *spongia*, *clematis* and *iodine*. Mr. Jahr places *clematis* in the first rank of remedies to be used in organic strictures—that is, those formed by the infiltration of the corpus spongiosum at some point by coagulable lymph, and formation of a submucous callosity. The two following cases sustain this fact. The first occurred in my own practice ; the second was communicated to me by my brother, Eugene Desterne, military surgeon at Calle, in the province of Constantine.

Case 1.—M. X., aged fifty-three, an employée of the opera ; medium size and height ; lymphatic temperament. He is habitually pale, but except an occasional indisposition, and the actual disease, enjoys fair health. He has had nearly a dozen blennorrhagias—at first, with no organic lesions, but towards the last, with orchitis of the right side. The right testicle is slightly enlarged : the epididymis reveals the induration consequent on this affection. Five years ago, the patient observed his semen tinged with blood. Two years thereafter, he felt from time to time, at the moment of ejaculation, a sharp spasmodic pain passing from the anus along the meatus urinarius ; at the same time, he felt an obstruction in the perineum, as of an obstacle to the course of the semen, the quantity of which appeared less. In erection, a ring seemed to encircle the corona glandis. For three months, these sensations recurred at every coition, the pain from the anus shooting to the meatus at every micturition, and even oftener. The urine was clear, yellow, and limpid, always scanty, the desire to void it incessant, and the jet bifurcated. From time to time, both in repose and in motion, he complained of slight pains in the right testicle, and in the region of the kidneys ; slight dryness in the mouth, not much thirst, and frequent nausea after eating ; the stools were regular. R. *Clematis* 30°, one drop in half a tumbler of water, a

tablespoonful morning and evening. After fifteen days, it seemed to occasion diarrhœa; but, except the induration of the epididymis, all symptoms disappeared, the urine flowed uninterruptedly, canal clear, no further sensation of weight or pain. I saw the patient five months after. He continued well: but I should add, that twenty-one months later, new symptoms of stricture appeared, and he submitted himself to repeated surgical operations.

Case 3.—A field officer, aged forty-two years, of a lymphatic temperament; enjoyed habitual good health, despite the fatigue and exposure incident to his position. In his youth, he had had repeated blennorrhagias, all of which yielded to the usual remedies; but some years after his last attack, he suddenly experienced great difficulty in urinating. He had recourse to the gum elastic sound, during four months. This but partially relieved him, and it became necessary to use the smallest instrument; and at last this would not pass at all. For two days, the urine passed by over-distension of the bladder. The relief thus afforded was but momentary; and the intervals increased until the patient decided to seek my aid (*Hopital Militaire de la Calle, Avril, 1857*). After proper examination, I attempted to introduce the smallest bougie in my possession. I succeeded in passing the two first obstructions, but not the third; the contact of the instrument, however, caused a flow of urine. A warm bath: the flow still insufficient—the patient can only snatch a few moments of repose from his protracted torment. Two baths a day: his condition becomes more and more alarming—fever arises at intervals. The efforts made by him to re-introduce the bougie only provoke the discharge of muco-pus; the obstruction is complete, and pains intolerable. I prescribed seven globules of *clematis* 3°, in 200 grammes of water—one tablespoonful every hour. Two hours afterwards, one of my colleagues, during my absence, endeavored again, though fruitlessly, to introduce the bougie. On my return, I ordered a warm bath, and repeated *clematis*. On coming out of the bath, the urine began to escape by distension of the bladder. Again, at 7 P.M., it dribbled away; the patient had some little naps; after the second dose of *clematis*, he complained of headache. Second day, *clematis*, three doses: intermittent flow of urine—slept well. Third day, urine still scanty, but in larger jets than he remembers for two months. *Clematis* continued, morning and evening. Fifth day, urinal—until now indispensable—was put aside; patient urinates at will. Sixth day, no medicine; patient rose, and resumed his occupation. Nine months after, restoration entire.—(*Communicated by Dr. Eugene Desterne, Military Surgeon, Calle Algeria*).

[To be continued.]

ON THE INCREASE OF THE POWER OF MEDICINES BY
TRITURATION AND SUCCUSSION.

BY DR. J. T. TEMPLE, M.D.,

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Is the strength or power of medicines vastly increased by trituration and succussion?

As this seems to be a part of the homœopathic doctrine which is imperfectly comprehended by many of the advocates of our school, and entirely ignored by old Physic as a fixed principle or law, we have, in this communication, endeavored to remove the clouds which obscure the subject, and to present it in a clear and scientific light.

Physicians are aware that the *entire* human organism is composed of *infinitesimal cells*, of which we shall presently treat.

Every scientific man knows and admits the fact that the active power of any substance is confined to the *surface*, and that this power is increased in proportion to the increase of surface.

So far as physicians of the allopathic school are concerned, we do not expect that argument, reason or facts will avail to lead them out of the dark domain of empiricism. Our object is to benefit those who are not imprisoned within the strong walls of false education, bigotry, and self-conceit, but whose minds, in their development and growth, like vegetation, are ever expanded by the reception of new light.

The term medicines is applied to substances used for the relief of suffering and the cure of disease.

When we speak of the *strength* or *power* of a medicine, we mean its adaptation and capacity for restoring derangements of the physical organism, reinstating harmony where the vital forces are disturbed, and curing disease. The degree of power or strength can only be determined by the effect produced, the result accomplished. For example: if an infinitesimal dose can remove an obstacle which a large one cannot, then

“common sense” must decide that superior strength or power pertains to the imponderable.

Power to do good is not in a mathematical ratio with size or bulk, but in a direct ratio to that fixed size which is adapted, in any given case, to produce most certainly the effect desired. That size can only be determined by scientific experience. “Oh, yes,” says the allopath, “we grant that your statement may be true, within certain limits. The hundredth part of a grain is intelligible enough; the ten-thousandth is comprehensible; but the millionth part of a grain puts our powers of comprehension on the rack: we fancy that we grasp the reality, and then it instantly vanishes as a phantom.” If the mental vision of old Physic were not exceedingly dimmed and circumscribed by his age and many infirmities, he might be taught that the difficulty he experiences does not depend upon the existence, but on the comprehension, of the minute. Minuteness is attributable to entities; entities exist independently of the human mind; therefore, minuteness, while belonging to things real, is not necessarily comprehensible by the senses. Allopathic reasoning, from its immense circumference, converges into the following focal conclusion: Whatever is incomprehensible by the senses, is a nonentity—the small doses are incomprehensible—therefore, they are nonentities.

We shall now present some facts which clearly prove that the strength or power of drugs is vastly increased by shaking, and we shall then show why this result necessarily follows.

As allopathy is most familiar with, and puts a higher estimate upon mercury than any other agent in the *materia medica*, we have selected this “*magnum dei donum*” as an illustration of the “vast increase of power by shaking or trituration.”

Metallic mercury is declared to be “harmless, innocuous,” by Avicenna, Fallopius, and Brasavola. Pereira says, “so long as it retains the *metallic* state, it is *inert*.” Dr. Christison considers “the question set at rest by the Berlin College

of Physicians, and that the metal is innocuous." We think it unnecessary to multiply authorities on a point so universally admitted.

This truth was known to the ladies of the nobility and the court of Charles II. of France, who, for days and weeks before any fête at the great saloon, swallowed a spoonful, night and morning, under the impression that it would increase their agility. It is also a matter of history, that, for many years, physicians gave the fluid mercury in pound doses to remove obstinate constipation, contending that its action was purely mechanical.

It is as inert now as it was in the days of the Arabian physicians, Avicenna and Serapion.

It is a fact known to every druggist, and certainly should be known to every physician, that this harmless metallic mercury, when triturated with conserve of roses, sugar of milk, or simple white sugar, forms the "*blue mass*," which is the first trituration. In this first attenuation, although the comminution is quite limited, there is evolved a medicinal poison which has converted many a blooming face into a pale, sallow, cadaverous look, caused foul breath, ulcerated gums, loss of teeth, gangrene of the cheek, destruction of the bones, agonies of suffering, and death. These effects are produced by taking sensible quantities, and for some time. But let us carry up our attenuations, or comminutions, until we have transcended the range of the senses, and have no knowledge of the presence of any medicine at all until an unequivocal demonstration of its effects or action is exhibited in the organism. Thus, with mercury, when converted by shaking into vapor, we have a fine illustration of the vast increase of "strength or power" by comminution. In the *Medical and Surgical Journal*, vol. xxvi., p. 29, is recorded the following case: "In 1810, the *Triumph* man-of-war and *Phipps* schooner received on board several tons of quicksilver (metallic mercury) saved from the wreck of a vessel near Cadiz. In consequence of the rotting of bags, the quicksilver escaped, and the whole

of the crews became affected. In the space of three weeks, two hundred men were salivated, *two died, and all the animals*—cats, dogs, sheep, fowls, a canary bird—*nay, even the rats, mice and cockroaches, were destroyed.*” Speaking of this metal, Pereira says, that “metallic mercury, in the finely divided state in which it must exist as vapor, is itself poisonous.” See his *Materia Medica and Therapeutics*, vol. i., p. 585.

That power is nearly proportioned to quantity, is a proposition which might be entertained by the chemist or natural philosopher—by the mere *physicien*, the man engaged in considering physical and chemical properties, or the mutual actions of inorganic matter—but not by the *physician*, the man conversant with medical properties, and their action on living bodies. In the mechanical and chemical arts, one pound, or one grain of any substance, has only the one-hundredth part of the effect of *one hundred*. The doctrine of the proportionability of power to quantity seems, on a partial view, to be confirmed by an experience almost universal. Hence, the Hahnemannian discovery of the amazing efficacy of infinitesimal doses has to contend with a general and deep-rooted prejudice, especially with those whose studies have only been confined to dead matter.

The immense power of infinitesimal doses is almost incredible to the physician, unless he has tested his medicines in the potentized form.

The original purpose for which trituration and shaking were employed was to produce a uniform diffusion. In administering medicines thus prepared, Hahnemann unexpectedly discovered that they were peculiarly powerful. Hence they were called potences or dynamizations. Independently of all speculative reasoning, experience has demonstrated—1st, that a given weight of any drug, in a dilute state, possesses a greater therapeutic power than the same weight of it in the crude or concentrated state; 2d, that Hahnemann’s method of diffusing a medicinal substance through a non-medicinal one, by successive steps or stages, in regular progression, and

with mechanical force, develops *more curative power* than is or can be developed in an equally dilute mixture or solution prepared in any ordinary way. It is a fact known to the intelligent part of "the prevailing school," that observations have confirmed the former proposition, especially in relation to mineral waters. Professor Daubeny, of the University of Oxford, alludes to the unquestionable efficacy of certain mineral waters in England, in connection with the fact of their containing *only one grain* of iodine in *ten gallons of water*.

But few scientific men will now deny that the development of this vast increase of strength or power in the drug is due to its dilution in water. Trituration with sugar of milk promotes this development, just in the ratio of the subdivision of the atoms of the medicine, and no farther.

One man, by Hahnemann's process, can, in a single day, effect a greater comminution of a substance than could have been effected in a direct mixture and trituration by the combined labor of the whole human race continually operating since the creation of Adam. By the Hahnemannian process, the eighteenth attenuation is prepared by *one man* in eighteen hours. To every intelligent mind it will be obvious that, by Hahnemann's process of trituration, in which one grain of the drug is rubbed with ninety-nine grains of sugar of milk, at each succeeding stage of the process, the drug would be divided into parts, all of which would be one hundred times as numerous, and each of which would be the one-hundredth part as large, as the parts in the preceding stage—so that a grain of the thirtieth trituration of gold would contain as many minute pieces as a grain of the third trituration.

Is it not more than probable that some of the properties of bodies or substances have their power or intensity greatly increased by comminution?

Is it not a fact that an electric battery, with a *single helix*, which will raise a given weight—say, one pound—by adding a second helix, will raise another pound? and so on, for every additional helix, an additional pound, and without any change

or increase of the battery? Upon what principle will allopathic scoffers explain this beautiful fact in science?

In the inorganic world, the polarity of atoms is manifested in the formation of those solids which compose the crust of the earth. In obedience to this universal law of chemical attractions, we have an almost endless variety of forms and combinations, all of which are, to a greater or less extent, disturbed or broken up by superior polar force or repulsion—called, also, chemical decomposition—other forms and combinations usually resulting from a reünion of the atoms thus set free.

Polarity, however, is not confined to the inorganic world. The lowest or simplest form of organic existence, the individual cell, clearly exhibits this property of matter. It is in obedience to this law that the molecules of matter are assembled in the act of cell formation; and hence the *cell*, like the crystal, is subject to polar disturbance, and the susceptibility of the cell to such disturbance may be in a direct ratio to the complexity of the compound. The peculiar force by which the molecules of the cell are congregated we term *vital*, and in this sense the vital action stands opposed to the chemical. While we have *inorganic* bodies as the result of chemical action, we have *organic* bodies as the result of vital action. The cell may, therefore, be considered as the type of the more complex organic structures, and the organ of nutrition for all of this class of complex bodies.

The various organs of the human body are but an aggregation of individual cells, the functions of which are to elaborate the nutriment supplied to the organism, and carry off the effete matter.

When all the organs of the body are perfect, and perform their functions normally, we have that state or condition called health. When there is derangement of the function of one or more organs, we have an abnormal or unnatural condition of the system, called disease. If functional derange-

ment be not arrested, disease will end in lesion or organic derangement. To be more explicit: if the natural *polarity* or *vital force* of the cell be disturbed or changed, the result is disease, functional derangement; and if this derangement in the polarity of the cells, this disturbance of the vital force, be not removed, and the normal condition restored, then disease progresses, until lesion of the tissues results, and we have organic disease, involving pathological change. Hence we say that disease is the result of functional derangement.

All substances acting upon the body produce their effects either by *combination* or *presence*. Nutriment acts by combination—is assimilated, and becomes part of the system.

Drugs, whether mineral or organic, act by *combination* or *presence*, dependent upon the condition of the organism, and the size and solubility of the dose.

In health, all drugs act poisonously, if they act at all. In disease, their action is poisonous or curative, according to their relations, which are dependent on the condition of the patient and the quantity of the drug.

Food acts by combination, and repairs the tissues by the formation of new cells. Medicine, in its curative action, arrests the progress of disease, and restores the vital force of the parts by adjusting their polarity; but it never repairs the tissues. The curative action of medicine does not, therefore, depend upon the quantity of the drug—which cannot be said of its poisonous effect. But in either case, the action is specific, both as to functional and organic derangement. Disease, being a disturbance of the polar conditions of the cells or molecules which compose the organism, “I think,” says Smith, “that the inference will be plain, that, if the totality of the symptoms produced by any remedial agent resemble those of any disease, then the remedy bears a determinate polar relation to the disturbed atoms constituting the disease, because similar polar disturbances can be caused only by reciprocal polar relations.”

The idea of remedial effects being produced in the system by *chemical action* necessarily involves decomposition, which is the *primary* tendency of all poisons, and in direct antagonism to *vital action*, by which alone the diseased tissues are restored to a normal condition. The effect is one of simple presence, the atoms of the medicine changing the polarity of the molecules or cells of the organism to their normal state, and thus arresting the disease by restoring its natural condition, its healthy functions.

The *medicinal power* of a drug is inherent—not generated, but set free by trituration.

Chemical power is in proportion to the mass, while the dynamic, polar, catalitic (action by presence), is in proportion to the *number of individual actions in a given space*. Now, as remedies act by presence, and that action can only be considered in the light of attraction and repulsion, termed polarity, it becomes a matter of great importance as to the *number of identical or individual polarities presented*.

Is the strength or power of medicines vastly increased by trituration or shaking? This is one of the questions at issue between allopathy and homœopathy. Old Physic laughs at the idea of power being associated with infinitesimals, and boldly and impudently, in the presence of facts everywhere attesting this great truth of nature, denies its existence.

If we take a sheet of copper *one foot square*, and one of zinc of equal size, connect them by a wire, and immerse them in an acid solution, immediately electrical action is manifested. The same occurs if the plates be one inch square; and so far as inducing in another body a state of similar polarity, the small plates are as efficacious as the large.

If we take these plates one foot square, and cut them into pieces one inch square, and connect them in pairs as the first, we shall then have one hundred and forty-four pairs from the one, and shall thus gain such a high state of electric tension or polarity as to decompose water, and the power will be

increased in a direct ratio to the number of plates or *distinct polarities*.

As the action of remedial agents is dynamic, and not by virtue of their mass or chemical properties, is it not in accordance with facts and with known laws of science that remedies acquire an increase of medicinal power precisely in proportion to the comminution of their particles, the only limit being the divisibility of matter, the attenuations embracing both mechanical division and the development of polar forces.

Hahnemann says, "the discovery that trituration and succussion *develop* the medicinal properties of drugs—and in proportion as these operations are carried on farther, until the material substance shall have transformed, as it were, into medicinal spirit—is of *inexpressible value*, and so undeniable, that those who, from a want of knowledge of the resources of Nature, consider homœopathic attenuations as *mere mechanical divisions* of the original drug, must be struck dumb when they consult experience."

The distinguished Rokitsansky states that the poison of the adder, in an undiluted state, may be taken into the stomach, in sensible quantities, without danger; but when attenuated—diluted—it becomes a *deadly poison*.

It has long been known by old Physick and the apothecary, that the increase in the solubility of a medicine is equivalent to an increase of the dose; without, however, having noticed the ratio in which it occurs.

It is really pitiable to see such men as Homes, Hooker, and others, of rather more professional learning than the great mass of allopaths, exhibiting such a shameless want of candor and fairness in the periodical efforts made to *figure out* the *amount of matter* contained in the thirtieth attenuation of a homœopathic preparation.

What will these minute philosophers—these imbecile laggards in science—say, when told that any one of them can take 10,000 cubic inches of hydrogen and 5,000 of oxygen

at a single draught, and repeat it half a dozen times a day, or as often as he takes half a tumbler of water ?

All of our readers, we think (outside of the domain of poor, old, blind, and tottering allopathy) will perceive that, when we wish to produce dynamic rather than chemical agencies, we resort to the comminution of particles, because power is thus developed by increasing the number of polarities in a given space. We have thus shown that the remedial action of drugs is not dependent upon quantity or mass, and that the "strength or power" of medicines is vastly increased by trituration, or shaking.

Homœopathy claims to be the only rational system of cure. A fixed principle directs the administration of its remedies, guided by a physical law as immutable as truth.

The horrible system of allopathy, which boasts of an antiquity of over two thousand years, cannot produce one *single fact in science* to sustain its practice.

The distinguished Magendie, after a long life of study and practice, said to his class,

"Gentlemen, I have come here to teach you the science of medicine. Science! bah!—there is no science about it. We have, to be sure, learned that the repeated administration of quinine will produce the ague, and that sulphur will produce psora. Well, this is something! and if we continue our investigations for one hundred years to come, we may hope to discover a few more facts! But, at present, gentlemen, it is wholly a system of empiricism."

PRINCIPLES OF PHYSICAL CULTURE.

BY CHARLES F. TAYLOR, M.D., OF NEW YORK.

THE progress of civilization is attained, not by a steady advance of every human endowment, but by the concentration upon particular ones of the best thoughts and efforts of representative classes of a given period ; till, being thus illumined, certain human manifestations shoot far ahead, leaving others in seeming, often in real, retrogradation. Thus, religion, science in its various departments, politics, medicine, and the arts, have, at each period of progress, left some portion in neglect, to await the proper time for its own advancement. No one can deny that the present age, in its eager pursuit of the purely intellectual, has too long neglected the physical, man. Harmony is the great law of nature ; and though there may have been something gained in the long run, by thus for a time exalting the intellectual man above the physical, to compensate, perhaps, for the long intellectual slumber before the present era, still, sagacious men are beginning to see that the time has come when this relative disproportion between intellectual and physical development can no longer exist with safety to the individual or to society. Even if it were desirable (which it can never be) to seek intellectual superiority alone, to the neglect of physical development, it would be to set bounds to the purely mental, and confine its possibilities within a very narrow scope. The body is the *instrument* of the mind—and if the tool be dull or imperfect, the expression will be imperfect also ; and of what avail will mental superiority be, which, in all its outward manifestations, must seek the level of the channel through which it flows ? But the body is more than the instrument of the mind : it is the *medium* through which the soul looks out upon the external world, and colors, refracts, and modifies whatever it transmits.

Glass colors and refracts the rays of sunlight—jaundiced eyes make all things look yellow; and a man with a sick body sees all things distorted. It is absurd to talk of intellectual culture in the exclusive sense. There can be no purely intellectual advance accompanied with physical degradation. Temporary intellectual exaltation there may be: as the body can perform prodigies of strength under stimulus, so can the mind; but to stimulate is not to strengthen. An exhibition of power, mental or physical, which is not the fruit of actual development, is self-consuming, and results in weakening instead of strengthening the faculty exhibiting it. All proper manifestations of function result in *growth*. Many a naturally clever young man has been made a simpleton in spite of his diplomas—rather, in consequence of them—for failing to learn this truth. The hopes of a neighborhood have followed many a young man to the college doors, to be shocked four years afterwards on seeing him return mentally incompetent as he was physically weak, and wholly incapable of getting a living. Such things bring disgrace upon education. Do I state it too strongly? I appeal to the testimony of all observers. Is it not true, that in this country the heads and tails of a college class, with few exceptions, have changed places at forty? Who are the successful many?—the men that are making their mark in society—in the ministry—as statesmen—as men of business? Very seldom those who delivered your valedictories. The boys whose physical impulses were too strong to be trampled under foot; whose blood was too red to suffer them to strain their intellects to the cracking point; who ate their allowance and slept when night came.... these write our books—such as are really good for any thing—make our laws, and manage society; while the naturally bright and clever ones are forced, by an emulation that their duller companions could not feel, to strive for intellectual pr \acute{e} eminence at the sacrifice of bodily health and vigor of constitution. The result is a temporary brilliancy—a brilliancy self-consuming, that soon goes out for ever!

The fact that intellectual greatness may cōexist with bodily infirmity, only proves the rule that there can be no great disparity between the mental and physical capabilities. Pains and suffering indicate *disease* rather than *weakness*; and years of suffering only prove greater strength of constitution. No! there can be no real and true education that does not recognize the mental and physical nature of the developments sought, and the inseparable and intimate inter-dependence of each upon each. Until this recognition does take place, we shall have to depend upon the dunces for the management of society—those who have stomach and digestion as well as brains, and are thus rendered incapable of being spoiled at the threshold of life. I have stated this view thus clearly and forcibly, because, though we begin to find that there is something wrong in our system of education and ways of society, we do not all see clearly where the difficulty lies; and further, because I wish to enforce the converse, which is equally true, that there can be no true physical culture which does not recognize the mental. What is physical culture? Is it “to make muscle?” That is what people ordinarily understand by the term. To be a subscriber to a gymnasium—to swing dumb-bells, and perform certain acrobatic feats, is supposed to be about all there is of physical culture. Nothing can be further from the truth. Suppose a man is already sufficiently muscular—your farmer or blacksmith, for instance; is he to be taken as the type of physical perfection? And if not, there must be physical culture for him of a nature to counteract, it may be, the preponderance of the muscular system. Physical culture, then, in the highest sense, means the securing of *the harmony and easy working of all bodily attributes, by means of developing the weaker functions through the proper use thereof*. The mere aggregation of muscular tissue is the result of *muscle culture*; and even when desirable, is only a small part of *physical culture*. Your prize-fighters are monstrosities: the training to which they are subjected has directed the forces of the system into *one*

channel—that of muscle nutrition. The susceptibility of the nervous system is lowered in the ratio of the excess of the muscular development above the normal standard. This renders one capable of concentrating all his forces in the muscles that make the blow ; and it also shields him from the effects of the blow he receives from his antagonist, by reducing the sensibility of the nervous system. Such *merely* muscular training renders men simply capable of fighting : for other species of endurance, they would be no more capable of than any others in equal health. It is not likely that, if Morissey or Heenan were among Kane's or Fremont's adventurers, they would endure more than the rest—probably not so much—of varied exposure and hardship. Civilization, with its artificial life, disturbs the harmonious working of human attributes ; and physical culture should step in and restore the balance that is lost. It so happens, that one of the causes of the disproportion is the lack of muscle in the modern man ; but physical culture neither begins nor ends here. To increase the muscular tissue where it is needed is only *one* of its offices. To render the bodily senses truthful avenues by which the soul gives cognizance of the external world—and, especially, to render it a perfect and willing instrument to execute the mandates of the will—such are the offices of physical culture.

. CHILDHOOD.

At the very threshold of life, the future man begins to practice physical culture ; that is, he begins to develop his various endowments by *using* them. Incessant activity is characteristic of the child. At starting, he handles himself hesitatingly, awkwardly, carefully, until he gets acquainted with himself—as an apprentice first handles the tools put into his hands ; and for ever after, so long as he lives, each day's proper use gives him a better instrument, as well as more skill in using it. It is as absurd to separate mental and physical culture as it would be to keep tools away from

the apprentice while he is receiving instruction in their use. It is necessary that each human being should *work out* his development—for growth comes by no other process. The child's instincts teach him this. He constantly inquires, "what shall I *do*?" and when furnished with material, he exercises body and mind together; thus developing all his attributes in harmony. The child's first instinctive impulse is to become acquainted with THINGS: the soul communicates with the external world through the medium of the bodily senses. He desires to touch, taste, handle, everything presented to his sight. With these, he associates simple *ideas*: abstract ideas belong to more mature years. To attempt to educate—that is, develop—the purely reasoning faculties, before the initial process of educating the senses and the bodily functions, as connected with simple ideas, is wholly unnatural and absurd.

Intellectually, it will be a failure—physically, it will be a sadder failure still. By appealing exclusively to his intellect, the child may *seem* to know much which he does not really know. Real knowledge becomes a part of one's self, as food in perfect health becomes a part of the living body. The memory is about the first mental faculty the child exhibits, and it can be cultivated to an almost unlimited extent. Fine scholarship is constantly confounded with retentive memory. It is the commonest thing in the world to see men, having minds well stored with *facts*, with very feeble power of using those facts. Indeed, an over-loaded memory may be an actual impediment to clear thinking, when the mind has not been sufficiently well-disciplined. But, in a purely mental education for children, the very first step in this discipline—the a, b, c, of education which nature asserts with all the force of the first and strongest instincts—the union of mental and physical development—the connection of an action with every idea, and an idea with every action—is left out. Here, both body and mind must suffer: the body grows thin, soft, and feeble, and the mind does not attain that solidity and

reach which it ought. The difference between the child and adult is this : the adult is periodic in the use of his powers ; and hence, while he must not fail to use them all, he may use them separately, if he choose ; but in the child, its mental and physical activities are incessant, and therefore cannot be separated without harm to both. The child must *think* and *do* at the same time. Physical culture, which strives to make the most of the capacities of a being, must begin here at the foundation, and insist upon preventing the divorce of body and mind in childhood and early youth. This separation lies at the bottom of the acknowledged evils connected with our educational system. Why is it that, as a people, we are physically deteriorating ? It is absurd to charge it to the climate—we have the best climate in the world ; we are descended from the best stocks—a happy mingling of the Anglo Saxon, Teutonic and Celtic races. With a free country, an outlet for every energy and capacity, with facilities enough to supply half the world with bread, we should be the strongest and handsomest people on earth!—and in some parts of the country, where they have not taken the means to counteract these beneficent influences, can be found the handsomest men in the world. One can see specimens enough every day, in passing through our streets, to learn the capacities of our people. Why, then, is the multitude so weak and inefficient ? There are many causes, all conspiring to produce the same result ; but the over-shadowing one of all is the course of education in early life. A kind of fanaticism, as silly as it is pernicious, seems to affect the whole community—teachers and scholars, parents and school boards—to get children into the educational mill, and grind them out as soon as possible. Six hours a day, and books carried home at night ! Books, study, and recitations ; emulation, credit-marks, and rewards ; and no time for exercise or play that is worth the name ! True, after a while, the children forsake their play, and learn to love their books. So will a lamb, by proper training, forsake oats and clover, and partake of fresh

raw mutton ; but this does not prove that mutton is a proper aliment for a lamb—it only shows the extent of the perversion ! There is no sadder sight than a precocious child ; it is akin to deformity. American children study too much, and play too little. Better that a child should not see a book till he is twelve years old, than be his teacher's pet at such a sacrifice.

Though I firmly believe that the first ten or twelve years of life should *never* be spent at book-study, it is not necessary that the child should be left loose to follow unrestrained his own bent. Nor should his education be neglected. He *will* be educated, in spite of all efforts to restrain him. Everything he does, or has to do with, is to him a teacher. Instead of imposing obstacles to the child's bent, by trying to curb his incessant activity, he should receive assistance and guidance. We should not suppress, but control, his instincts. In short, the true philosophy of education for children is to furnish them something to do, and then assist them in doing it. Thus we would have the

CHILDREN'S PLAY-SCHOOL.

We are indebted to Frœbel for the practical working out of such a system of infant training in what he names the *Kindergärten*—the children's garden. The following extract from a private letter written on the spot, three or four years ago, but which found its way into print at the time, will probably give a clearer idea of the *Kindergärten* than anything I could now write :

“Through the kindness of Dr. R., I was introduced to Madame Ronge, who, with her husband, is devoting herself to the well-being of the rising generation. They have succeeded in establishing, in London, several *Kindergärten*, a plan of commencing the education of children advocated by Frœbel. By invitation of this lady, I visited the principal *Kindergärten* here, where I saw with interest the operation of this system of infant training, and had an exposition of the principles

upon which it is based. The idea accorded perfectly with my own previous though undigested notions of these matters; and I confess I feel an impatience for the time to arrive when we shall witness a general adoption of some such approach to a rational system of managing children during the first years of life. Even now, the Kindergärten conjures up in my mind the most pleasing of images. I see the troops of little children, from twelve years old down to the 'little shaver' just out of his pinafore, all rollicking and glad, with chubby cheeks and lusty limbs, playing in THEIR garden—the *children's* garden. No cross nurses pulling them about; no rheumatic grandmas 'hush-hushing' them; no worried mammas calling them naughty children, and threatening to *send* them to school, if they do not behave and make less noise; no one to bid them 'keep off the grass,' 'don't pluck the flowers,' 'keep out of the dirt,' or to be a 'fine little man,' or a 'nice little lady,' or anything else than the joyous little children they are. The common custom of sending children to school so very young, is, to my mind, exceedingly reprehensible; and to expect or desire them to be anything but the busy little undeveloped creatures they are, is the height of absurdity. I regard a smart precocious child as both a public and a private calamity. The state as well as the parent has an interest in the proper and harmonious development of each member of the body politic, and nowhere more so than in a free government like ours, where each individual is sovereign. When we reflect, that one half of the children born never reach the age of seven years, and that of the other half a large proportion never reach the period of real usefulness, we should stop and consider why it is that such a sacrifice is made, and what are the remedies for the evil. It is not enough that we physicians should endeavor to teach, by precept and example, the laws of life and health to *adult* humanity. It is then mostly too late. The result of our labors, at best, will be but a sorry patchwork; and though many valuable lives may be prolonged, we can never hope to see *real* health till the child is properly trained

from its earliest infancy. At present, there is *no* real, joyous childhood. Parents strive to make little men and women of their offspring; but they spoil the basis of true manhood and nobleness, physical health. The mind is not strengthened by a gradual and healthful development, but is stretched, crammed and cracked, and the result is witnessed in the many broken down minds and dilapidated bodies, in place of that vigor and stamina which is the birthright of all: and the most prolific cause of all this is the system of educating children. The principle on which the Kindergärten is founded—that of seeking a harmonious development of the *whole* being, paying quite as much regard to the physical well-being as to the mental—is undoubtedly the only correct one. To nourish his body, that it may be strong and vigorous, and at the same time to furnish *occupation* for each faculty of the *intellect* as it becomes successively developed, is the natural process in the child till he arrives at ten or twelve years of age. If this course were followed, we should be made heart-sick much less frequently at the too common sight of feeble pale-faced children, with that sad, spiritless expression so indicative of speedy translation.

“ Much is said, and with propriety, about the diet of children. Upon this topic it will not be proper here to enlarge. But the child who has had plenty of interesting and congenial occupation for his busy hands and exploring mind all the morning, will not be satisfied with cakes and candies; he will naturally crave wholesome and simple food to satisfy the natural and experimental demands of the system. Hot, close rooms could not hold him, panting like a young deer for fresh air to rebuild the tissue employed in active exercise. But the child kept still all day about the house or school-room, with all his energies concentrated on his ‘*study*,’ with weary brain and feeble step glides into his place at dinner to clamor for anything that can give a momentary stimulus to a nervous system out of tune. It is not only necessary that good and wholesome food should be provided for a child, but he should

be so managed that he will *crave* it. The less his nature is perverted, the simpler will be his tastes, and the more easily satisfied. It is the sick child that longs for unwholesome diet."

CHILDREN'S EXERCISES.

From what has already been said, it may readily be inferred that specific, systematic, simply mechanical use of a child's muscles *for the sake of using* them, must be equally improper with independent mental culture, and for the same reason. It is not nature's process, by which the beginning of the completest manhood is accomplished. The muscles are still plastic and feeble, and require to be so, in order to be capable of receiving the rapid increase of bulk by which the infant gradually acquires the stature of manhood. This growth will not be promoted, but will be checked, by great efforts at specific *muscular* development. Look at the little boys that one sometimes finds at the gymnasium. They get very muscular and strong, will perform surprising feats, but they *don't grow!* The energies of the system are devoted to the *repair* of muscle, rather than to the increase of the general tissues. The same thing we see in all young domestic animals put too early to work: their growth is checked. The same is seen in the children of the unfortunate poor, who too early labor for their bread. Children should *not* be obliged or allowed to systematically use *all* their muscular force, whether in labor or gymnastics, or in any other manner. If we have a young colt which we wish to make large, symmetrical, and beautiful, we do not begin at a tender age to test his strength. Quite the opposite. We feed him well, and turn him into the pasture to play. The principle that will apply to the physical culture of colts will apply to boys and girls. But a still greater harm, if possible, than the checking of the growth, arises from excessive use of the muscles in the young. It makes them stupid. A child whose nervous energies and

vital capacities have been wholly absorbed in muscular action must have a proportionably feeble brain, and less ability to think. The hard worker does not think so much as the moderate worker. Instead of being animated and sprightly, on cessation of exertion, he often falls asleep. By the adult, this may be done with impunity, like any other burden; but the ease with which the system can be perverted forbids it in the young. What is desired in the adult is *use*, in the child *development*; hence the condition of the one can never illustrate that of the other. These remarks apply with equal force to youth as to childhood, and should always be borne in mind till maturity is reached.

I have dwelt with emphasis upon this part of the subject, because these principles are so little understood. Many parents, with the best intentions, subject their children, even at a tender age, to exertion much beyond what is good for them. What a child is able to do with apparent ease, is not a criterion of what he *ought* to do for his best development. Exercises for children should be the last matters to be neglected, and the first things to be attended to. These exercises should never be formal, and dull, and monotonous, where there is nothing pleasing in them to *think* about; but they should be of such a nature that, while the body is put in healthful action, a pleasing mental employment is causing a genial glow of animation to permeate the tissues. To send a high-spirited child "out to walk," held fast by the hand of some superannuated nurse, ready to put an extinguisher upon every impulse of gaiety, is a refinement of torture. How soon his weary legs make them turn back! But let him chase the dog, roll the hoop, fly the kite, play at marbles, or do any thing where busy hands and an active mind can be in unison, and every fibre will be attuned to a higher pitch of health as well as happiness. Instead of curbing or suppressing the child's nature, every pains should be taken to *occupy* his incessant activities. In speaking generally of children, I have purposely included both boys and girls; for during the first

few years, their mental and physical wants are in general the same, modified, of course, by sex. But it is better that the brother and sister, boys and girls, should receive their first impressions together. The boy is softened, and the girl ennobled, by thus beginning life together. Let the girl help drive the hoop, and the boy help dress the doll. It will be all the better for them both.

[To be continued.]

PSORA.

BY PROFESSOR R. E. W. ADAMS, M.D., OF ST. LOUIS, MO.

IN addition to the vast amount of testimony presented by Hahnemann himself to establish his theory of psora as the cause of a large number of chronic diseases, no physician of experience and respectable powers of observation but can have corroborated and verified this most important theory in his daily duties as a healer of the multiform maladies which have so undermined the very foundations of health and vitality of our people. And we may add to all these evidences in favor of Hahnemann's much derided doctrine on this head, the observations and confessions of many of the later and most eminent pathologists of the present day. A great truth lies at the foundation of the psoric theory ; and the physician who ignores its teachings will fail in his attempts to extinguish, and often even to palliate, the great majority of those cases he meets with in general practice.

I might present a mass of evidence on this head, from an extensive field of practice under my own observation, if it would add weight or force to the argument ; but I propose, in this article, chiefly to present the testimony of others in its favor. I am aware that it has become quite fashionable

now-a-days to repudiate this doctrine, and even to exhibit an extraordinary amount of contempt whenever the subject is presented to view, whether by friend or enemy; but, unless I have been deceived in reference to the essential doctrine under consideration, as well as by the teachings of experience, the merit appropriated by those who repudiate so flippantly the teachings of Hahnemann in this regard will never create fame or success; and those homœopathic physicians who so readily join their allopathic opponents in the parrot-cry against the *itch-doctrine* of Hahnemann, I apprehend are really as ignorant of what our master taught on this subject as their allopathic neighbors. Some of our friends suppose that the establishment of the acarus-cause of itch is fatal to Hahnemann's doctrine, when nothing is further from the truth.

What does Hahnemann say on this head: "I call it psora, with the view of giving it a general designation." He never taught that the psora-cause of disease was limited in its application to the itch. He says, "I am persuaded that not only the majority of the innumerable skin diseases which have been described and distinguished by Willan, but also almost all the pseudo-organizations, &c., are, with few exceptions, merely the products of the multiform psora." The above clearly shows that he meant to teach that the host of chronic ailments which flesh is heir to, are due to a poison (or miasma, as he termed it) latent in the body, inherited or acquired by the individual, or, in some instances, both, which, becoming roused into action, ultimates in consumptions, dyspepsias, piles, asthmas, epilepsies, &c., &c. This same miasm or poison, when it is thrown out towards the circumference, and is ultimated upon the outer surface of the body, manifests itself in the form of boils, carbuncles, cancers, scald head, tetter, and all the variety of diseases which so annoy the pride and comfort of the thin-skinned world. The term psora is a term of ancient origin, being used quite indiscriminately to designate every variety of chronic cutaneous disease. Hence, it was an appropriate and convenient term to express

that *dyscrasia* which Hahnemann saw at the bottom of the difficulty.

The psoric doctrine, as taught by Hahnemann, was a familiar one to the early allopathic writers; and I wish to show that, since the great advance made in pathology, this doctrine stands unmoved as before. His psoric theory is almost identical with the *dyscrasia* of our modern pathologists. Doctor Budd (*Medical Gazette*, 1850, and *Medico-Chirurgical Transactions*, 1842,) expresses most emphatically his opinion that a *morbid material* within the organism produces the various skin diseases, and says that this *morbid matter* is liable, from many causes, to be repelled from the surface, and, in consequence, produce various internal disorders. Willan also (see "*Cutaneous Diseases*") says: "The peculiar morbid matter of the disease, which was before detained in the part affected and held in union with it, being now suddenly loosed and set afloat in the general circulation, has become free to fix on internal organs—or, circulating anywhere with the blood, to affect the system at large." The repulsion of these morbid miasms is thus just as important to the allopathic pathology as it was to Hahnemann's. In the opinion of Dr. Budd, and many other eminent men, important internal organs, such as the lungs and the blood-vessels, are liable to become most seriously diseased, from this morbid matter locating upon them, after being set free from the external surface. Pujol thus accounts for the occurrence of consumption; also, many local affections commonly called scrofulous. Schonlein, the renowned professor of Berlin, in a clinical lecture delivered only a few years ago, teaches doctrines on this subject almost identical with those which the founder of homœopathy promulgated, and for which he has been so unsparingly ridiculed and traduced. Prof. Schonlein gives a case in illustration, which I will quote, that our latter-day rationalists may know that other great men besides Hahnemann recognize the influence of psoric miasms, and know the dangers attending their repulsion towards and upon the nobler and more vital internal organs.

“John Schutz, weaver, thirty-four years of age. The patient states that he had enjoyed good health previously, and had always worked in a spacious room. About nine years ago, however, he was attacked with the itch, which lasted for three years, and was then cured in this hospital by the application of sulphur ointment. Little itching spots were, subsequently, occasionally observed by him between the fingers, especially when in bed; they, however, soon disappeared. He dates the commencement of his present disease about nine months ago, when he complained of oppression of the chest, difficulty of breathing, weariness, palpitation of the heart, &c., on more than ordinary exercise, as, for instance, on running, ascending the staircase, &c. &c. During the last five months, the disease has assumed a more violent character.” Prof. Schonlein then goes on to give a minute description of the symptoms of this patient’s disease, which he speaks of in this wise: “We have now given an outline of the existing malady: it consists in an affection of the aortic valves, hypertrophy of the left ventricle, with simultaneous enlargement of the left lobe of the liver, and commencing hydrops. Let us now search for the cause of this complaint. The previous history discloses no other disease than the itch. The fact of *sequelæ* to the itch, that old medical dogma, has, in modern days, not only been considered doubtful, but has been abandoned, and even ridiculed. Of the older physicians who have written on these *sequelæ*, we may especially mention Autenreith, who published (1807) a most excellent essay on this subject; and we cannot, therefore, help wondering at Hahnemann, when he asserts that he himself was the first that directed attention to the *after* diseases of the itch. The discovery of the *acarus* of the itch has thrown a doubt over this subject. That this insect exists is certain. I have seen it myself often; but I must beg to differ from the assumption that its existence invalidates the old dogma of *sequelæ* in the itch. I will not take my stand solely upon old facts and observations; nor even upon the fact that, if another disease takes place after the disappearance of the itch, the disease ceases to develop itself, or is even totally removed, so soon as the itch again makes its appearance. I will merely direct you to the ground taken by the antagonists of the doctrine. How does the itch develop itself? Small spots first exhibit themselves, from which the itch pustules are formed. The existence of the *acarus* of the itch, however, at the first appearance of the itchy spots, has not been proved: we might, then, call this a *filius ante patrum*. An evident contradiction. Again, the disciples of Raspail do not go so far as to assert that all itch pustules are provided with this insect. If the *acarus* be the cause of the disease, why is not this insect present in every pustule?” He adds: “I will confess that I myself entertain no doubt respecting the existence of *after* or *secondary* diseases of the itch; and I base this opinion upon my own observations, and on the many observations of older physicians of undoubted credibility. It may not be generally known that an ulceration of the skin, of a peculiar kind, forms, especially in old people, principally

about the knuckles or joints of the lower extremities, in consequence of the itch (the secretion of which ulcerations is contagious), and which has obtained the name of *ulcus psoricum* (no one will assert here that this ulceration was so formed by the itch insect); and that, if this ulceration is caused to heal up suddenly, internal diseases of a peculiar character are produced, not only such as are created by the drying up of old sores, but peculiar forms of disease. This fact appears to me one of the most striking features in favor of the possibility of *after* diseases resulting from the suppression of the itch. It is by no means my intention to force any one into the adoption of my views on this subject; but I confess that the reasons above enumerated have given me the most perfect conviction that itch is capable of producing *after* diseases."

Thus it is clear that the itch doctrine, as it is called, adheres with much more reason to the approved pathology of the allopathic school than to the teachings of Hahnemann and his disciples; for it is evident that the founder of homœopathy did not restrict the term *psora* to the special disease which Schonlein and his contemporaries designate as the itch, but, on the contrary, embraced a broader generalization, scaly, papular, tettery, and eruptions of all kinds being as much included. The fact that Hahnemann cured the pustular eruption to which he referred by the use of the very minute doses of sulphur which he recommends, shows very clearly that the disease which he cured so readily by these doses could not have been the itch caused by the acarus, for such cases are not thus removed.

One distinctive difference between Hahnemann and the pathologists of the allopathic school consists in the fact that the latter have regarded the diseased effects to result solely from the *driving in* process, presupposing always a manifestation of the poison or miasm on the external surface in a visible eruption. Not so with Hahnemann: he taught that a latent poison might lurk within the organism, never having manifested its presence by any external signs, and there seize upon the springs of health as surely as though it were repelled from the circumference.

When we consider for a moment the identity of structure of the skin and the mucous membrane, as well as their identity

of use, the former enveloping the external surface of the body as the mucous membrane lines the internal surface, so that really one is but the continuation of the other, we shall not consider it strange that when skin affections are dislodged from their natural seat they should display themselves internally upon this continuous surface. Wilson, in his *Anatomy*, on this point, says :

“The skin is the exterior investment of the body, which it serves to cover and protect. It is continuous at the apertures of the internal cavities with the lining membrane of those cavities, the internal skin or mucous membrane. . . . Mucous membrane is analogous to the cutaneous covering of the exterior of the body, and resembles that tissue very closely in its structure. . . . The epithelium is the epiderma of the mucous membrane. Throughout the pharynx and œsophagus it resembles the epiderma, both in appearance and character.”

But their identity does not end here : they exchange physiological functions also. Carpenter says : “It is interesting to observe that when a portion of the cutaneous surface has been turned inwards, so as to form part of the boundary of one of the internal cavities (as in plastic operations for the restoration of lips, eyelids, &c.), it undergoes a gradual modification in its character, and comes, after a time, to present the appearance of an ordinary mucous membrane.” It is a well-known fact, also, that when a portion of the mucous membrane is in the same manner turned to the surface, it assumes the appearance and the functions of the true skin.

This continuity and close similarity of these two tissues prepares us to appreciate the fact that the diseases of the two must be very similar, and render the rationale of the metastasis of skin diseases, by whatever cause produced, one of the most reasonable and natural occurrences imaginable. Testimony, to any desirable extent, could be presented from the works of Watson, Wood, Dunglison, and others, all going to establish the fact that these metastases are not unfrequent or rare. But certainly such reference is unnecessary. No well-read

physician can be unacquainted with the ample testimony upon this point.

Then, we perceive that instead of the *psoric* theory of Hahnemann being "absurd and false," as it has frequently been pronounced by our allopathic brethren, and, perhaps, too willingly admitted by homœopathists, we find that it is reasonable, and what is still better, is established by an array of testimony which defies refutation. I hold it an axiom that should be made prominent by every homœopathic teacher, that no physician can be considered half equipped for the treatment of diseases, especially chronic diseases, till he shall fully appreciate and intelligently put in practice the great lessons of truth which the *psoric* theory unfolds. And I will here venture the prophecy that, the more conscientiously and intelligently the practitioner shall investigate the causes at the foundation of the diseases he may be called to treat, the more will he become satisfied of the importance and prevalence of the one under consideration.

A large list of cases from practice might be here presented in confirmation of the truth and importance of keeping the *psoric* doctrine in remembrance, whenever we expect to extract those affections which have their tap-roots deep down in the constitutional structure of the organism. I believe it to be impossible for the profound and thinking practitioner to neglect or ignore the importance of these observations, whatever may be the verdict of the shallow and flippant, who follow whatever leader may claim their confidence, instead of exercising independence and taking their own observations. The injurious effect of the repulsion of the different *acute* eruptions is recognized and guarded against by the most dull and stolid practitioner; for the effects so rapidly follow the cause, that it has been found too obvious to doubt. But not so in the case of *chronic* forms of eruption—evoking, as they do, a more slow development of symptoms; and those forms of disease which it provokes being of a chronic nature, the cause is often overlooked or neglected, and, not unfrequently,

the fatal result has supervened, without a suspicion having crossed the mind of the attendant of the deep-seated cause which has worked the mischief. The fact, which is beyond dispute, should be impressed on every mind, that, as surely as evil consequences flow from untimely repulsion of any *acute* eruption, so surely must evil consequences follow a like condition in reference to the various forms of *chronic* skin diseases.

CASES FROM PRACTICE.

BY C. PEARSON, M.D., OF MT. PLEASANT, IOWA.

It is not my intention, in the present report of cases, to advocate the claims of any particular attenuation of every medicine, under all circumstances, and for all diseases. I wish merely to give my experience, and the conclusions I have arrived at.

I hold that nature knows no physician as such, but that remedies will respond in their action as promptly when prescribed by one as by another. We may entertain different views at different periods of our lives in regard to the same thing; and the change may be accounted for by the additional facts we have received in the interval. Belief is entirely involuntary; and we can no more refuse to assent to the evidence furnished by our own senses, than we can refuse to breathe. And it has justly been said, that the man who never changes his opinions, never corrects a mistake; while he who does not reason, is weak, and he who will not reason, is a bigot.

In the early part of my homœopathic practice, I did not believe it possible that any benefit could be derived from the

administration of medicines without *color, taste or smell*; and as long as I entertained this belief, the evidence necessary to change it was entirely shut out. Not having confidence enough in the higher dilutions to try them fairly, I could not know experimentally what they were capable of effecting. I stood in the same relation to them that the allopath does in regard to the whole homœopathic system. We all know the influence of prejudice and early education, and we can thus understand the difficulties in the way of carrying out fairly a mode of practice which dispenses with all drugging with massive doses.

A young homœopathist recently remarked to me, that any disease which could not be cured with medicines below the sixth attenuation, could not be removed by the same remedies at any higher potency. I replied, that, so long as he entertained his present opinions, he could not be a successful practitioner.

The tendency to prescribe tinctures for every ailment, in two-drop or two-spoonful doses, and then congratulate ourselves that the medicine was *strictly homœopathic to the disease*, is calculated to injure homœopathy wherever and whenever practised. Such crude medicines, and such doses, rarely fail to aggravate existing maladies.

A lady consulted me a short time ago, quite discouraged with homœopathy. She stated that she had taken the medicines for three months, without relief; and as this was her first experience with the treatment, it was anything but favorable. Not thinking her disease incurable, I immediately attributed the failure to imprudent treatment. She had been directed by her physician to take some twenty different medicines from vials of various sizes, varying from one drachm to two ounces.

She had a *vial* for constipation, a *salve* for piles, and a *wash* for neuralgia; but what attracted my attention as being more *reformatory* (?) than anything else, was a vial labelled *hepatitis*. This, the lady assured me, was the name of the medicine, and

that it was intended to *act* on her liver; but its principal effect appeared to be upon her bowels. Upon examination, I found it to be the triturated root of the *podophyllum peltatum*!

Now, I ask any candid practitioner if it was strange that this lady was discouraged, and that she should endeavor to dissuade her friends from trying homœopathy?

I mention this case, not for the benefit of experienced practitioners, but to caution students in homœopathy never to resort to any such *shot-gun* treatment, with the expectation of affording more speedy and effectual relief; for, besides proving a failure, it will seriously injure the cause they wish to promote.

Again, the homœopathic domestic, or the *box-and-book* practice, has become so customary, and the directions to use tinctures so common, that, occasionally, persons have undertaken to prepare their own tinctures, and take them according to their own fancies.

A case of this kind occurred in our city a short time ago. The *hero of the tale* had been in the habit of using homœopathic medicines in his family until he fancied himself a physician, and even advised some of my patients to get medicines, and *doctor* their own families. When his knowledge failed, which it often did, he supposed homœopathy had failed; and an allopathic physician was immediately sent for.

At the time to which I allude, it appears he had exhausted his *bottle* of aconite; and procuring of a druggist a portion of the dried root, he proceeded to prepare about *half a pint* of a strong decoction.

Of this preparation, he administered one teaspoonful to his wife for some trifling indisposition. She soon became much worse, but could not convince her husband that his prescription was the cause, or prevent him from taking from two to three teaspoonfuls himself, to show her how perfectly harmless *homœopathic medicines* were. He soon became alarmed, however, and sent for an allopathic physician, who administered a large dose of *sulphate of zinc*, following it up with *castor*

oil, vinegar and water, brandy, &c., &c., the patient all the while growing worse and worse.

The news soon spread, that a family had been poisoned by taking homœopathic medicine. For a time, I thought it best to take no notice of the report; but I found, upon inquiry, that the druggists not only denied having sold the drug, but declared he had obtained it of a homœopathist, and had prepared and taken it according to his direction. I called on this physician, and found the report to be false. I then visited the sick man in the presence of his allopathic attendants, and told him and them what I had heard, and that my business there was to investigate the whole affair. He stated that he had procured the *aconite* of a druggist by the name of M——, this being the name of the homœopathist; and that, in all probability, the mistake had originated in this way.

But this did not satisfy the enemies of homœopathy, or prevent them from denouncing it and its practitioners. The next morning, the *News* came out with this notice.

HOMEOPATHY IN ALLOPATHIC DOSES.—Mr. S. C. Quick, living in the north part of this city, and who, as we learn, is in the habit of administering to his own ailments, as also to those of his family, and whose medical proclivities are decidedly homœopathic, concluded on yesterday morning to try a strong decoction of *aconite*; and, accordingly, gave his wife a quantity which would have astonished the strictest *regular*. Shortly afterwards, she became alarmed, in consequence of the peculiarity of her symptoms, and sent for Mr. Quick, and informed him that she feared the consequences of the medicine she had taken; whereupon, he took a still larger portion, with the view of quieting her fears. In a short time, four or five physicians were called in, who found Mr. Quick stiff, cold, clammy—entirely destitute of any pulsation, and writhing in the most excruciating convulsions. They succeeded, however, in restoring him to consciousness, and we are happy to learn this morning that they are both recovering. Better not depart from the faith, Charley! It is not always true, as the old lady remarked, “that if a little will do a little good, a heap will do a heap of good.”

I immediately wrote the following notice, which appeared on the next day as an editorial, in the columns of the *Republican*.

A CASE OF ACCIDENTAL POISONING.—Mr. C. S. Quick, a resident in the north part of this city, came near losing his life a few days ago by drinking a strong decoction of aconite. He procured the root of a druggist, and not knowing that it possessed poisonous properties, proceeded to prepare from it an infusion, by immersing it in warm water, to which he added some alcohol. Of this he administered a portion to his wife, who at the time was somewhat indisposed; but, as she complained of disagreeable sensations after taking it, he, in order to quiet her fears, and satisfy his own mind that the drug was perfectly harmless, drank from one to three teaspoonfuls himself, from the effects of which it was at one time feared death would follow; but, we understand, he is now recovering. The monkshood, or *aconitum napellus*, is a perennial plant, growing wild in the mountain forests of Switzerland and Germany, and cultivated in the gardens of Europe for the sake of its flowers, which are of a beautiful blue color, and in form are supposed to resemble the hood of a monk, from which fact it derives its name. The root is an acrid poison; and the above circumstance should serve as a caution against its empirical use in large quantities, or by inexperienced persons.

But I hope my readers will pardon this digression. I would have been glad, had it been in my power, to furnish for the *Journal* a minute description of the phenomena developed by the pathogenetic effects of the *aconite* in the above case; but, when I saw the patient, his symptoms were so complicated with those of other drugs, that one group could scarcely be distinguished from the other. The case presented more the symptoms of *gastritis* than those of any other malady, though the countenance did not present that pale and collapsed appearance which is usually present in this disease; on the contrary, it was flushed, notwithstanding the extremities were cold, and the pulse weak and frequent. In this respect, it resembled more closely a case of *cardialgia*.

And I would here remark, that my experience with the *tincture of aconite* as a remedy is not favorable. I have prescribed it in various diseases, such as articular rheumatism, paralysis, apoplexy, diarrhœa, &c.; but only in one instance did it produce favorable results. The case to which I refer was one of *ascites*, of some two years' standing. The subject was a male, about twenty-two years of age; his abdomen enormously distended, and his extremities, particularly the

feet and legs, very much swollen; breathing difficult, preventing him from lying down; exhausting diarrhœa, and the whole aspect of the case discouraging. I prescribed *tincture of aconite*, four drops in four ounces of water, two teaspoonfuls every four hours.

As he lived some ten miles from me, I did not see him again for one week, at which time I was much surprised to find that he had decreased in weight *thirty pounds*. The swelling had almost entirely disappeared from the extremities, the diarrhœa had ceased, and the patient could lie down at night with very little difficulty. This improvement appeared to continue for three or four weeks, from the administration of *aconite* and *apis 5'*; but the patient eventually succumbed, and died in about two months.

As it regards other tinctures so frequently recommended by practitioners, such as *gelseminum*, *collinsonia*, *podophyllin*, *iodine*, *bromine*, &c., notwithstanding I have repeatedly prescribed them where I thought them indicated, I have only been successful in one case of membranous croup.

Case 1.—A gentleman called on me in the night, and stated that his little boy, four years of age, was dying with croup; that his physician, after an attendance of four days, had abandoned him, under the impression that he could not survive many minutes. I found the child bathed in a clammy perspiration, extremities cold, lips and nails purple, eyelids partly closed, and the balls turned upwards; pulse weak, very rapid and fluttering; respiration labored and difficult.

I prescribed *bromine*, four drops to eight ounces of water, one teaspoonful every half-hour for four hours—then, every hour for eight hours more. At the expiration of this time, the patient had so much improved as to render his recovery almost certain.

By the repetition of the same remedy, at longer intervals, together with an occasional dose of *aconite 6°*, the child was discharged cured, in forty-eight hours.

Since that time, I have prescribed *bromine*, prepared in like

manner, and for apparently similar cases ; but, from some unknown cause, without success.

There is a difficulty attending the prescription of the middle attenuations—say the 6°—that requires great discrimination and long experience in practice to overcome. A patient presents himself for treatment, and, without knowing anything of his susceptibility to drug impressions, we prescribe our medicine at the sixth attenuation. But the patient does not improve, and the question arises, whether we shall change the medicine or only the attenuation ; and if the latter, whether we shall give a higher or a lower preparation. We cite a case in point :

Case 2.—Mr. C., aged 40, of dark complexion, nervous temperament, a millwright by trade, contracted an intermittent fever, in the month of October, from working in the water, which was suppressed with *chinoidine*, &c. Throughout the winter, he continued to work in a cold mill, and on the first of March applied for treatment, the chills having again returned. The type was tertian, the paroxysm returning about noon. I prescribed *pulsatilla* 6°, one drop at a dose, every three hours. On the next day, he sent me word that his chill had returned with augmented severity, and one hour earlier than usual. I gave him the same medicine at the third attenuation, at the same intervals as before. When his chill again returned, it was full two hours earlier, and much more severe than at any previous period. I had witnessed many chills, but never one more violent than this, which continued for more than three hours before any reaction appeared. The fever and perspiration which followed lasted twelve hours more.

What was to be done ? The patient and his wife declared that he could not survive *another such attack*. Was I to resort to the tincture, abandon the remedy, or reason myself into the belief that *quinine was homœopathic* ?

Again I took a careful record of all the symptoms, and found that where ague had been suppressed with *quinine*, or more particularly with *chinoidine*, and had again returned,

there was no remedy so likely to effect a cure as *pulsatilla*. I therefore prescribed the thirtieth attenuation every three hours, promising to call at the time of his next chill. I did so, and found him entirely free from both chill and fever. By repeating the same medicine every three or four hours, for four days, he had no farther attack, and has remained well ever since.

I might here remark, that during the months of August, September, and October, 1859, I frequently prescribed for as many as thirty cases of chills and fever daily, and found no remedies equal to *pulsatilla* and *cedron*, at from the sixth to the thirtieth attenuations.

Among many cases of bilious remittent and typhoid fevers which came under my observation, I report the following :

Case 3.—On the 10th of October, Mr. M. called me in great haste to see his son, aged nineteen, who had that day been abandoned as incurable by his physician. The young man had been sick some ten days, during which the doctor had exhausted his *materia medica*. I found the following group of symptoms: wild, muttering delirium, talking incoherently; inability to articulate distinctly, or to protrude his tongue; tongue dry, covered with a dark fur, and tremulous; pulse weak, 150 in one minute; extremities cold; diarrhœaic stools, which were passed involuntarily.

I immediately gave *phosphoric acid*, 12th dilution, four drops in four ounces of water, and two teaspoonfuls every two hours. At the expiration of twelve hours I again saw him, and found a decided change for the better. His pulse was now 120, and his bowels in a much better condition; in short, from the hour of my first visit, there was a gradual improvement, so that in forty-eight hours consciousness was restored, and the diarrhœa had entirely ceased.

I discharged the patient cured, in less than three weeks, and the only remedies prescribed during the whole treatment were *phosphoric acid*, *bryonia* and *rhus toxicodendron*—all at the twelfth attenuation.

Case 4.—At the same time, I had another case very similar to the above, except that the patient was a little girl about thirteen years of age. She had been thoroughly drugged, two physicians having already been employed and discharged. A sister, some years her senior, had died under their treatment.

It is, perhaps, unnecessary to describe this case at length. I would have my readers picture to themselves as bad a case of typhus as they ever saw ; with unconsciousness, involuntary diarrhœa, and the pulse weak and frequent (150).

This case was cured principally with the remedies above mentioned, but at the thirtieth attenuation. For an obstinate cough, threatening consumption, which remained after the febrile symptoms had subsided, it was necessary to give *sulphur* and *iodine*, 200°, in alternation, every four hours. This case was so perfectly restored, that, in four months from my last visit, I was unable to recognize, in the healthy-looking girl, the slightest resemblance to the emaciated patient I had previously treated.

In regard to the attenuations most appropriate in typhus, I must say, if any gentleman can make prompt and speedy cures of such cases as the two above described, with any medicines below the twelfth, he can do more than I can. *Phosphoric acid* is the only medicine I have ever found capable of making a speedy impression on the pulse in this disease ; and whoever prescribes it below the twelfth, and continues to repeat it often, *will run the risk of losing his patient*.

These conclusions cannot well be called hasty, since years of experience have amply confirmed them. If tinctures or low attenuations are ever necessary, it is certainly not in typhus ; for it is not a disease which can be violently dealt with by loading the patient with drugs, castor oil serving as a priming, and *discharging* him as a soldier would his musket. Neither is it to be caught like a rat, by using his stomach as a trap baited with such fever medicines as *baptisin*, *macrotin*, *kelonin*, &c. &c.

Some diseases, both acute and chronic, appear to require,

for their successful treatment, medicines as high at least as the twelfth attenuation. Among the former are typhoid, typhus, and lung fevers; and among the latter, *amenorrhœa* and *dysmenorrhœa*. I do not believe that these female diseases can be cured with any medicine below the thirtieth attenuation. There are some diseases, however, which are readily cured by medicines of as low a potency as the third, like *cholera*, *cholera morbus*, *dysentery*, &c. But in *colic*, *enteralgia*, *cardialgia*, and the like, I have been most successful with the twelfth.

Case 5.—On the 4th of February, I was called in haste to the bedside of Mr. T., aged 30, large and muscular, weighing 180 lbs., by trade a carpenter. I found him in great distress from severe cramplike burning pain in the region of the *cardiac* orifice of the stomach. The extremities were cold; the pulse quick, but not full; restlessness; disposition to change his position every few minutes; frequent attacks of nausea and vomiting.

The patient had usually enjoyed robust health, but some months previously had taken large doses of *arsenic*, *quinine*, &c., for the suppression of chills and fever. He was not only not a believer in homœopathy, but appeared obstinately determined not to be cured by the treatment. Having, however, recently married a lady who was an uncompromising homœopathist, he was forced to comply with her request, and employ one. I immediately prepared *arsenicum* 30°, four drops in four ounces of water, and gave him two teaspoonfuls, and repeated it again at the end of fifteen minutes. In twenty minutes, he was much better, and in less than one hour was entirely relieved. He took no other medicine, and the pain did not again return.

Many cases of a similar character might be given; but I have already occupied more space than I had intended. I would say, in conclusion, that I have always used the decimal scale in preparing my medicines, believing it to be more convenient than any other.

Finally, we beg to suggest to young practitioners that their

success in practice depends as much upon the selection of the proper attenuation in any given case, as it does upon the selection of the remedy itself.

ANATOMY AND SURGERY.

BY WILLIAM TOD HELMUTH, M.D.,

Professor of Anatomy in the Homœopathic Medical College of Missouri.

ANATOMY.

Hermaphrodites.

OF all the varied anomalies of form which the anatomist encounters, there is none so wonderful as the hermaphrodite. These complicated deformities have been variously considered by different authors; and are found, in the majority of cases, to be formed by an arrest of development of the female organs of generation and the formation of the male sexual system, or a part of it, in one individual, and *vice versa*.

Such monstrosities have from time to time been described in medical literature; but, according to Bischoff, Paget, and Muller, many of the cases mentioned cannot be considered as reliable.

The former of these authors has pointed out the reasons for rejecting the majority of the examples that have been described. He states that there are numerous sources of error by which the judgment may be warped; as, for example, the great resemblance between the generative organs of the two sexes at an early period, the uniform type in the development of both, the coalition of the corpora Wolffiana, and the errors formerly prevalent as to the primitive identity of both sexes.

The existence of testicles and of ovaries on *the same side, in their normal position*, the development of the uterus, of the seminal vesicles, of the prostate and Cowper's glands, have, strictly speaking, neither in man, nor in the higher order of animals, ever occurred. However, from everything I can learn (although, in truth, my researches have been limited on the subject), the case that I am about to describe approximates nearer to true hermaphroditism than any yet on record; there being both testicles (although concealed and abnormally placed), ovaries, more than rudimentary fallopian tubes, uterus, vagina, penis with glans and prepuce, scrotum, &c.

Hermaphrodites have been thus classified :

I. Those which, being, as to the essential organs of generation (testicles and ovaries), distinctly male or female, exhibit nevertheless some anomaly of development—be it arrest, overgrowth (up to the masculine type), or disproportion of some other kind—more or less typical of the opposite sex.

a. “*Hypospadiæ*,” in its highest grades, viz., on the one side, with cleft scrotum and the formation of a vagina-like sinus—on the other side, as its analogue, diminutive vagina, closure thereof into a raphé or suture, partial or entire absence of this organ, with a clitoris developed into the semblance of a penis hypospadiæus, or one completed, channelled with a urethra.

b. “*Cryptorchism.*” Concealed testicles, in the one case; in the other, its parallel condition—descent of the ovaries into the greater labia pudendi, now and then associated with the foregoing form. High grades of these anomalies constitute the so-called transverse hermaphroditism, implying external organs of the one, and internal of the other sex. The case of externally female and internally male organs, is by far the more common, because due to an arrest in the development of the male organs, whilst the opposite case depends upon the ulterior development of the female organs into the male type.

c. The occurrence in the male sex of a womb-like organ.

These cases collectively constitute what is termed spurious hermaphroditism.

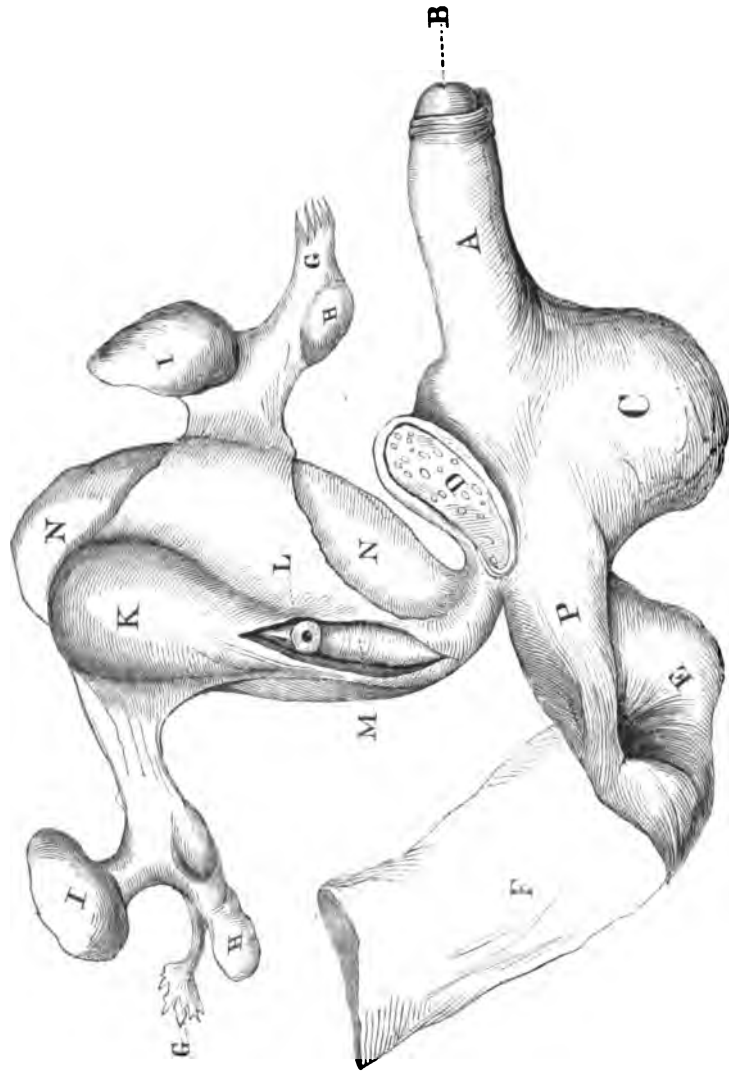
II. "*Lateral hermaphroditism.*" The presence of testicles and vas deferens, with or without seminal vesicles on one side, and of ovarium and tube on the other.

III. "*True hermaphroditism,*" (*hermaphrodite per excessum, androgynus*, co-existence of male and female organs on the same side).

From these remarks, it would appear that the case presented is very remarkable, in possessing the characteristics of all the different forms of hermaphroditism (with the exception of the lowest grade—hypospadia) embraced in the above classification. By referring to the drawing, it will be seen that it embraces a high grade of cryptorchism, *b*, or transverse hermaphroditism, viz., external organs of the one and internal of the other sex. Also, *c*, the occurrence in the male sex not only of a *womb-like* organ, as mentioned in the classification, but of a well-developed uterus and vagina. It comes, to a certain extent, under II, *lateral hermaphroditism*, and we find it nearly allied to III, *hermaphroditism per excessum*, or the co-existence of the male and female organs on the same side; the last being a condition of things which is positively denied by some authorities. Gurlt and Meckel have recorded such cases; but Bischoff remarks in reference to them, "that not a single one offers conclusive evidence of the union of the two *main* organs of generation, the testicle and the ovary, and that the seeming dualism of the rest of the organs is explicable according to the principles of arrest of development."

From these facts, the anomalies of form, size, and relation of the organs represented in the plate are certainly very wonderful, and worthy attentive examination.

The accompanying sketch I have taken from a cast recently placed in the museum of the homœopathic medical college of Missouri. The model was made from the organs themselves, taken from the subject shortly after death, and the arrangement of the parts is such as will best exhibit them in their connec-



HERMAPHRODITE.—From the Museum of the Homoeopathic College of Missouri.

tion. Professor Brainerd, of Cleveland, Ohio, was acquainted with the individual during life, and assures us that a regular menstrual discharge took place, the fluid passing through the vagina into the urethra, and thus making its exit through the penis. I have endeavored to elicit more facts in reference to this extraordinary case, but, as yet, have received no reply. The interrogatories were chiefly to ascertain whether there were vesiculæ seminales, prostate and vas deferens. By referring to the plate, it will be seen that the empty bladder, NN, with the uterus, K, have been, for their better exposure, twisted upon their pedicle, which is the commencement of the urethra, and that the rectum, R, has been flattened out. It was only by such an arrangement that the cast could be taken to show the entire parts in their appropriate connection. The penis, A, is well developed, and has a præpuce and glans, B. The scrotum and dartos, fully formed, are represented by C. The pubic symphysis, D, has been sawn through; the integument has been allowed to remain from the scrotum, C, to the anus, E, showing the perinæum, P. F is the rectum, empty and collapsed. G, the partial fimbriation of the fallopian tubes; H, H, the ovaries; I, I, testicles on each side, covered by deflections of the peritoneum; K, the uterus, well developed; L, the os tinæ; M, the vagina, its wall divided to show its internal surface, with rugæ, &c., and the position of the cervix uteri; N, the bladder (empty), upon which is lying the uterus.

There can be no doubt of the accuracy of the cast from which I have taken the drawing; and the faculty of the homœopathic college in this city regard the model as one of the most valuable in their collection. It is much to be regretted that the dissection at the base of the bladder was not extended, to ascertain either the existence or absence of the seminal vesicles and prostate gland.

Any further information that may be received on this subject shall be noticed in this Journal.

SURGERY.

ON January 14th, I was called to visit a child, aged between three and four years, who had been suddenly attacked with symptoms of convulsions. I found the little patient almost comatose, with burning red cheeks, glistening eyes, slight dyspnœa, pulse 130, and at irregular intervals some twitches of the facial muscles. Supposing that, as on the evening previous there had been a large company at the house, the symptoms resulted from dietetic transgression, I prescribed *belladonna* 3ʳ, and *ipecac.* 6ʳ, in solution, to be taken every fifteen or twenty minutes, and promised to return in an hour or two. Upon my arrival, the patient had improved in appearance, but was much prostrated, and complained of some difficulty of deglutition. Upon examination, the throat presented appearances unfavorable to a speedy termination of the ailment. The right tonsil was swollen considerably, and covered with patches of diphtheritic formation, which at once placed the diagnosis beyond a doubt. *R. merc. protiod.* 3ʳ, a powder every two hours. Visited the patient at 11 o'clock P.M. Pulse quick and small, the amygdalæ covered with false membrane, which had extended itself to the anterior lateral half arches of the palate. There was great redness of the tongue and mouth, together with much difficulty of breathing, accompanied with that peculiar rattling-whistling sound that is so alarming to the friends of a patient, and so full of meaning to the physician. The right tonsil had increased enormously in size, and in itself appeared to threaten complete suffocation. Blueness of the face, stridulous breathing, and convulsive movements of the chest, indicated plainly that the little patient could not long survive, if some very prompt measures were not immediately resorted to. Indeed, the family had given up all hope, and considered the boy already in a dying condition. After a little consideration, although the false membranes were obstructing the air passages to a certain extent, I concluded that

the tonsil was also greatly increasing the dyspnœa, and that its excision would allow time for the medicines to act, and might also remove a portion of the exudation. I accordingly took off a portion of the amygdalæ, and was gratified to perceive evident temporary relief. Ordered a dessert spoonful of beef tea to be administered every hour, and presented the first trituration of the *chlorate of potash* in water, a teaspoonful every half hour.

Was summoned again at 5 o'clock A.M., and found the exudation increasing, the breathing more impeded, pulse more depressed, but very quick, and every symptom becoming aggravated. I then determined to try the treatment of Dr. Madden, as published in the *British Journal of Homœopathy*, and, with some difficulty, succeeded in touching the exudation with the tincture of the *muriate of iron*. It was noticed that, wherever the solution was applied, the edges of the isolated portions of the diphtheritic formation appeared to shrivel; and in about an hour, a considerable quantity was thrown off. ℞. *ammonium causticum* 1° (in solution); a teaspoonful every half hour.

Upon my return, later in the morning, although no improvement was manifest, still the symptoms had not increased in violence. A nutritious diet was recommended, and the same medicine continued, at longer intervals. In the evening, the topical application was renewed, and the *caustic ammonia* still prescribed. At twelve o'clock at night, I visited the patient again, and found the breathing about the same, exudation not increased, and the prostration very great. At this juncture, I prescribed the *iodide of arsenic* (a preparation lately brought to my notice by Dr. Weeks, of Boston, and highly recommended by him in the treatment of cancerous formations, whether scirrhus or the open sore), and the result was surprising. Although this medicine was used empirically, yet, judging from the pathogeneses of *iodine* and of *arsenic*, and from the very beneficial action of the combinations of *mercury* with *iodine* in these affections, I was led to suppose that the

preparation might prove serviceable in this case. My expectations were not disappointed. From this time, the boy began to improve—slowly, to be sure, and without appetite, except a peculiar and almost insatiable desire for gravy. He would eat nothing else; and although cautioned to the contrary, his nurses, supposing that all danger had passed, and allowing their feelings of affection to bias their better judgment, frequently allowed him rich gravies and hashes, of which he often partook freely. Notwithstanding this, however, he began to walk about, and my mind was for a time relieved from the anxiety in reference to a case that had so perplexed me. This improvement was but temporary. Great sleeplessness, for several weeks, was the first sentinel that warned of approaching danger. The child appeared quite comfortable through the day; but, the livelong night, there was no rest, either for the nurses or patient. I could discover no cause for this, excepting unwholesome food, and therefore restricted the diet to the plainest and most nutritious articles, recommended rides into the surrounding country, and prescribed the ordinary medicines for insomnia; but there was no improvement. There came on profuse night sweats, with that bright circumscribed red spot upon the pale and wan cheek that marks the progress of the life-destroying hectic. Emaciation was gradual, but steadily increasing; and it was evident that, although there were some days of temporary improvement, yet, on the whole, the patient was rapidly approaching the grave.

Peculiar interest was experienced in reference to this case. The family are a wealthy and influential one, and from their position and means, of course, can boast of many choice friends and attentive neighbors, who are allopathic in their belief. These were constantly advising a change of treatment, and each had a particular physician to recommend. Old-school doctors had gravely pronounced their unasked opinion, that the patient was dying, either from want of medicine, or that he was being killed by homœopathy; but the family placed

the case in my hands, and perseveringly resisted all the efforts of their well-meaning friends. The child had now been under treatment for months, was growing apparently worse, and the medicines administered appeared to produce no beneficial effect. From all these circumstances, an anxiety was felt, not only to do service to patrons who so well upheld homœopathy even when it was appearing in its worst lights, but also that the practice of similia might triumph over the sneers and jeers and awful predictions of the allopathic regular doctors.

Up to this time, phthisis was suspected; but the cough was not that of consumption. The chest and abdomen were measured from time to time, to ascertain an increase or diminution in size. There was a certain indistinctness of the respiratory murmur on the left side of the thorax; and about in the locality of the lower lobe of the left lung, no sound at all could be detected. Bronchial respiration was present, and on percussion there was dullness on the anterior and left lateral wall of the thorax. The patient could only lie on the left side, a change of posture to the right bringing on a short cough. With all these symptoms, there were constant acute pains in the hips and shoulders. From these manifestations the diagnosis was, the existence of fluid within the thoracic cavity; but whether this fluid was serous or purulent, it was a difficult matter to determine correctly. However, from the hectic and sweats (although such symptoms are noticed in hydrothorax), I concluded that pus was forming, and ordered warm unmedicated poultices to the side, and by so doing endeavored to make the abscess, if such it was, point at the intercostal spaces. The child, however, continued to lose ground daily, and it was thought that perhaps the thorax might cautiously be opened by the application of the *caustic*—a method preferred by many excellent surgeons at the present day; but as yet there was no perceptible fluctuation, and the difficulty of positively determining the character of the fluid remained the same. The *caustic potash* was used daily for three days, but with no success, and the little emaciated sufferer complained so bitterly

of the pain consequent upon its application, that I determined to hazard the operation. During the last few days of the treatment, the swelling on the left side of the thorax had become rather more prominent, and it was very evident that the life that had been ebbing away for months was very soon to terminate.

On Thursday, the 10th of May, I visited my patient as usual, in the morning, and informed the family that, at 12 o'clock (noon), the operation of paracentesis would be performed. To this procedure, objections were raised by some members of the family, they being unwilling that the patient should undergo any farther treatment.

Drs. Temple and Adams accompanied me to the house at the time appointed, and found the patient in a sinking condition. Indeed, the breathing was difficult, there was scarcely any pulse, and that weak and intermittent, and the voice was altering to such an extent that the expediency of the operation was doubted. However, after some consultation, I passed a trocar between the last true and first false rib, and had the satisfaction of seeing *pus* discharge through the canula. The flow at first was not very profuse, but by withdrawing the canula, it passed out in quite a stream. About three teacupfuls were discharged, when, from the exhausted condition of the patient, it was deemed best to allow him to rest. He was laid upon his back, and fell into a quiet slumber, such an one as the poor little fellow had not known for months. He wakened in about two hours, asked for nourishment, and passed a good night. In the morning, however, a violent cough was presented, and upon examining the wound, it was found closed. I opened it again, and about four teacupfuls of matter of the same character was discharged during the day. Throughout this period, the medical treatment consisted chiefly in the exhibition of *arsenicum*, *calendula* and *china*. The cough was not much relieved, and the suppuration for a week was so profuse as to threaten life once more. Upon conversing with Professor Adams in regard to the case, he referred to a paper

published in the *British Journal of Homœopathy* on the effects of *iodine* injected into serous cysts, and from the analogy of the cases therein mentioned, and the great success of *iodine* injections after the operation for hydrocele, it was concluded to try the expedient. I therefore injected a solution composed of one part of *iodine* to four of water into the cyst, at two different periods, and although the irritation and pain were for some moments considerable, yet during the day the pus became changed in character, while the cough was rather increased. From that date to the present (June 3d), the medicines that have been presented are *sulphur*, *iodine*, and *silicia*, and at the present writing the discharge has lessened two-thirds; the appetite is returning, although yet variable; the sweats have ceased, but the cough is troublesome, and the discharge has commenced to become somewhat fetid. Whether the case will be brought to a favorable termination, it is impossible for mortal to predict; but it is one possessed of extreme interest, and from its commencement to the present time has been fruitful in study and in lessons of experience, although attended with much anxiety. It is to be hoped that our efforts, his sufferings, and the anxiety of his friends will not be in vain.

Fracture of the Nasal Bones, and Transverse Fracture of the Lower Third of the Radius.

Called in haste to visit the daughter of a merchant in this city, who, while leaning over a balcony, lost her balance and fell to the pavement beneath—a distance of about eight feet—striking the bridge of her nose upon the edge of a bucket containing white-wash, and falling with her left arm directly under her.

I found great contusion about the face, and profuse hæmorrhage from the nose, which was almost flattened upon the cheek. The epistaxis had continued for an hour, and the patient was much exhausted. Upon examination, the lower

portion of the nasal bones (properly so called) were found broken, and by introducing a female catheter along the floor of the inferior meatus, the inferior cartilage could be felt turned to one side, and the loose fragments of the inferior turbinated bone on the other. It struck me at once that the hæmorrhage might be arrested, the broken bones replaced and held to a certain extent in situ, by plugging the posterior nares. I had not a Bellocque's canula, and therefore substituted a well-curved male catheter for that instrument, and, by the ordinary method of procedure for arresting nasal hæmorrhage, plugged up the nares. By then introducing at the external meatus conical plugs of lint, and keeping them well up to the septum, I had the satisfaction of seeing the nose almost restored to its normal position. It may be remarked, that erysipelas of the face set in on the second day, which was successfully combatted by the usual remedies. The fracture of the fore-arm was healed in the ordinary manner.

[The Publisher begs to tender his cordial acknowledgments to Professor Helmuth for his interesting papers on Anatomy and Surgery, and to inform the readers of the *Journal* that they may expect a continuance of these articles in future numbers.]



General Record of Medical Science.

Milk Sickness—Endemic Gastro-Enteritis—Paralysis Intestinalis.

A CIRCULAR issued by order of the American Medical Association, calling for further "facts or opinions" on "the cause, nature, or treatment of this mysterious malady," shows that the subject is still one of interest and importance. We will, therefore, take the present opportunity to review what is known of it, leaving open to others the question of further improvement in its treatment. No appropriate name has yet been proposed for this disease.

Milk Sickness is an endemic disease which exists only in certain localities, principally in the new and little cultivated parts of the Western States; and we think it has never been described by any foreign author. It is believed to be caused by some peculiar poison, which is always introduced into the human system by the use of some animal food, as beef, butter, milk, cheese, &c., from animals that have derived the poison from some unknown source. It is never communicated in any other way, and is neither contagious nor epidemic.

The disease in Animals.—In its active form, the animal is affected with universal tremor, lassitude, and inability to make physical exertion; it is restless and anxious; the muscles are rigid, and lose their power of action, after being fixed for some time in one position. Cattle have been mangled and torn by hogs while they lie trembling, and are unable to move. Thirst is ungovernable; and the drinking of water only hastens the fatal termination. The bowels are completely constipated, and there is a peculiar fœtor arising from the skin.

The appearances on dissection seem to show that the intestines have lost all their vital powers before death; and their contents are dry and parched. In animals, the disease generally runs for some time an insidious course, and its existence is not suspected till the milk, cheese, or beef is eaten by unsuspecting persons; and all animals that partake of any product of the diseased one, are liable to be violently attacked with the fatal malady. The first alarm is often excited by the sudden seizure of the calf with the characteristic "trembles" and vomiting immediately after it has sucked heartily. Dogs, hogs, and buzzards have been often found dead by the side of dead bodies on which they had been feeding. Animals that recover, scarcely regain their former strength. I have seen dogs attacked with the "trembles" after running, though they had been for many years considered fully recovered from the original disease.

The disease in Man.—The violence of the attack is modified by the amount of poison taken. When the quantity received has been small, the first symptoms indicating its operation are but slight:

there is a feeling of weakness, stiffness of the joints, especially the knees, trembling and anxiety, great depression of mental and bodily powers, oppression of the stomach; nausea and constipation are always present. The pulse is sometimes slow and irregular; at other times excited, as if influenced by some irritating agent. In some cases, the patient may, by remaining quiet, obtain a respite from the impending attack; but a slight degree of exertion rapidly develops the effects of the poison. In this way, suspected animals are tested when offered for sale. If they are already under the influence of the poison in a latent form, its action is speedily developed by violent exercise, and the characteristic "trembles" will reveal its existence.

In the more active form, the patient is suddenly seized with vomiting, peculiar distress and burning at the pit of the stomach; anxiety, restlessness, anxious and uneasy countenance, with great prostration. Vomiting gives but a few minutes rest, when the same symptoms return. Unquenchable thirst calls constantly for water alone; and this, in a few moments, is rejected by the stomach. All drinks, especially cold water, increase the vomiting; but it still returns at more regular intervals, if nothing be taken. There is a peculiar fœtor from the body, which none can mistake who have once entered a room pervaded by it. Sometimes this is manifested before the violent symptoms have excited alarm, and the use of purgatives has been resorted to to avert the dreaded attack. As the disease progresses, the extremities become cold, though the heat about the chest is increased. There is little apparent fever; the skin is generally dry, but without the huskiness common in febrile conditions, and it is often cool and natural. The face, when cold, shows the external appearance of high fever, though without the bright red which in fever indicates *increased* action of the capillaries, but showing the dusky purple hue by which is indicated *want* of action in the extreme arteries, especially of the lungs. There is violent palpitation of the heart, a peculiar burning distress, a feeling of heavy nausea, or other extreme uneasiness at the pit of the stomach; and this organ, being contracted into a globular mass by the spasmodic action of its muscular fibres, is believed by the patient to contain a quantity of acrid substance that could be expelled by vomiting. There is constant desire to change the posture of the body, and the limbs are perpetually thrown into new positions. The tongue is clean, but slightly furred; the pulse is not much excited. The matters ejected from the stomach are generally without color, sometimes dark green, and of a ropy consistence. In later stages of the disease, the symptoms increase in severity; and though, after four or five days, the vomiting ceases, the nausea still continues to be as distressing as ever. The bowels seem to have lost all vitality; the brain becomes implicated, and there is a low muttering delirium, with great insensibility and torpor of the whole system. In some cases, the black or "coffee-grounds vomiting" precedes the termination in death.

Diagnosis.—The disease may be distinguished from acute gastritis by the constantly recurring vomiting, which, in gastritis, only takes place when something is swallowed that irritates the stomach. The peculiar factor of the body, and that of the matters vomited, is clearly characteristic; and the extreme *torpidity* of the intestines, as if from complete *paralysis*, is so different from constipation arising from deficiency of the natural secretions, that it could hardly be mistaken in a district where milk sickness could be suspected. In late years, congestive fever has often simulated this disease; but the former is generally traceable to the commonly-known exciting causes of fever, and the manner of attack in the two diseases is quite different.

Cause.—The only cause of milk sickness is a *specific poison* received into the human system by the taking of animal food which contains it. What this poison really consists of, has never been definitely settled. After reviewing, as critically as I am able, many thousands of pages devoted to the discussion of the subject, I am satisfied that the cryptogamic vegetable theory is the only one that can enable us to explain the immense mass of conflicting facts accumulated by the researches of medical men. In 1840, Dr. Winans (of Green County, Ohio,) gave the opinion "that the disease is produced by the *champignon*, or at least some of the mushroom tribe. It never prevails except adjacent to thick shady forests. When woods are cleared off, it vanishes; and it never prevails in prairies or open grounds of any kind." "I was led to this opinion," says he, "by reading of the poisoning of some inhabitants of the West Indies by champignons or mushrooms. Those gathered from dense forests were poisonous, while others from open grounds were eaten with impunity. I notice in our forests many mushrooms of small growth and gaudy colors; some deep red, others yellow or brown. I also observe many growing upon beds of moss, of which animals are remarkably fond."—(*Western Medical Journal*, 1840, p. 191).

It is not, indeed, probable that any of the large species of mushrooms which are common objects of botanical observation, can be proved to be the cause of this mysterious disease; but there are vast numbers of smaller fungi which escape the attention of naturalists, though all of them are known to be poisonous. The localities peculiarly suited to their growth, their habits, minute size, and well-established toxicological properties, indicate some species of the tribe as the probable source of one of the most fatal, as well as one of the most incomprehensible, of modern diseases. The subject has been one of curiosity and wonder during the whole of the present century. The physicians who first encountered it have died on the field of observation, leaving to younger men the task of completing the arduous work so long ago commenced.

In different localities, different causes have, at one time or another, been assigned to the disease. In the eastern part of Ohio, it was at one time attributed to the *caltha palustris*, or marsh marygold. In a part of Kentucky, it was believed to be caused by the *symplorea*

glomerata. In the western part of Indiana, it was by some ascribed to the *eupatorium ageritoides*; and by others it was referred to the *rhus toxicolendron*. Recently, Dr. Nagle (*Nashville Medical Journal*, October, 1859,) ascribes it to *fungus-grass*, and thinks he has produced the disease by feeding it to animals. But of all of these plants it is certainly sufficient to say, that they all grow profusely in places where this *peculiar* disease never occurred; and that they are all well known, and have all failed to cause it in any instance, when fully tried. Milk sickness has originated in places where no *unknown* plant large enough to attract the eye of the botanist could by any search be found. Such facts as these have led many inquirers to seek the cause of the disease in poisonous mineral waters; and the sickening of some of Lewis and Clark's men, on the first exploring expedition to Oregon, in 1804, has been referred to as furnishing an analogous case. The water was supposed to contain cobalt or arsenic, or at least some poisonous mineral. Recently, Dr. Evans, of Monroe County, Kentucky, has attributed the disease to water in the vicinity of a lead mine. But all reasonings of this kind seem to be set aside by the fact, that we have often seen localities where milk sickness displayed its most fearful powers, and where no water of any kind could be found.

On reviewing the whole ground laid open by the numerous and accurate observers of former years, when the disease was more extensively prevalent, as well as more virulent than it is now, we are still driven back to the poisonous cryptogamic plants, perhaps those of the most minute size, for an adequate cause for milk-sickness. All other plants are better known, as well as more tangible, to the medical philosopher; and although many of them are known to be poisonous, they have none of them ever produced, on a series of trials, any disease resembling this peculiar one which has so long perplexed us all. It is well known that the whole tribe of the deliquescent fungi are poisonous. They grow most rapidly in damp places, or under the darkness and humidity of the night. Cattle are often poisoned by mildewed food, and this poison is communicated to persons who use their flesh, butter, or milk. Mildew, we know, constitutes only one species of the immense number of fungi that are too minute to have ever received the attention they deserve. Their rapid development, when circumstances are favorable; their disappearance, under the influence of agricultural improvement, from the places where they are known to have existed; and the gradual obliteration of milk-sickness from the Western States, in the same advancing ratio that has marked the progress of the cultivation of the rich forest-covered soil in the same States, that are yet to be the garden of the world—all point to the microscopic vegetable fungi as the only agents capable of filling so many of the well-marked characteristics. The poison that produces this disease, like that which causes intermittent fever, though received in large quantities, may remain dormant and inert until roused to energy by active exercise. This feature in its character

can only be explained on the supposition that this poison, like that which constitutes the matter of malaria, and that of contagion, "*is organic and vital*," and that the phenomena of the disease depend on its modification and reaction in the body. Dr. Mitchell (*Causes of Malarious and Epidemic Fevers*, Phila., 1847 and 1859,) says, "there is no known poison but the fungi whose action is so uniformly and regularly postponed."

Pathology.—In the most strongly marked cases, the first stage, or that of depression, is probably one of congestion of the stomach and large intestines, and this is followed by inflammation of these organs. The torpor of the whole nervous system is such, that but little effect is at first produced by any remedy. At a later stage, gastritis and spasmodic or paralytic suspension of the functions of the large intestines, especially the descending portion of the colon, prevents the passage through the *prima viæ* of anything taken into the stomach. The extension of inflammation to the diaphragm is pointed out by hiccough, which, though a symptom of gangrene in many other diseases, is not so here. Some patients have lingered more than two weeks, and then died, with the usual symptoms of gangrene; and yet there was no such thing found on dissection, and death appeared to have resulted from complete exhaustion.—*Ohio Med. Repository*, 1825.

Prognosis.—The disease is dangerous according to the violence of the attack, and the degree of influence exerted by medicines. Children are less liable to the disease, and they also recover more easily than older persons. Intemperate persons are more susceptible than others, and their cases are less manageable, in consequence of the impaired condition of their digestive organs, and the general *enervation* produced by habitual stimulation.

Treatment.—We are better prepared to gather up a condensed summary of the measures hitherto tried in the treatment of this disease than to propose new ones that shall be positively curative in its worst cases. Nearly all who have encountered it have aimed at restoration of the natural actions of the stomach and bowels. Purgatives have always been tried, but they have scarcely ever succeeded; and the vomiting has only been promoted by all substances taken into the stomach. Even *calomel* is often rejected; and, when retained, it produces little effect. Some have endeavored, by the use of large enemas, to overcome the paralyzed condition of the intestines, but they have generally failed to reach the seat of obstruction. Few men have been entirely satisfied with their treatment of this disease.

After reviewing the experiences of the profession for about half a century, the general conclusion is reached, that the restoration of the natural peristaltic action of the bowels, by the mildest and most effectual means, has always produced the most satisfactory results. But all efforts to effect this object by active purgatives have entirely failed. *Croton oil* has often been tried, with no other result than an increase of the irritability of the stomach, without any purgative operation. It is not active purging that is needed; it is the *relaxation*

of a general spasmodic state that can bring the case into a manageable condition. To effect this object, *nux vomica* will at once occur to the homœopathic physician.

It has long been a popular and not unsuccessful practice in the Western States, to administer various animal oils, as lard, butter, goose oil, bear's oil, and other articles of this kind.

Another mode of treatment consists in introducing into the colon, through the sigmoid flexure, a gum elastic tube about eighteen inches in length, and injecting through this tube a large quantity of some warm oleaginous liquid. The best thing for this purpose is chicken broth. As soon as one, two, or even three quarts of this fluid are thrown into the abdomen, which is largely distended by it, the skin and the whole system give evidence of an immediate change for the better. The relaxed skin is immediately covered by a gentle perspiration; the pulse rises in strength, at the same time that it diminishes in frequency (from 124 to 80 per minute). All the soothing, relaxing influences of the warm bath, all the benefits promised by the use of oils, are directly gained, at the same time that the sinking powers of life are supported by a nutritious fluid which is rapidly absorbed from the whole surface of the large intestine.

From the prominent symptoms of the malady, we infer that *arsenicum*, *tabacum*, *veratrum*, *nux vomica* and *antimonium* are the most appropriate remedies; and when judiciously prescribed, in sufficiently attenuated doses, they will doubtless vindicate, with triumphant success, the Hahnemannian law of cure.

I have thus embodied a few of my own reminiscences, with the observations of others, relating to a disease, the name of which was once sufficient to strike terror into the heart of the adventurous emigrant to the west. This malignant pestilence of the wilderness has been driven from nearly all its old territories by the advancing tide of agricultural improvement; but it is due to those who have preceded us, that the *medical history* of the diseases they encountered should be written. Let those who may now question the wisdom of the older practitioners proceed to improve upon their practice, by bringing to bear upon the treatment of this and all other diseases the newest discoveries and clearest lights of advancing science.

Comparative Value of Therapeutic Manuals and Practical Repertories.

THE effort to reduce the art of curing diseases to a scientific system that shall be perfectly applicable to all cases, was commenced by Hahnemann, and has been kept up by his most zealous disciples. Already, numerous hand-books and systems of homœopathic practice have been compiled from the accumulating mass of materials furnished

by observation and experience. Each of these works has some claim to the attention of inquirers, and has in some degree been found useful in practice. But there is still a pressing demand coming up, from all parts of Europe and America, for something better—something more comprehensive, more reliable, more convenient and available in practice. The physician desires a work in which he can easily find a true picture of each case he is called upon to treat; and, side by side with it, he wishes to see a remedy so distinctly marked with all the characteristic features of the disease that the one might be accepted as the photograph of the other. Such a work has not been constructed, and we fear never will be; and many ingenious laborers in the homœopathic field have endeavored to give us something that may supply its place. The practitioner who has tried every abridgement, every syllabus, compend, and pocket breviary of homœopathy, has found them all useful, but generally defective, in not happening to contain the precise thing he was looking for.

Though *the royal road to learning* still remains to be discovered, there are many who do not yet despair of finding it; and explorers will continue to seek for it in at least two widely-diverged directions. Both parties are very anxious to find the object of search—not amid the alcoves of a *library*, but in the lucid pages of a *book*. The objects sought, and the comparative value of each, as claimed by its advocates, are well set forth by Dr. Clotar Mueller, of Leipsic, in the *Allgemeine Homœopathische Zeitung*, vol. 60, p. 1. We sum up the argument for both sides, as fairly presented by Dr. Mueller. One party holds that the great want of the homœopathic physician is a good *practical repertory*. It is claimed that the materia medica consists of a collection of medicinal symptoms obtained by provings and poisonings, furnishing the only guide that can direct the practitioner to the remedy which, “according to the law of similars, can satisfy the fundamental principle of homœopathy.” A repertory, then, is merely an *index* that can point us to some *limited portion* of the *great mass* of medical symptoms. It is well calculated to “satisfy the demands of those who cast aside all generalizing and pathological indications as the basis of choice of the remedy, and insist on looking on each case as a new individual *entity* that is to be dissected, and often specialized, into its component symptoms, each of which is regarded as of pretty equal importance.” The resolution of the Central Verein, to undertake the making of a new and improved Repertorium, gives evidence that the profession has called for it, and promises well for the manner in which the work will be constructed. It will be welcomed by all homœopaths.

2. The advocates for a good therapeutic manual generally “rely in the choice of a remedy on certain groups of symptoms intimately related to the general pathology and diagnosis of the disease,” and to the general character of the action of the remedy as derived from the provings and from clinical experience. No work of this kind has pretended to place at our disposal the whole mass of symptoms con-

tained in the *materia medica*; the most yet done has been to glean out "a selection of the symptoms, based chiefly on pathological diagnostic characteristics." But the therapeutic manual *can* be made to cover almost the totality of symptoms in a large class of diseases. There are "some inflammations, acute and chronic exanthemata, with syphilis, gonorrhœa, and some internal and local diseases, of which the symptoms are not so numerous or so various in different cases" but that they may be worked out in a practical hand-book, and the aids of experience may be admitted to help fill up the vacant spaces that the *proving*s of remedies have not covered.

The only conclusion that seems likely to be reached by the homœopathic profession is, that a *good repertory* is much needed; and if it could be made as perfect as many believe it can, it would furnish the most direct road to a true specific remedy for a given case. But, inasmuch as the imagined degree of perfection attainable has not yet been, and is not likely to be, reached for at least many years; and if a new repertory could be made that would present each of the symptoms of the *materia medica* in the right place, it would still form but a small part of the indispensable outfit of the true physician. "Our *materia medica*, in spite of its vastness, does not contain a tenth, nor even a hundredth, of the number of symptoms which would be necessary to allow the actual mathematical covering of the enormous number and variety of combinations that are met with in actual practice." A *complete covering of all the symptoms* by a single remedy, is hardly ever possible. Hahnemann himself did not look for success in this way, but declared that "it is not the mass of corresponding symptoms, but their nature, importance and peculiarity, that constitute the similarity and determine the choice of the homœopathic remedy."—Müller (*British Journal of Homœopathy*, No. 72, p. 187). To find out the *essential* and *characteristic* symptoms, the physician must look farther than the classified tables of the repertorium: he must study carefully "the internal nature and connection of the individual morbid phenomena, *i. e.*, the diagnostic and pathological symptoms," as well as the symptoms known to have been "cured in analogous cases."

We conclude, then, that a repertorium of sufficient extent and accuracy to be trusted might be very useful; but that a homœopathic manual admits of greater accuracy and completeness in its compilation and arrangement. The works of numerous authors, in both these departments, have already proved, not that any of them afford what the practitioner needs, but that their authors deserve great credit for skillful and laborious efforts to accomplish *what cannot be done*. The geographer who attempts to construct a *pocket map of the world* that shall comprise a complete "traveller's guide" for every portion of the earth, must necessarily leave out all those minute details which alone would be of any actual value to the traveler. The repertories and manuals of homœopathic practice already in existence have done something in diffusing more widely a knowledge of homœopathy

among the people, and some of them have been much used and highly valued by practitioners. If others can be made that will meet more fully the wants of physicians, we hope soon to see them. It is only when superficial and indolent men look to them as the final and last source of intelligence, in all cases, that we disapprove their use.

Theory of Muscular Contraction and Convulsive Diseases.

THE commonly received opinion respecting muscular action is, that "muscle is endowed with a vital property of contractility, and that the state of contraction is brought about when this property is called into action. That is to say, when the muscle contracts, this vital property of contractility is supposed to be roused or excited, or *stimulated* into action; and the more the muscle contracts, the more is this property supposed to be acted upon." A doubt was thrown over the correctness of this opinion by Charles Bell, who said that he had been led to suppose that muscular *relaxation* might be the act, and not contraction; and that physiologists, in studying the subject, had too much neglected the consideration of the mode by which relaxation is effected. Dr. West, in 1832, (*London Medical and Surgical Journal*, vol. 1.) said, "nervous influence is imparted to muscular fibre for the purpose of restraining its contraction; and the action of the will, and of all other disposers to contraction, is simply to withdraw for a while this influence, so as to allow contractility (the peculiar property of muscular force) to show itself." This view of the *modus operandi* of motor nervous influence is adopted by Dr. Charles Radcliffe in the Gulstonian Lecture for 1860. He holds, that "the true type of muscular contraction is to be found in *rigor mortis*—that muscle contracts, not because a vital property of contractility has been roused into action by a stimulus, but because some antagonizing influence has been withdrawn, which previously prevented the free action of common molecular attraction in the muscular tissue." Professor Duges, of Montpellier, France, maintains that muscle contracts in virtue of its elasticity, just as a piece of caoutchouc may contract when set free from a previous state of extension. Professor Matteucci, of the University of Pisa, in 1847, advocated the same general idea. In 1848, Dr. Louis Mackall, of Georgetown Heights, Columbia, U. S., endeavored to show that nervous influence determines a state of active elongation in muscle, and that contraction proceeds from the withdrawing of this influence. The protrusion of the tentacles of the snail and bryozoon, of the tongue of the chameleon, of the head and limbs of the tortoise, the movements of muscular vessels and tubes—even muscular movements generally—are unintelligible without the aid of this hypothesis. He thinks, however, that contraction, as well as elongation, are *vital* states of the muscle, to which there is nothing analogous either in

physics or chemistry. In 1851, experiments were made by M. Brown-Sequard, which seemed to show that the influence of the blood of the animal system is exercised in counteracting the *rigor mortis* which occurs when the vital influence is withdrawn. Later observations led him to think that the office of *arterial* blood is to minister to the nutrition of muscle and other tissues, and to the storing up of contractile and other forms of power; and that the office of the *venous* blood is to supply a stimulus, by which the power derived from the red blood is called into action."

But all observation disproves the old theory that referred muscular contraction to any stimulation through the blood, or otherwise derived from the nervous system. The permanent contraction which comes on sooner or later in all paralyzed parts, is not in any way dependent on nervous influence. After the spinal cord has been destroyed in the lumbar region of a pigeon, says Dr. Radcliffe, the muscles of the paralysed parts are at first soft; in a few days, they become somewhat hard; in a few days more, they pass into a state of permanent contraction, by which the legs are kept extended and divergent. The cause of this contraction is the suspension of the action of the nervous system; and the contraction is permanent, because the action of the nervous system is never restored.

The bearing of these facts on the pathology and treatment of convulsive diseases is well illustrated in the convulsions produced by hæmorrhages, which we cannot believe to be associated with undue stimulation on the part of the nervous system. The vessels are at this time almost empty of blood; the heart is nearly still, and the action of the nervous system must be at the lowest point compatible with the existence of life. Recent experiments render these observations still more important and conclusive. Drs. Kussmaul and Tenner (*Untersuch. z. Naturlehre der Menschen, u. d. Thiere, von J. Moleschott*, vol. 2, Frankfort, 1857), passed threads behind the common innominatæ and left subclavian arteries of a rabbit, and left these threads so that they could be tied and untied in a moment. On tying the ligatures, the animal was violently convulsed; about one minute later, when the convulsions were raging at their height, by untying the ligatures the convulsions were instantly suspended. Thus it is seen, that convulsion is instantly brought on by preventing the flow of blood to the brain, the medulla oblongata, the upper part of the spinal cord, and the cervical ganglia of the sympathetic nerve; and these convulsions are instantly suspended by allowing the blood to return to these organs. Convulsions, then, seem to be connected with a state of inaction of one or more of the nervous centres named.

In another experiment, the ligature was placed around the neck of the aorta, a little beyond the opening of the left subclavian artery. The blood now, instead of being cut off from the head and neck, was cut off from all the rest of the body below. As the condition of things produced was the opposite of what existed in the former expe-

riment, the result was precisely opposite. There was immediate paralysis of the part behind the ligatures, but *no convulsion*, or any thing approaching to it; and it was shown, that this absence of convulsion was not due to paralysis of the spinal cord from want of blood—for, on compressing the carotids, so as to prevent the flow of blood to the brain, the animal was instantly seized with violent convulsions.

An indirect argument in support of the inferences drawn from these experiments is derived from the fact "that drowsiness, and not convulsion, is the consequence of that capillary injection of these centres, arising from the division of the sympathetic motor in the neck, or of that venous engorgement brought about by tying the jugulars, or of that double arterio-venous congestion which happens when the sympathetic nerves are divided in the neck, and the jugular veins tied in the same animal."

Characteristic Symptoms of Epilepsy.

THOUGH this disease has occupied a place in every system of medicine from Hippocrates to our own time, and is now so common that "in every thousand persons six are epileptic," its pathology and treatment are still imperfectly understood, its precise nature has never been clearly defined, and the best systematic works give only confused ideas of it. One of the most philosophic compilers of systems of practice, Dr. Wood, thus gives his view of the subject: "The disease probably consists in a morbid excitability of the brain, and each paroxysm in a morbid excitement or irritation. A prominent effect of irritation, when beyond a certain point, is first to derange, and, if it be still further increased, to abolish, function. This law is applicable as well to the brain as to other organs. The irritation which occasions the paroxysm is sufficient to suspend all the cerebral functions connected with the mind—sensation, perception, intellectual action, emotion, consciousness, volition; but in relation to the motor function, is only sufficient to derange, not abolish it. In this respect, epilepsy differs from apoplexy. In the latter affection, not only are all the mental functions suspended, but to a great extent that of motion also. The difference may be owing to a less degree of the irritant or disturbing force in epilepsy, or to its more especial direction to the cortical substance, whereby the mental functions, which are probably connected with the latter, may suffer most; while the motor functions, connected essentially with the medullary substance, being as it were in the outskirts of the irritant influence, feels only enough of it to be excited into a morbid increase of action, and not enough to overwhelm it entirely." So little has epilepsy been understood, that St. Vitus' dance was confounded with it till the time of Sydenham; and even in the present day, there is not

always a well-marked boundary drawn between it and other convulsive diseases of children, eclampsia puerperalis, or many nervous or hysterical affections. Esquirol and Calmeil have correctly proposed to limit epilepsy to "a certain unchangeable, characteristic series of symptoms," by which it shall be distinguishable from all other diseases which it may, on a superficial view, be found to resemble. For the purpose of making out the entire catalogue of characteristic symptoms of true epilepsy, Calmeil spent a whole year in the epileptic ward of the Salpetriere, and by observing the disease at all hours, on vast numbers of patients, he became so familiar with all its features that he could counterfeit it in his own person so perfectly as to deceive the veteran Esquirol himself. Calmeil had successfully simulated every symptom but the "alteration of the complexion at the beginning of the attack; and Esquirol was so confident of the correctness of his diagnosis, that the absence of this single symptom was not noticed."

Forms of Disease that are mistaken for the lighter degrees of Epilepsy.

Dr. Roth (*Homœopathische Vierteljahrschrift*, vol. x., p. 3), gives the following description of some nervous and cerebral affections usually, though erroneously, called "epileptic vertigo."

1. Attacks of palpitation of the heart, paleness of the face, vertigo and dread of falling.

2. The patient stops suddenly when walking, the head falls to one side, the visage is distorted, and takes the expression of terror or fury; one side of the body is stiff, respiration ceases, the countenance is red. These symptoms suddenly subside, and the patient complains of only a slight headache.

3. One patient is affected with involuntary chewing movements, which continue for some seconds; then suddenly is heard a noise in the throat, like that produced by involuntary swallowing, or by empty swallowing.

4. The patient suddenly loses consciousness for some seconds, talks quite astray, or repeats the same word ten or twenty times in succession; or is often seized during the day with attacks of hiccup, during which the complexion changes, and headache, weariness and irritability succeed.

These different affections, though none of them be really of an epileptic character, may sometimes exist in persons who may *become* epileptic. The two diseases may then co-exist, or one of them may cease, leaving the other to continue. True epilepsy may originate in old age, as it did in the case of the Duke of Wellington, at the 70th year. It may be suddenly excited at any age, and may cease as suddenly, independent of any treatment.

It would be easy to extend this catalogue of anomalous nervous affections, without looking beyond the range of daily observation;

but we must turn aside from these cases that are so common, for the purpose of drawing in some others that are less frequently seen, as well as more difficult in management.

On opening the eyes, the patient looks anxiously around him, unconscious of what has befallen him, and feels timid or ashamed. He has headache for some hours or days, and is irritable and unfit for labor; ecchymoses appear where he has bruised himself, and he finds the wounded tongue sore and bleeding, leaving scars which are sometimes referred to as evidence of the existence of the disease. (*Chomel.*) In some cases, the fit ends with delirium, hallucination, or raging madness. Thus the deeply marked outlines of the attack are expressed in, 1st, A cry, falling down, paleness of the face, tonic convulsions from a quarter to one minute; 2d, redness of the face, convulsions, insensibility one-and-a-half or two minutes; 3rd, stupefaction, with cessation of convulsions, three to eight minutes.

The strongly marked features of true epilepsy are sufficient to distinguish it from all nervous affections which may in some respects resemble it.

Convulsive Affections occurring during Sleep.

Mr. Barlow of the Westminster Hospital (*Medico Chirurgical Transactions*, 1851,) directs the attention of physicians to the fact that convulsive affections are peculiarly liable to occur during sleep. This he attributes to the suspension of voluntary power inducing a peculiar susceptibility in the nervous centres to be acted on emotionally, or by purely reflex stimulation. Many of the spasmodic movements that occur during sleep are to be attributed to the emotional state induced by unpleasant dreams, uncontrolled by the power of the will. In illustration of this, he says, "A woman was affected with an almost perpetual tremor of the right arm and hand, which was always aggravated by emotion. I carefully noted that the arm and hand were completely still during perfectly sound sleep; but in imperfect or light repose, there was a varying amount of tremor. The hand, no less in sleep than in watchfulness, became a delicate index of the condition of the mind." When the sleep was profound, not a muscle quivered; when the sleep was disturbed by dreams, the hand and arm, influenced by the varying emotions, shook very forcibly. When partially aroused, the tremors were renewed; and on relapsing gradually into complete unconsciousness, the voluntary muscles of the arm participated in the perfect tranquillity of the general system.

When the activity of the will is suspended, there is a vastly increased tendency to involuntary action of all kinds, "so that it is only after we have removed or paralyzed the seat of volition, that we can obtain experimental evidence of the independent reflex activity of the lower part of the nervous centres, whose ordinary operations are entirely under its control." This principle is illustrated by numerous instances of various states of sleep, hibernation, paralysis,

coma, and by the condition of the fetus *in utero*. Even in the waking state, as in profound reverie, the withdrawal of the will leaves the same susceptibility. It is believed that this principle furnishes the key to the explanation of the reflex or *excito-motor* actions, in which sensation is not a necessary link; and also of those actions which become automatic by habit, though guided by sensations; and of those, further, which are the expression of *ideas* suggested to the mind without any emotional excitement.—(*British and Foreign Medico Chirurgical Review*, April, 1852, p. 396). We now reach some more intricate cases, with which dreams and emotional excitement do not appear to have any thing to do.

Convulsive Affections occurring in Sleep from the Suspension of Respiration.

Sir Charles Bell has sufficiently demonstrated the existence and importance of the respiratory system of nerves in securing "a wide spreading means of connexion between parts that are remote, to provide for freedom in the simple act of breathing."—(*Bell, on the Nerves*, pages 71-72). He has well explained the process by which the act of respiration "proceeds so equably during sleep, is uninterrupted in the insensibility of apoplexy; how it continues when the head of an animal is crushed, the brain deeply injured, or the head altogether removed." It is through this system of nerves that the processes of respiration and the other involuntary vital actions are carried on; and in health, they proceed as regularly during sleep as at any other time. But there are some diseased conditions in which the suspension of the voluntary actions is accompanied by the cessation of action in the involuntary nerves also. A case of this kind is given by Charles Bell.—(*On the Nerves*, Appendix, p 214). A surgeon from the West Indies, who had suffered from a malignant fever with erysipelas, and had taken large quantities of calomel, consulted Mr. Bell for the following spasmodic affection: "On falling asleep, just at the moment when volition and sensibility cease, the involuntary motions also stop, with a sensation of death, under which he awakes generally convulsed.

"His medical friends have sat by him and watched him, and they have found that when sleep is overpowering him, the breathing becomes slower and weaker, the heart and pulse also fall low, and cease to beat as sleep comes on, and after a short time he awakes in tremor. This gentleman is very naturally in much apprehension that some of these attacks may terminate existence. But he is young, and I think the attack is essentially different from the case of angina pectoris. The case presents to us a lively idea of what would result, were the involuntary nerves subjected to the same law of the nerves of sense and volition; for then sleep, by overpowering both, would be death!"

I have met with three remarkable cases of this character, as well as some others less strongly marked. They all occurred in a mala-

rious region, and the patients had all taken considerable quantities of mercurials and *sulph. quinine* to cure some form of intermittent fever. The respiratory phenomena were nearly the same in all; the spasms came on at first exclusively during sleep, producing the greatest imaginable distress and terror. One of these cases was peculiarly severe, and caused the patient and friends extreme suffering and anxiety for several years.

The patient was a boy belonging to an intellectual and nervous family, who had had ague occasionally, and been cured in different ways. At the age of ten years, he became subject to spasmodic attacks, commencing always in sleep. The whole progress and pathology of the case corresponded with that of the one given from Bell. It resisted all treatment for six-and-a-half years, and the boy died of another disease.

The symptoms of an attack of true epilepsy are well given by Dr. Roth. The patient suddenly falls down, and at first is deadly pale; but after some moments, the complexion indicates congestion of the brain and cerebral vessels generally. The muscles generally are affected by strong tonic spasms, they become stiff and strongly contracted, always more marked on one side, and most frequently seen in one side only. The fingers, and all the muscles of the arm of the affected side, are rigidly contracted, and the head of the humerus is sometimes wrenched from its socket. The sterno-cleido-mastoid is rigidly contracted, drawing the head downward and the face toward the opposite side. The facial muscles of the affected side are horribly convulsed, and the features assume an idiotic or ape-like appearance,—eyelids close shut, eye-ball distorted upward, the jaws forcibly pressed together, and the tongue bitten through when it happens to intervene. The convulsions of the muscles of the chest suspend respiration, the action of the heart and arteries becomes imperceptible, the bladder and muscles of the pelvis are spasmodically contracted, urine and stools are passed involuntarily.

When the deadly paleness and contractions of the muscles have continued from fifteen seconds to one minute, the contractions begin to decline, and the visage becomes red, varying to blue-red; the veins of the neck are now swollen to thick cords; the beating of the heart becomes strong and quick, the pulse becomes full and hard, the muscles are alternately contracted and again relaxed, and the face and limbs move convulsively. These clonic movements become rapidly stronger, twitching with lightning-like quickness in the face, and becoming more and more rapid and severe. The nostrils, lips, and cheeks now heave and sink alternately, extraordinary grimaces are exhibited on the features, and the head, trunk, chest, and legs are thrown from one side to the other. Respiratory action is gradually restored, a foamy saliva is forced from the mouth, often tinged with blood from the wounded tongue. At this time, and usually at the commencement of the attack, the sensibility is suspended. Neither the loudest noise, a candle held close before the

eyes, ammonia applied to the nostril, nor falls against the wall or the pavement, arouse the patient to the slightest degree of consciousness.

After one-and-a-half or two minutes, the redness of the face, clonic contractions, and convulsive movements cease; regular respiration returns, with deep sighs or some inarticulate moanings. A profound sleep ensues, with snoring like that of intoxication; the action of the heart becomes more regular, the veins of the neck subside to their natural appearance, the face is again pale, and the features express nothing but stupor, which lasts six or eight minutes.

*Report of Clinical Observations made at the Homœopathic
Dispensary at Saint Laurent.*

Translated from l'Art Médical, of May, 1860, by J. A. CARMICHAEL, M.D., of New-York.

It is proper to advise the reader beforehand that the remedies prescribed in the following cases, except where there were indications to the contrary, were generally of the 30th dilution, three or four globules in 125 grammes of alcoholized water, of which the patient was directed to take a tablespoonful morning and evening. This being understood, the name of the remedy only will be indicated. We commence our observations with those diseases which, with others too slight to mention, represent nearly the whole circle of the acute affections, or at least those most recently treated, in opposition to nearly 800 cases of chronic maladies. We ask pardon from those of our readers who are familiar with homœopathic practice for publishing such cases, the majority of which will have for them but little interest or novelty. They will remember that these observations are intended for those who are strangers to the doctrine of Hahnemann, and who, like the honorable director of the *Gazette Médicale*, of Lyons, desire in good faith to bring to light the practical value of our mode of treatment.

Case 1st.—*Capillary Bronchitis*. Mme. D., aged 28 years, washerwoman, living in the Faubourg St. Denis, 104. Bronchitis of a grave character, dry cough day and night, particularly at night, and when in the recumbent position; frequent vomiting of bitter fluid or drink that she may have taken, considerable dyspnœa, pain behind the sternum as if the chest were on fire, râle sibilant and sub-crepitant in the two inferior thirds of the thorax of both sides, inappetency, tongue white, thirst, pulse 96: disease produced by cold taken in pursuing her duties.

July 6, 1859. *Rhus Toxicodendron*, 12^o, two drops in 200 grammes of water, two tablespoonfuls morning and night. 13th July.—The amelioration was immediate; second night undisturbed, cough became easy, and there only remained an abundant expectoration of mucus. *Hepar* cured.

Case 2d.—*Acute Pleuritis*. George L., aged six years, 18 Rue de la Verrerie. Pleurisy of the right side, of eight days' continuance; had not been treated; absence of respiratory murmur in two upper thirds of the chest of this side; neither

crepitus nor egophony. The absence of cough had misled his parents. Fever, skin warm, pulse 100, heat of face, respiration quick. July 26, 1858.—*Sulphur* 12°, four globules in 125 grammes of water, tablespoonful every four hours. Reported on the 31st to be freer from fever, and complains less of the side. *Sulphur* 30°, three tablespoonfuls daily. August 4th, sound obscure, respiration audible but feeble in the whole of the superior part of the lung.—*Sulphur* 30°. August 11th, condition normal. No medicine. Should this cure be attributed to the action of remedies, or rather of a remedy (for *Sulphur* was the only one employed)? Many physicians would give to nature the credit of it. We would remark to them, that it is rare to see so prompt an operation of nature under such circumstances; and again, it is much more common to see pleuritic affections, particularly when unaccompanied with cough, increase instead of decreasing, and resist for some time the treatment opposed to them. What physician would not have applied here a large blister?

Case 3rd.—*Acute Ulcerative Keratitis*. Charles G., aged seven years, Rue de Chandron, 12, of lymphatic temperament, glandular engorgements upon the neck, subject from infancy to impetiginous eruptions. Has taken cod liver oil for a long time. Ophthalmia of the right eye of eight days' standing; transparent ulcer on the internal and middle part of the cornea, with a triangular fasciculus of blood-vessels coming from the conjunctiva; photophobia, lachrymation, burning pain. December 29, 1858.—*Apis mellifica* 6°, one drop. January 5th, 1859, remarkable diminution of all the symptoms; appearance of the corneal ulcer unchanged, slight conjunctival injection.—*Apis* 30°. 19th, disease disappeared, cure complete. Will it be said that similar lesions of the eye tend naturally to a cure in subjects of a strumous diathesis? We saw a great number of cases like the preceding at the clinique of Professor Velpeau, and observed the difficulty in curing them, despite the use of collyria and revulsives combined with alteratives so called. We profit by this fact to call the attention of physicians to *apis mellifica*. This remedy, as yet little employed, is rich in pathogenetic effects; those produced upon the eye are most remarkable, and its corresponding therapeutic action in affections of this organ, especially in cases of scrofulous dyscrasia, we have verified by numerous observations.

Case 4th.—*Recent Gastralgia*. Mlle. A., 33 years, seamstress, Rue de Chateau d'Eau, 71. Catamenia regular, scanty; habitual yellowish leucorrhœa. For some weeks past has suffered, particularly at night, with cramp in the stomach, with choking sensations, almost entire insomnolency, at the same time, inappetency; bad breath, thirst, stools generally difficult, with alternations of diarrhœa, to be succeeded again by constipation, weakness and pain in the limbs, with desire to stretch them. *Nux* 30° was prescribed on the 7th of March, 1860. On the 14th, the patient returned and declared herself nearly well; eats with appetite, mouth no longer bitter, sleeps well, slight embarrassment after eating, stools easier and nearly daily, has recovered her ordinary strength (*Sulphur* 30°).

Case 5th.—*Gastralgia, with vomiting*. Mme. C., widow, washerwoman, Rue des Acacias, 30, at Thernes. For 15 years subject to violent gastralgia, with vomiting of food and drink soon after taking them. Attack consists in cramps and burning in the region of the stomach, and radiating towards the belly and back, of six weeks' standing, which came on in consequence of a violent chagrin; obstinate constipation. August 3d, 1859, *graphitis* 30°. Patient did not return. Six weeks later, heard through another that the attacks diminished after the first dose of the remedy, and finally disappeared.

Case 6th.—*Effects of Dentition, Acute Enteritis, and Bronchitis in a child*. A. P., 13 months. Has had diarrhœa for 15 days; at present, has repeated glairy evacuations mixed with blood, with painful tormina; coughs and spits a great deal, with nausea and vomiting, burning thirst, sibilant and sub-crepitant râle all over the chest. December 15, 1858, *mercurius sol.* 30°. Relief almost immediate. Child was brought back again on the 13th of April following: had cough with vomiting all night, diarrhœa day and night like turned milk, burning thirst, vomits everything, pulse frequent and small, has 12 teeth. *Ipecacuanha* and *chamomilla* alternately every two hours. On the 20th, vomiting ceased, cough rare, diarrhœa liquid and weakening (*veratrum*). 27th, diarrhœa continued, particu-

larly at night, with ardent thirst.—*Arsenicum*, two tablespoonfuls during the day, one at night. Much better, did not return till the 18th May; stools nearly normal, thirst still great, bowels distended. *Sulphur*, and on the 1st June, *calcareo*. 29th, *calcareo phosphorica*, condition of the chest and abdomen satisfactory.

Case 7th.—*Lienteric diarrhoea*. *China*, speedy cure. M. C., 20 years, Rue des Trois, Bornes, 33, bootmaker. Thin and pale, for two years has been in feeble health, frequent cough, intestinal derangement, exhaustion. For two months past, everything he eats (he has particularly avoided milk, vegetables, and fruits,) is seen in his stools, which number from four to six a day. In the morning particularly, at an early hour, and after eating, tongue white, appetite good, thirst normal. December 15, 1858. *China* 5^o, one drop. 29th, diarrhoea from the third day ceased to be lienteric, and occurred only after eating; stools diminished by degrees, more consistent, and to-day are normal, patient looks like another person. *China* cured.

Case 8th.—M.S., 35 years, musician, Rue des Vinaigriers, 62. *Arthritis* of the wrist. This was a man of lymphatic temperament, and had suffered pain, &c. in all his joints. Two months ago, the malady concentrated itself in the left wrist; a considerable swelling of this region occurred, ovoid, and smooth, without change of color of the skin, particularly painful in the evening upon the least movement, and obliging him to support it by splint and bandage; pulse 96, complexion yellow, tongue coated, constipation; two applications of leeches had been made, and followed by blistering, without effect; the disease had all the appearance of white swelling in process of formation. November 2, 1859, *sabina* 12^o, four drops. 9th, less tension only (*viola odorata* 6^o, four drops). 16th, marked amelioration since the third dose, swelling diminished nearly one half, pain also, (*idem* 12). 23d, improvement continues, disease diminished three-fourths, but the appetite does not return, and the tongue is yellow, (*Bryonia* 12^o). 30th, return of appetite; there is only slight pain in the movement of the articulation (*rhus toxicodendron* 30^o). 14th December, resolution complete (*rhus toxicodendron*). Came under treatment afterwards for bronchitis; has recovered the use of his hand completely.

Case 9th.—Mme. M., 55 years, Rue de Faubourg St. Antoine, 25. *Mammary neuralgia*, resulting from contusion. Four and a half years ago, she received a blow on the upper part of the left breast, and a second on the same place about a month ago. Since then, she has suffered incessantly with a burning pain, radiating to the armpit, where a small gland, very sensitive to the touch, may be felt; pain increases so much at night as to deprive her of sleep; no appreciable swelling of the breast, but the organ is sensitive and increased in volume. June 23, (*conium maculatum* 30^o). 30th, marked diminution of pain, of sensibility to touch, and swelling; sleeps much better. July 7th, felt lancinating pains for three days past, (*idem*). July 14, occasional pains at rare intervals, small gland in the axilla has disappeared. August 11th, returned because she felt occasional pains (*conium* 24^o). Saw her on the 25th December, breast entirely well.

Case 10th.—*Sciatic neuralgia*. Mme. M., 48 years, chair-stuffer, Rue du Grand, Saint Michel, 11. Menstruates regularly yet, but less abundantly than before. Since the diminution, has experienced heat in the face, particularly at night, with smarting and tingling of the ears; subject to pain in the region of the kidneys; has suffered greatly for two months and a half with sciatic neuralgia of the right side; when sitting, she only experiences pain in the lumbar region of this side, but when she attempts to rise, pain descends along the limb in its posterior and external part, and seems broken; it continues during walking, and diminishes when in the recumbent position, to be renewed again on getting up; cold aggravates it. Appetite lessened, tongue furred, stools painful, with sensation of weight in the whole pelvis; hæmorrhoids. May 4th, 1859, *aux* 30^o. 11th, marked diminution of pain, stools more easy, appetite better. 18th, suffers more pain, (*sulphur*). June 1st, sciatic pains all gone; complains of wandering pains in other parts of body, which she had never had before; digestion and stools embarrassed (*aux*). June 15, digestion all right, slight pains in the articulations of the fingers (*lachesis* 12^o). 13th, completely freed from pain; returned because of some small spots of *Lepra Vulgaris* (*sepia*). Three months after, November 2d, pre-

sented herself because of slight wandering pains, caused by cold; but the sciatica has not returned (*sulphur*).

Case 11th.—*Sciatic neuralgia*. M. J., tailor, 28 years, has suffered from sciatic neuralgia for 12 years, but until the last two months, has never been compelled to stop work and take to his bed; pain occupies the whole of the left lower limb, particularly the posterior part of the thigh, in the form of drawing, lancinating, and burning pains, so much worse at night as to prevent sleep, and greatly aggravated by cold and wet weather; repeated blistering had had no effect. February 17, 1858, *rhus toxicodendron* 30°. 24th, better; nocturnal aggravation has disappeared, sleeps a little, which has not happened for two months (*rhus toxicodendron* 24°). March 3, sleep completely restored, walks well, no medicine.

Case 12th.—*Lumbago*. M. T., 49 years, baker, Rue du Jour, 19, subject to pain in the region of the kidneys since 1848, particularly at the close of winter. For three months past has been obliged to give up work because of his continual suffering. The pains, of a drawing character, are only felt while in motion; they occupy the lumbar region, and radiate to the back and flank. He was treated at the hospital with cupping, fumigation, purgation, and electricity. May 4th, 1859, *bryonia* 12°, four globules. Did not return till the 1st of June; said he had found himself so much better after taking the medicine, that he had resumed work; but a few days past, pain returned on motion (*rhus toxicodendron* 6°). 8th, marked improvement, same prescription. 22d, very slight pain (*idem*). His wife came a few days after to announce his complete restoration.

[To be continued.]

Apis Mellifica in Typhus.

BY DR. SCHULTZ, OF MECKLENBURG.

Translated from the German, by Dr. LILIENTHAL, of New York.

In the beginning of August, 1859, typhoid began to spread in several villages of this neighborhood, and, of about one hundred cases, thirty died.

I was called to a boy, twelve years old, the son of a poor laborer, and found him with the following symptoms: Perfect stupor, livid color of the face, lips dry and covered with a brown crust; tongue trembling, dry, covered like the teeth with a brown crust, and hard as wood to the touch; pulse 120, and dicrotus meteorismus; pressure in the ileo-cæcal region painful; spleen considerably enlarged; six to eight fetid diarrhœic passages during the day; dry cough; nights restless, sleepless, with continuous delirium; during the morning hours more quiet, and consciousness less disturbed. Patient eats and drinks nothing. *Prescription*: *Apis* 3°, every three hours, and plenty of fresh air. Next day, the same state. The day following, roseola fully developed; cough looser. On entering the room the next morning, I saw at once that the boy felt better. Consciousness was clearer, meteorismus less, the splenic tumor and diarrhœa lessening, pulse 108 and undulating. No sleep yet. *R.* Continue *apis* every four hours.

On the thirteenth day his whole state was progressing favorably, with quiet sleep, warm perspiration, and pulse 80. Omit *apis*. Careful diet.

A week after, I found the mother sick, caused by the news of the death of her father. Head oppressed and heavy, aggravation by motion; also, heaviness in the extremities, with pain on motion; no appetite; great thirst. I found her face bloated, and covered with an eruption; epistaxis; tongue covered with white mucus; dry heat of the whole body; pulse 112, full and soft; painfulness to pressure over the whole stomach; chilliness in the lower extremities down to the knees; sleeplessness; lies constantly on the back. R.—*Apis* 3°, every three hours. The next day she was rather worse. Perfect stupor; splenic tumor; dry cough; sordes on the tongue and teeth, less on the lips; constipation. This state lasted, without amendment, for a whole week; yet *apis* 3° was steadily continued.

Since two days, the daughter, a chlorotic girl of seventeen years, began to complain, and showed the same symptoms, only more debility. Pulse 96. *Apis* 3°.

Next day, the eighth of the disease, great amelioration of the mother. Natural motion of the bowels; consciousness clearer; pulse 100, small but regular. The daughter suffers with diarrhoea, foamy like boiled grits. Slight delirium since midnight. Continue *apis* 3° for both patients.

Next morning, I found the oldest boy sick. Severe headache; stitching in the temples; hammering in front; general chilliness. *Apis* 3°.

Mother, to-day, conscious. Tongue moist, and cleaning off; ileo-cæcum less painful, and spleen less swollen; cough more moist, but cannot expectorate the tough phlegm, which has to be wiped away by a handkerchief; pulse 100, very weak.

The daughter had eight fetid passages in twenty-four hours, of the same consistence as yesterday. Extreme debility; pressing, stitching headache; very thirsty; wants water and vinegar mixed; brown sordes on the tongue; yellow mucus, which can be wiped away, on the teeth; swelling of the spleen increased, whereas the abdomen has sunk in, and is less painful; skin dry, burning hot, and like parchment; pulse 100; expression of the face sorrowful.

Next evening, I found the mother quietly sleeping. A general warm perspiration had broken out, but so fetid that it gave me frontal headache, which continued for several hours, but was relieved by a drop of *apis* 6°.

The daughter had for the last thirty hours only six passages. Since this morning, dry cough. In other respects, the same.

The boy, fifteen years old, lies in the highest fever—face bloated and dark livid; eyes wild and ferocious; excruciating headache; pulse 120, full; dicrotus. R. *apis* 3°, for all; but for the mother, in less frequent doses.

On the next day, the mother was better. Perspiration warm, but

less fetid; tongue moist and cleaning off; taste natural. Patient relished a milk-soup. Touchy, but no pain in the ileo-cæcum; spleen natural; passages normal; pulse 80. The daughter, also, less sick. She had four passages during the night; none during the day. Thirst less, and not so much after acids; splenic tumor not increased; heat of skin diminished; pulse 90, soft and weak; patient perfectly conscious, and complains of the dry cough, which keeps her from sleeping. The boy had furibund delirium, relieved towards morning by copious epistaxis. Answers correctly. Headache more bearable, and the eyes have lost some of their wild expression. *Per contra*, spleen swollen to-day, ileo-cæcum painful, abdomen tense and hard, pulse 120, not so full; dicrotus. Continue *apis*—to the mother, every twelve hours; to the daughter, every six hours; to the boy, every four hours.

At the next visit, I found that the boy had been somewhat delirious again during the night, but more quiet towards morning. No sleep. Meteorism, splenic tumor and ileo-cæcal pain as yesterday. Tongue dry in the middle, and brown; moist on the edges. Pulse like yesterday. Continue *apis*.

The mother feels well, only weak. It is the twelfth day of her sickness. Omit medicine, and take good red wine.

The daughter had slept towards morning, and, on awaking, cough was more loose and less distressing; tongue less dry, with only a brown strip in the middle. No taste. Abdomen sunk in, but not painful; spleen less swollen. During thirty hours, only one mushy passage; pulse same as yesterday. Continue *apis*.

On the following day, the boy was not worse. Consciousness clear; calor mordax diminished; less lividity; tongue moist; no thirst; splenic tumor, meteorismus and sensitiveness of ileo-cæcal region the same; the pulse 108, soft, and dicrotus. Copious passage, the first for six days.

His sister slept the whole night. Tongue clean; relished chicken soup for dinner; skin natural; pulse 80 and weak. Mother has so far recovered that she passed a few hours out of her bed.

On the day following, no more medicine was required for the girl, for during the night critical warm perspiration had appeared, and she felt stronger. Red wine, four times a day.

In a few days, the son was also so far recovered as to be up; and in a few weeks afterwards was able to resume his usual avocation.

Poisoning by Arsenical Inhalations.

THE criminal use of arsenic as a poison is now so common, that the daily newspapers keep the public well informed of all the symptoms caused by it, as well as the chemical tests by which the poison may be detected. But, in the progress of the arts, new and more ingenious modes of poisoning are invented. The *arsenite of copper*, or Scheele's

green, now furnishes the brilliant green color for every work, from the green wall-paper to the mimic fruits and flowers that ornament the parlor, the fancy-colored sweetmeats of the confectioner, the taper that burns in the dimly lighted sick-room, and the fly-paper that lies on the table. From all these, and a hundred more objects little suspected, a poisonous atmosphere is continually emanating; and a most subtle, gradual, but ultimately fatal process of poisoning is constantly going on. Dr. Halley was the first to detect the source of the toxic influence in the green wall-paper. Dr. Bellenden, of Manchester, describes its effect on three children who were allowed to sleep in a chamber newly papered with green hangings. "They pined unaccountably; they became emaciated; they grew restless and nervous; then occurred involuntary twitchings of the muscles of the face." These symptoms, with more or less smarting of the eyelids, ophthalmia, and subsequent gastro-enteric affections, have marked all the recorded cases. "This deadly poison," says the *Lancet*, "begins to be one of the nightmares of our existence; it possesses the fatal gift of beauty in all its combinations. In one form or another, it haunts us in our walls, in our paper, and paints; it fills the air, gets into our food, poisons our bread." A parcel of beautiful confectionery, "colored beautifully green in the centre with arsenite of copper," and covered by "a bright yellow rind of chromate of lead," poisoned a family of children at Nottingham. "Green is the color which we have especially associated with the innocent beauties of nature, and have most delighted to reproduce in our surroundings. In time, we shall be divested of this illusion also. Nothing is innocent now in this world. We must give up these notions, worthy of Utopia, and belonging only to paradise."

Crusta Lactea.

Mr. C. called on me, March 22d, to prescribe for his child, three months old, for scald head.

The history of the case is this, viz.: When the babe was ten days old, a slight redness was discovered on the forehead, followed by an eruption of numerous small white pustules, in clusters, which spread from thence over the scalp, reaching down to the neck. This was attended by redness and swelling of the surrounding parts, and with troublesome itching, which rendered the child restless and fretful, and caused it to rub the affected parts. In a short time, these pustules became yellow, and bursting, formed thin yellow crusts, involving the entire upper portion of the head in one continuous scab.

Treatment: *Dulcamara* 4°, four globules three times daily, dry, on the tongue; and *sulphur* 30°, four globules once a week. The head to be washed daily with castile soap and warm water. On the 25th, he called again to say that the scalp was as clean as his hand

and only a slight redness remaining. *Dulcamara* 30°, once daily; *sulphur* 30°, once a week as before. May 12th, every vestige of the disease has disappeared, save a little on the back of the neck, and that is fast disappearing. The child is hearty, and grows finely.—(*L. Wilder, M.D., of New-York.*)

Syphilitic Paralysis of the External Motor Nerve of the Eye.

BY DR. BEYRAN.

From the "Annales D'Oculistique," of April, 1860.

SYMPTOMATIC paralysis of the sixth pair of nerves is a very rare affection. That which is developed under the influence of a syphilitic diathesis is the least common, and has scarcely been observed till now. When we reflect upon the relative frequency of paralysis of the other cranial nerves, the question naturally arises, is not the sixth pair the least sensible of these nerves? The external motor-oculorum nerve, though primarily insensible, becomes exceedingly sensitive after its anastomosis with the ophthalmic branch, as M. Longet's experiments have testified. When this nerve is submitted to mechanical irritation—galvanism, for example—the globe of the eye rotates convulsively upon its vertical axis, and the pupil is instantly inclined outwardly. If the nerve be divided, the pupil, on the contrary, inclines inwardly. Pressure caused by a tumor upon the course of this nerve produces exactly the same phenomena, as is proved by the facts reported by Burdach, Velaly, and Professor Jobert. The principal phenomenon which characterizes the paralysis of this nerve consists in the adduction of the globe inwardly, with the impossibility of moving it outwardly. Syphilitic paralysis of the nerve differs from that occasioned by any lesion of it, in its cause, commencement, progress, and, most important of all, in its curability. It is very rarely that authors, in speaking of symptomatic paralysis of the cranial nerves, have touched upon that of the sixth pair. May not this be owing to the embarrassment and uncertainty that the observer may experience when first brought in contact with this affection? Hence, M. Beyran has been compelled to note carefully the different circumstances which have preceded, accompanied and followed the paralytic affections, in order to establish, by consequence, the symptomatology, differential diagnosis, and the essential indications of cure. This paralysis differs entirely from those which arise from tubercular or cancerous degenerations of the protuberantia annulares, from those depending upon a varicose condition of the ophthalmic veins, upon aneurism of the inferior and anterior cerebellar artery; in fine, from any alteration whatever of the brain-substance which is sufficiently near the sixth pair to cause a pressure upon it capable of producing paralysis of the nervus-motor-externus. Nearly all the cases mentioned by authors

belong to this category. In these cases, indeed, it is rarely that this nerve alone is attacked, and that there is not at the same time paralysis of the motor-communis or third pair. Again, may not paralysis of the sixth pair be considered as a complication of the third? Moreover, these kinds of paralysis are ordinarily accompanied or followed by all the complications that result from a lesion of the brain. In the three patients above mentioned, on the contrary, the phenomena which characterized the paralysis had nothing in common with them. From the beginning to the end of the affection, no symptom occurred to induce the supposition that there existed a similar lesion in the brain: so that the development of this paralysis coincided with that of the tertiary forms of syphilis, and its favorable termination with the happy modification of the syphilitic symptoms, indicated its origin in the evolution of syphilis. As regards the syphilis itself, its existence was sufficiently demonstrated; for its origin, three or four years previously, had been marked by indurated chancre, with glandular complication, and by successive constitutional manifestations, of which the principal were, repeated adenopathy terminating without suppuration, papular erythema, roseola, mucous tubercles, impetigo, periorosis and exostosis, and finally with paralysis of the nervus motor oculorum externus, once in the right and twice in the left eye. With respect to the symptomatology, two orders of phenomena very clearly characterized paralysis of the motor external nerve—1st, Permanent deviation of the globe of the eye inwardly; 2d, Disordered vision, viz., diplopia and amblyopia. The adduction of the globe once fixed, all the efforts of the patient were powerless to turn it outwardly. He could not direct it up or down, towards the arch or floor of the orbit, except in a very limited degree. Upon examining the eye in profile, it was difficult to perceive any part of the cornea, it being nearly concealed by the angle of the eye. As regards the pupil, although it retained its normal contractility, and there was no apparent deformity, it seemed less dilated than that of the sound side. Patient could not distinguish the number and form of objects placed before him; but if he closed the paralyzed eye, the vision of the other being clear, he could then distinguish objects perfectly. On the contrary, the sound eye being closed, amblyopia and diplopia were immediately produced. The situation of objects placed before the patient, their number and form, influenced much the production of optical phenomena. For example: if a round object, such as a watch, were presented to him, he perceived two images placed side by side; if it had an elongated form—a finger, for instance—and was placed vertically, the two images appeared placed side by side, the left one being the real one when the right eye was paralyzed, and vice versa. If the finger were placed horizontally, the relations of the optical phenomena were not the same; that is to say, although diplopia was present, the images, instead of being side by side, were, on the contrary, one upon the other, the inferior being the real one. The invasion of paralysis of the sixth pair, in these three cases, was preceded by pains in the bones,

and particularly by cephalalgia, which occupied one of the temples. It exhibited itself on the right or left side, accordingly as the cephalalgia invaded the right or left temporo-maxillary region. It only attacked one side at a time, the vision of the other being undisturbed. Its duration in the first case was seventy-eight days, in the second seventy-one, and in the third ninety-eight days. As respects the diagnosis, it is very embarrassing, when one sees such a case for the first time; for being struck at first with the defect in the parallelism of the two eyes, the existence of convergent strabismus presents itself immediately to the mind of the observer, because of the great resemblance of this affection to paralysis of the sixth pair. There would be great confusion in the two affections, if he did not recollect that in strabismus the affected eye, when the other is closed, may return to its habitual position, and can move and direct itself to any point. Reopen the sound eye, and the strabismus is immediately established. In veritable paralysis of the sixth pair, these phenomena cannot occur, adduction of the eye being invariably persistent, be the other open or shut. There is one other circumstance that may complicate the diagnosis, and that is, the contraction of the rectus internus muscle of the eye. The mistake may easily be avoided, if we consider that in case of contraction there is a real retraction of the fibrous tissue, at the same time that there is continuous contraction. Besides, in these sorts of contraction, it sometimes happens that the adducted eye may, though slightly, be carried outwardly, which is an impossibility in the paralysis under consideration. As regards the optical phenomena, they present differences sufficient to simplify the diagnosis. Thus, in convergent strabismus, the diplopia occurring from the beginning, the patient accustoms himself to look only with the sound eye. In the case of muscular contraction, the diplopia disappears by degrees, and he perceives only one object. It may be added, that this last affection is ordinarily preceded by delirium and convulsions, while the diplopia or paralysis is permanent. One word more upon the nature of this form of paralysis. This affection is generally symptomatic, but it is accompanied with all the symptoms and complications that may result from a cerebral lesion seated near the origin of the sixth pair, such as the protuberantia annularis, corpora pyramidalia, and sulcus basilaris.

In the cases under consideration, no complication of this kind having arisen, no symptom having revealed the existence of cerebral alteration, it seemed more reasonable to refer the paralysis of the oculo-motor nerve to the constitutional syphilis, of which the patients, both before and during the paralysis, presented the most unequivocal evidences; consequently, from the totality of the specific morbid phenomena, there could be no doubt as to the nature of this paralysis, and thus it may be explained that the osseous parts in contact with the sixth pair being specifically inflamed, affected the nerve and determined the paralysis. The treatment successfully employed in all three cases, and being entirely of a specific character, confirmed the correctness of the diagnosis.

Myelitis.

BY GEORGE KELLOGG, M.D., OF TROY.

Mrs. B., aged thirty, of a nervous-sanguine temperament. Has been troubled with dysmenorrhœa since first menstruating. Has been married six years, and had no children. She has had frequently, for some years, a sensation of vibration, commencing at the lower part of the left shoulder-blade, extending through the chest and to the arm, hand and fingers of that side, causing faintness, and continuing for two or three minutes. Two days previous to the attack, on standing for a moment in a draught of cold air, she experienced a painful stricture in the chest, attended with some peculiar nervous sensations—her teeth were, in common parlance, set on edge—which peculiarity lasted for several hours.

The day following, a severe angina supervened, which yielded, in a day or two, to appropriate remedies.

March 17th.—Was called in to prescribe for an eruption, of an erysipelatous character, which had made its appearance during the night, ushered in by a chill and a consecutive ephemeral fever. This eruption was confined to the extremities, not extending above the knees or fore-arm. It was burning and pricking—passed off during the morning, leaving her apparently in a normal state.

18th, at 6 P.M.—There was a recurrence of chill, and the fever was persistent till morning.

19th.—The apyrexia was very distinct, and until 6 P.M. there were no developments leading to any other conclusion than that I had to do with a simple quotidian intermittent fever. At that time, however, I found great sensitiveness, both to touch and motion, in the lumbar vertebræ, and an accession of fever, without the superior precursory chill. Gave *aconite* 3ʳ, to be repeated every two hours. Was summoned hastily at 2 A.M., and I then found myelitis fully developed, and characterized by the following symptoms: violent lancinating spasmodic pains in the lumbar region, extending across the whole back, but very much worse on the left side; complete paralysis of the left leg; pulse 90. Gave *belladonna* 3ʳ, alternately with *aconite*, repeated every hour.

21st, 10 A.M.—The disease had made rapid progress. The pain had extended to the left hip and heel. Pulse 120; the pain in the lumbar region intense, the slightest attempt at movement inducing spasmodic pains through the abdomen; sensation as of a tight band surrounding the body in the umbilical region. Gave *belladonna* 3ʳ, *cocculus* 2ʳ, alternating every two hours.

22d, 6 A.M.—Had passed a sleepless night; great thirst, nausea and vomiting; the pain less intense in the foot, but very severe in the knee-joint; slight redness and great heat. Applied the cold

wet bandage to the limbs; arrested the nausea and vomiting by the frequent administration of small pieces of ice. Sensation, when attempting to lie down, as if breaking apart, compelling her to sit erect. At 12 P.M., pulse small and frequent; respiration superficial, with sticking pain in the left side and shoulder; palpitation cordis, with faintness, strangury; face expressing intense despair, almost amounting to the facies hippocratica. Gave *cantharides* 3^v and *bryonia*, repeated alternately every hour. 9 P.M.—Symptoms favorably modified; had urinated freely; slept fifteen minutes, the first since the commencement of the attack; the expression more hopeful. Continued *bryonia* 8^o.

23d, 6 A.M.—Found the symptoms more favorable; the night had passed more quietly; less pain in the lumbar regions; the paralysis in the left leg absolute, with no other sensation giving evidence of its presence but a numbness. Had fears that the disease was advancing to the superior portion of the medullary column, as there was little or no abatement of the pectoral symptoms. Gave *belladonna* and *bryonia*, repeated every two hours, in alternation.

24th.—Had passed a restless night; intense pain in the dorsal vertebræ; aggravation of the chest symptoms, and a dry, suffocating cough. Alternated *aconite* and *bryonia*.

25th.—Pains had extended to the cervical vertebræ; difficult deglutition, from spasmodic contraction of the throat; some tetanic symptoms; no acute pain in the inferior extremities, except on moving; paralysis persistent in the left leg; respiration superficial and painful. Gave *belladonna* and *bryonia*. 9 P.M.—The condition of the patient more favorable, especially the chest symptoms, respiration being much less painful.

26th, 4 A.M.—An aggravation of the pectoral symptoms, with intense pain in the region of the heart; pain and swelling of both hands, with redness and heat. Applied the cold wet bandage, with signal relief. 5 P.M.—Dr. Paine, of Albany, saw the case, and suggested that, owing to the general paralytic condition, I might get more prompt results by administering the remedies indicated in undiluted tinctures, and advised *aconite* and *bryonia*, to be frequently repeated in alternation.

27th, 4 A.M.—Had passed a rather quiet night; slept some at intervals; less pain in the chest, and a general mitigation of the distressing symptoms. 3 P.M.—Some marked characteristic symptoms of *bryonia* supervening—epistaxis, sanguineous expectoration, cramp-like, suffocating cough, with aching pain in the head—I discontinued that remedy for a few hours, fearing a farther aggravation, substituting for it *phosphorus*, in alternation with *aconite*. After midnight, the paroxysms became less frequent, and at about 4 A.M. had almost entirely subsided.

28th, 9 A.M.—Extreme exhaustion; pain excessive in the back of the hands, with swelling and redness. Gave *belladonna* and *bryonia* 3^o. Menstrual flux made its appearance, anticipating two weeks.

No dysmenorrhœa; the discharge dark, grumous and fetid. Dr. Paine saw her again at 3. P. M., and at that time all the symptoms were favorable. From this time until May 15th, she was entirely passive; the spine tender and sensitive on movement, but gradually improving. The leading remedies during this period were *belladonna* and *bryonia*, the bowels being occasionally moved by simple enemata of cold water.

May 15th.—She for the first time attempted locomotion, and succeeded in effecting three or four steps, with assistance.

25th.—Walked across the room without any assistance, and at the present time (June 9th) has entirely recovered the use of her limbs; has menstruated at the regular period, and for the first time without pain, or any abnormal symptoms.

This case presents some interesting features, among them that of rarity. Many physicians pass through a long professional career without meeting it, and consequently we have few antecedents by which we can be guided in its treatment.

The prognosis of it is generally unfavorable, either terminating in softening, exudation or suppuration of the medullary matter, and consequently paralysis and death, or partial paralysis. The symptoms presented, in a very marked degree, the diagnostic peculiarities of myelitis, although the dura and pia mater may have been implicated; but I think the medullary substance was evidently the primary seat of the disease.

Ipecacuanha in Croup.

BY S. M. CATE, M.D., RECENTLY OF AUGUSTA, ME.

ALL workers in the practice of medicine according to the law *similia*, must recall with vivid freshness those cases of disease where their art and efforts seemed impotent, and the boasted law a myth and delusion. Such experience is no doubt necessary in order to make such an intense impression on our feelings as to rouse us to a struggle equal to the great difficulties that beset us, and thus an advancement comes that otherwise would not be obtained. It is thus we are forced to discover the means that shall enable us to prevent such failures in future.

In the winter of 1857, while sick and without a colleague, I sent medicine to a boy six years old, sick with croup. Supposing it to be inflammatory, a few doses of *aconite* 3° were given, followed by *hepar sulph.* and *spongia*, in alternation. No improvement followed, and *kali bichromate* and *tartar emetic* were used, without effect, for some twelve hours. As no good effect came of these remedies, I then visited the patient, at some personal risk, and found him with a rough sawing breathing, and shrill barking cough, tonsils and fauces somewhat

swollen and of a rather deep or purple red color, but with no patches of exudation or appearance of membrane. The diagnosis was of inflammatory croup, the prognosis favorable, and *bromine* ʒʳ, and afterwards *iodium* ʒʳ, were given. No improvement came of these remedies; and being too weak to have further care of the case, allopathic advice was sought. *Ipecac.* was given, producing very moderate vomiting, followed with a perfect cure. Since that time, when this child has had the croup (twice), *ipecac.*—two to four drops to half a tumbler of cold water, two teaspoonfuls once in fifteen or thirty minutes, and, when better, once in two or three hours—has effected prompt cures.

Another case, fresh in the memory, will further illustrate the action of *ipecac.* in croup.

June 16th, 1860.—Child of B. F. P., four years old, had a croup attack, the night before, that was relieved in a couple of hours, in some measure, by domestic appliances. No febrile symptoms, hoarse croupy cough, but breathing now (11 A. M.) pretty natural. No exudation or appearance of membrane about the throat or fauces, though the throat had a deep red color, and moderate swelling, pretty evenly distributed over the tonsils and pharynx. R. *Hepar sulph.* ʒʳ, and *spongia* ʒʳ, two drops to half a tumbler of cold water, two teaspoonfuls once in two hours alternately; and if worse in the night, once in fifteen or thirty minutes, till better, and then once in two hours.

June 15th, 10 A. M.—Worse. Had a bad night; coughing and breathing badly through the middle of the night, and though less now, still a rough harsh breathing, and occasional deep barking cough. Thinking there might be some membranous deposit, though there was none to be seen in the throat, *kali bichromate* 1ʳ, $\frac{1}{4}$ gr. to half a tumbler of water, and *tartar emetic* 1ʳ, 2 grs. to half a tumbler of water—a teaspoonful every hour alternately. The child grew steadily worse until 9 P. M., when I saw it again, and found the breathing loud and noisy, with the head drawn moderately back, and frequent and severe croupy cough. The throat had much the same appearance as at first. R. *Ipecacuanha* 1ʳ, 25 drops to half a tumbler of cold water, two teaspoonfuls once in fifteen minutes. In an hour, there was evident improvement, which slowly continued through the night, and June 16th, 10 A. M., he was so much better that all danger seemed past; and, on the 17th, the case was dismissed, with only a slight cough remaining.

To my apprehension, these cases teach the important truth *that states and not names must be treated in order to cure diseases.* Croup, in general, is located in the larynx. The larynx has a number of tissues and parts, either one of which may be the primary seat of disease. Then, again, the same parts may have different degrees and kinds of inflammation; one resulting in ulceration and destruction of tissue, another in exudation and adventitious formations, and another in oedematous infiltration, &c., &c. As viewed with regard to the

larynx, it will be seen that the similia of each case must correspond not only with the primary and fundamental element in croup, inflammation of the larynx, but also with the peculiar kind and location of the inflammation there. Often the remote and constitutional symptoms will enable us to determine these points, and thus adapt the remedy to the peculiar state. But I must acknowledge that, in the treatment of croup, the color of the tonsils and pharynx, the presence or lack of exudation of membranous deposits there, are much more conclusive than the more remote symptoms.

The only characteristic symptoms that would lead me to select *ipecac.* instead of *aconite*, *hepar sulph.*, or *spongia*, are the more deep red color of the tonsils and pharynx, and the more slow progress of the disease than where the latter remedies are to be used. The presence of the exudation or membrane in patches in the throat has, for the last five years, been an unfailing indication for the use of *kali bichromate* and *tartar emetic*—first, in solution, as before stated; though some other homœopathic physicians, of good credit, inform me that they find *kali bromidum*, used in the same way as *kali bichromicum*, to cure where the last-named fails.

Scarlatinal Eclampsia without Eruption—Recovery.

BY J. V. HOBSON, M.D., OF RICHMOND, VA.

March 17th, 1860. I was called this morning to see Mary O., a little girl of three years of age, usually healthy and sprightly. During the night, she had been sick, vomited, and was feverish; but at the time of my visit, was quite playful, and presented so little appearance of disease, that I postponed a prescription until the evening. At 12 (M.), however, I returned, and found her in very strong convulsions. Two allopathic physicians had been called in the emergency, and after endeavoring vainly to get a quantum sufficit of calomel and oil to pass the rigid jaws, had ordered a warm bath, sent for leeches, and made their exit prior to my arrival. Skin intensely hot, notwithstanding a copious general perspiration, eyes injected and fixed, pulsation of the carotids very strong, head very hot, froth issuing from the corners of the mouth.

℞. *Aconitum napellus* 1ʳ, three drops in two ounces of water, a teaspoonful every half-hour, until the convulsions should cease. Found much difficulty to get the first portion swallowed, so complete was the insensibility of the patient. In about fifteen minutes, a manifest relaxation of the rigid muscles had commenced, and in an hour the convulsions had quite passed off. Directed the *aconite* to be continued during the night, every hour or two, according to the amount of heat of the skin.

18th.—Skin very hot and dry, slight return of sensibility, thirst intense. R. *Aconite* and *belladonna* in alternation, every two hours. Apply a cold cloth to the head, and a cold compress to the abdomen.

19th.—Intense fever all night; increase of sensibility, though still stupid and hard to rouse. *Aconite* and *belladonna* continued. Evening, perspiring freely, stupor continuing, and bowels confined. R. *Opium* and *belladonna* alternately, every three hours.

20th.—Has slept very comfortably, skin continuing moist all night. Bowels relieved, thirst still urgent, child very fretful.

From this time, a satisfactory convalescence set in, and I soon lost sight of her, having made a diagnosis, *convulsions from unknown causes*.

25th.—Was called again to see her, and found that she had been upon the street the day before, exposed to a damp and bleak wind, and in consequence was suffering from a croupy catarrh, for which she received the usual remedies, and was well again in three days.

I was now informed by the mother that she had undergone a thorough desquamation since my last visit, the tips of the fingers coming off like little thimbles, the skin from the nose in an entire piece, with long strips from the neck, &c.

Notwithstanding that this child had presented no appearance of eruption, excepting a slight rose-colored spot or two on the cheek, remaining for about an hour, and had exhibited no symptom of disease about the fauces, I yet feel authorized to report this as a case of convulsions arising from retained scarlatinal exanthem. To sustain the correctness of this diagnosis, I might adduce several reasons of a general character, such as the prevalence of the disease at the time, the peculiar symptoms of the case, and the occurrence about the same time of another case reported to me as exactly corresponding with this, with the addition of the exanthem, but not visible until after death. But I rely upon the character of the desquamation, which I believe is altogether peculiar to scarlatina.

Now, I think if this case were reported to my allopathic friends, who saw it, and the result concealed, they would readily admit the correctness of the diagnosis, though they could never be made to believe that the life of the patient could have been saved without the appearance of the eruption upon the surface. That life is saved under such circumstances is only a striking proof of the truth and perfectness of the homœopathic principle. In this connection, and in evidence of what we may reasonably expect to accomplish by a faithful adherence to this, the universal law of cure, I would refer to a case reported by Dr. D. D. Smith in the first number of this Journal, page 51.

Fluorescence of the Transparent Media of the Eye.

BY M. REGNAULD.

Translated from the *Annales d'Oculistique*, of March, 1860.

It is well known that the luminous radiations which emanate from the sun, from a fire, or from an electric battery, contain three sorts of rays in different proportions, viz., luminous, calorific, and chemical rays. These last are particularly abundant in the violet portion of the spectrum, and in that part which is called ultra-violet,—that is to say, above the violet and more luminous. They are more numerous in the electric than in the solar light. We know also that certain bodies, viz., the sulphate of quinine, the telescope, and many others, have the property of fixing these rays—of absorbing, instead of reflecting or permitting them to pass by—and thus becoming luminous of themselves. This property of fixing these chemical rays has received the name of fluorescence, and the bodies possessing it are called “fluorescent.” These views, upon which the discovery of photography reposes, explain why it is that a cutaneous erythema is more readily produced by electric than by solar emanations, and why the erythema may manifest itself in the entire absence of insolation. To these facts, and to others which might be cited, M. Regnauld has added one which, with all the appearance of scientific exactness, joins the advantage of pleasing and interesting the mind. Having procured, by the most delicate process, the ultra-violet chemical rays, he has convinced himself that many of the constituent parts of the eye are endowed with the property of fluorescence. This property is very marked in the peripheric strata of the crystalline lens, and less in the cornea. The vitreous body does not possess it of itself, but derives it from the hyaloid membrane. Finally, the retina is sensibly fluorescent, as Helmholtz has proved. Hence it follows that the whole lenticular apparatus of the eye, by only permitting the luminous rays, which alone are necessary to vision, to pass, and by retaining the chemical, which would injure the retina, fulfils the office of a screen, and thus it is, that the cornea, lens and hyaloid membrane act the part of “*tutamina oculi*,” their function being to watch over, as it were, the quality of the rays that penetrate the eye, while the cilia and pupil regulate the quantity. The retina is itself slightly fluorescent, but this fact does not oppose the theory of M. Regnauld. The fixation of the chemical rays by this membrane is not hurtful to it, but is useful when they are not superabundant. Like the skin, their moderate action upon it is salutary, the excessive alone being pernicious. The other parts of the eye are similarly affected. In ordinary conditions, as most of the bodies in nature are more or less fluorescent, and as the eye receives only a reflected light, very few chemical rays reach it. The natural screen of which we spoke retains these rays without injury. But the solar

rays may be conveyed to the eye by non-fluorescent bodies, such as sand and snow, and the cornea and lens may, by being too much impregnated with chemical rays, become inflamed, and moreover permit a large quantity of them to pass to the retina, thereby producing injury to that membrane.

Practical Cases.

By Dr. Gaspary—A troublesome morning cough in an old man of sixty years, with large mucous expectoration and piles, was cured with *nux vomica* 1°; three drops in the evening. A suppressio mensium, with gastric troubles, constipation and rush of blood to the head, brought on by cold and sedentary habits, cured with *sepia* 5°; another case of suppressio mensium, caused by vexation, cured with *ignatia* 1°.

Hysterical affection. Frequent eructations of gases, where neither weakness of digestion nor any other gastric affection could be diagnosed. It was excited by pressure on any part of the body, as by shaking of hands. Cured with *ignatia*.

A furuncular diathesis, existing since four months, cured in four weeks, by Dr. Hern, with *apis* 6°, internally.

Dr. Sirsch cured two cases of pannus with *oleum apis mellifica*.
1st case. A scrofulous girl suffered with the following symptoms: photophobia, continuous winking of the eyelids, lower eyelids swollen, with red edges and styas, cilia long and glued together, sclerotica injected, bundles of arteries running towards the cornea as if a pannus were forming, nebulae on both cornea; an ulcer with unclean bottom on the edge of the right cornea; increased secretion of mucus and tears; chronic coryza. *Oleum apis* on the lids and temples produced aggravation. On the temples alone, it produced a perfect cure in 28 days. An enlarged tonsil was cured also at the same time. *2d case.* Pannus in a healthy man of 38 years, given up as incurable; neither pupil nor iris could be seen in either eye; the doctor concluded, from the amaurosis, that the deeper parts of the eye remained healthy, and that he had only to battle with the debris of a neglected catarrh-rheumatic conjunctivitis. He was led to *apis* by the following proved symptoms: chronic ophthalmia cornea darkened, smoky, vision uncertain, cornea thickened, as if covered by a skin, cloudy vision, pupils cannot be seen. *Oleum apis* was used again, with good nourishing diet, and perfect success crowned the efforts.

Dr. Kafka.—*Asthma emphysematicum*, with a dry cough, aggravated by speaking, laughing, fresh air, quick walking or ascending steps. During the night, she was rid of the cough, but it returned in the morning. The very least motion, even in the room, brought on dyspnoea; the irritation of the cough began in the fossa over the sternum, causing frequent nausea and lividity of face. *There is a*

continuous feeling of coldness, emanating from the pit of the stomach, spreading over the chest, being expired as cold breath. Camphor 2°, one drop on sugar three times a day, cured the cough and dyspnoea in four weeks; the emphysema and hypertrophy of the heart remained unaltered.

Dr. Altschul.—A purely nervous cardialgia, where the most careful physical examination could not discover an organic disease, with severe sensation of coldness in the stomach, was cured by *camphor* in very small doses.

Dr. Aegidi.—Catarrhal hoarseness and aphony. A prima donna, after suffering severely with influenza, lost her voice entirely, and fell, therefore, into a profound melancholy. After a three months' treatment, she was no better off than before, and I tried then experimentally a tincture made from the fresh herb of *borrago offic.* The success was wonderful, and she was speedily cured. I have since found this remedy equally efficacious in hoarseness and aphony, connected with a depressed state of mind, disease of the heart and inclination to fainting. I have also cured with high potencies of *ammonia carbonicum*, very obstinate hoarseness and aphony.

A very painful ischias was dispersed by several applications of *morae*; four months afterwards, a very obstinate quartan intermittent followed, cured by *colocynth* 3°, a dose morning and evening. Since two years, the patient had no fresh attack.—*From Altschul's Monatschrift.*

On the Present Condition and Prospects of the Insane.

BY DR. HUNT.

UP to the close of the last century, insanity was treated as a crime, by confinement in a dungeon, with chains and fetters. But from the time that Hahnemann took charge of the Asylum for the Insane at Georghthal, in Thuringia, at the request of the Duke of Saxe-Gotha, the method of treating mental disease by mental or moral measures has been practised. It was only two years after Hahnemann had conceived the grand idea of a *homœopathic law of cure*, applicable to the treatment of all ordinary diseases, that he applied his new theory to the treatment of diseases of the mind, and succeeded in restoring the intellect of the Hanoverian minister Klockenburg, who had been driven to insanity by a satire of the poet Kotzebue. It was in 1792 that Klockenburg was cured; and in the same year, Pinel, acting under some high intuition which transcended all the wisdom of the medical schools, cured his first patient by knocking off the chains of the most boisterous of the raving maniacs of the Bicêtre of Paris, and treating him as a man and a friend. From that time, insanity was regarded as

a curable disease. Hahnemann's account of his first experience in the "non-restraint" system of treatment was first published in 1796, and shows that he was one, at least, of its first public advocates. It might be supposed that half a century would be long enough for the value of such an important discovery to become generally known; and that insanity might long before this time have become, in all civilized countries, divested of its terrors. But this is far from being true. So lately as 1842, there were but few hospitals for the insane in the United States; and in the States where none existed, the public prisons or private dungeons were often occupied by chained and fettered maniacs. In that year, I saw in one of the newer States several patients handcuffed and chained as criminals, in private houses; and each one of these kept a whole neighborhood in terror. About that time, a general impulse was given to the cause of prison discipline amelioration; able reports were made by various physicians connected with the asylums that then existed; and in a few years, the different new States established institutions sufficiently extensive to provide for the reception of the insane within their respective limits. Recently, there has been in this country no great general effort for improvement or reform in the management of the insane. The influence of Dr. Rush had raised the expectations of medical men to results from his depleting practice which had never been realized: depletion, after doing a sufficient amount of injury to alarm those who practised it, was generally abandoned, and no general system of medical treatment has been adopted in its place. At present, little reliance is placed on physical treatment by any of the physicians of the lunatic asylums, and a partial adoption of the Hahnemannian idea of *moral and mental influence* is generally depended on. The effort has been made in many institutions to carry out the *non-restraint* treatment more fully, but without adopting the Hahnemannian practice of employing specific physical remedies in association with moral means.

The non-restraint system of treating insanity was first fairly attempted in this country by Dr. Eli Todd, the first physician to the "Connecticut Retreat for the Insane." He had heard and "recoiled with horror, in the days of his pupilage, from the clanking of chains and the stripes of the scourge," with which savage keepers endeavored to subdue the unhappy maniacs of the prison cells in which they were then confined; and these recollections ever exerted such an influence over his mind, that he treated every insane patient with all the kindness that was consistent with safety: The practice of the Egyptians, who conducted the insane to the temples, which contained whatever could engage the attention, and were endowed with that variety of magnificent and interesting objects "by the influence of which the mind, in the midst of admiration and interest, became divested of the delusive phantoms in which it was enveloped, suggested to him the essential importance of moral management."—(*Rockwell's Memoir, U. S. Medical and Surgical Journal, Sept., 1834*). Though Dr. Todd and his successors, with the men who have embarked in the

cause of ameliorating the condition of the insane in the United States, have only carried out one portion of the system of treatment practised by Hahnemann and his disciples, let them receive full credit for what they have done. We all remember that but a few years have passed since there might be witnessed in every city, or town, or county of our country,

“ A sight—the saddest seen in time !—
A man to-day the glory of his kind,
In reason clear, in understanding large,
To-morrow chained and whipped
By servile hands ; sitting on dismal straw,
And gnashing with his teeth against the chain,
The iron chain, that bound him hand and foot ;
And striving still to send his glaring eye
Beyond the wide circumference of his woe.”

A modern Italian author says he “ saw a lunatic who sat for twenty-five years on a stone floor, beating the stones with his chains, without leaning to rest himself by day or night.” “ There is scarcely anything,” says Dr. Johnson, “ in the pages of Dante’s *Inferno* more tremendous than this.” Such *was insanity* before the days of a more intelligent treatment in lunatic asylums.

In England, Dr. Conolly has more recently attempted to carry the non-restraint system of practice to the highest perfection, in his great experiment at Hanwell, London ; and his work “ *On the Treatment of the Insane, without Mechanical Restraints,*” published in 1856, gives the best view of this practice, in contrast with that which had recently prevailed in asylums generally. He says, “ that the mere abolition of fetters and restraints constitutes only a part of what is properly called the non-restraint system. Accepted in its full and true sense, it is a complete system of management of insane patients, of which the operation begins the moment a patient is admitted over the threshold of an asylum,” (p. 34). “ And it is a part of the non-restraint system to remember, whatever the state and circumstances of a newly admitted patient may be, that he comes to the asylum to be cured—or, if incurable, to be protected and taken care of, and kept out of mischief, and tranquillized ; and that the strait-waistcoat effects none of these objects,” (p. 38). *It* belongs to the days of mechanical restraints, when “ every evil of seclusion was combined with every possible suffering incidental to the confinement of the arms and legs, and the whole body ; and the patient, excited and feverish from his malady, and heated and exasperated by the previous struggle, was left to lie in a constrained and comfortless position, and to suffer thirst, and to become subjected to all the miseries of unavoidable uncleanness. With such treatment, the patient commonly became furious. All kind attentions being incompatible with such disregard and neglect of him, there was no avenue to a good understanding between him and the attendants, whom he then, and long afterward, looked upon as enemies and tormentors,” (p. 47). “ In the old asylums, every

arrangement was principally made for security and control; in the new, every arrangement is made for the cure of the malady, or the comfort of the patient. The great principle of the new system is to exclude all hurtful excitement from a brain already disposed to excitement," (p. 101). "We must study to remove from an insane person every influence that can further excite his brain, and to surround him with such as, acting soothingly upon both body and mind, may favor the brain's rest, and promote the recovery of its normal action," (p. 55). Among the improvements yet to be made in the practical department of public asylums, arrangements for what may be called an *individualized* treatment are particularly required. None but those daily familiar with the events of asylums can duly appreciate the great effects of such treatment in special cases." "The physician must be able to command the services of a staff of kind and conscientious attendants trained by himself. If the attendants are accustomed to the sight of their patients in the humiliating condition of restraint, and allowed to impose restraints whenever a patient is wayward or irritable, for every irregular action, and for every violent word, they cannot be trained to treat the same patients with any show of respect, much less with any constant manifestation of humane regard."

To enable the physician to carry out even the reforms indicated in these extracts from Dr. Conolly's work, material aids are often required which have not yet been generally furnished. The short occasional seclusion often employed as a medicine, and the "*padded room*," are regarded by him as "the real substitutes for restraint in very violent cases," and "offering, indeed, an auxiliary without which it is questionable whether or not restraints could be entirely dispensed with in any large asylum," (p. 62). "The great advantage of the padded room, in all cases of high excitement, is that it renders both mechanical restraints and muscular force unnecessary for the control of the most violent patients."

"By these various appliances—some of them simply of small significance, and perhaps almost wearisome in detail, but conjoined forming a complete system directed to one object—the whole constitution of an asylum, and the transactions and incidents of every day, are made remedial. Every thing done by every officer, and every word spoken by the sane to the insane, is in conformity to one plan, directed by a chief physician, carried out in all its details by efficient and faithful officers, and having for its sole object the happiness of the patients, the relief or cure of all the griefs and troubles of the heart, and the restoration of composure and power of the mind. These, in their union, constitute the system of managing the insane, without mechanical restraints." — *Conolly on the Treatment of the Insane*, p. 106.

Though the padded room, so highly commended by Dr. Conolly, may not be in all cases a substitute for mechanical coercion, it may

essentially aid in the exercise of that systematic kindness and forbearance which is the *sine qua non* to successful medical treatment of lunatics. It at least gives essential assistance in the delirium of epileptics; in "many states of extreme exhaustion, with jactitation of the limbs, occasionally occurring before death from acute mania; in some suicidal cases; and sometimes in the conduct of a patient suffering a paroxysm of acute mania." "It also possesses the property of deadening sound, and diminishing the disturbance of many patients by one."—*British and Foreign Medical Chirurgical Review*, April, 1857, p. 222.

These quotations, from authors of the highest scientific authority, may be sufficient for the present to show that *homœopathic ideas* are becoming more and more strongly established in the minds of medical men; and that at least one half of Hahnemann's own practice in this disease has, in the course of half a century, won its way to public confidence. We only regret that the other half of his system—the *medicinal treatment of insanity by specific remedies*—cannot somewhere have a fair trial on an extensive scale. The power of homœopathic remedies over those morbid physical conditions that are always associated with mental hallucinations has been tested and found efficient in cases that can be gathered up and enumerated by hundreds and thousands. Homœopaths, without the aid of hospitals, have everywhere treated insanity as a curable disease, and they have brought health and consolation to the maniac in his own home. We hope, hereafter, to be able to publish at some length the clinical experience of our school in the treatment of this disease.

In the British Parliament which terminated in March, 1857, a Committee of the House of Commons was engaged in examining into the condition of the insane, and the laws that bear upon their state; and the present government has resumed the same inquiry. The principal points on which information has been called for by Parliament have been discussed by Dr. Arlidge, (formerly of St. Luke's Hospital, London.) in a recent work "On the State of Lunacy, and Legal Provision for the Insane."

1. The number of the insane. 2. The increase of insanity. 3. State of the present provision for the insane, and its inadequacy. 4. The curability of the insane. 5. Causes diminishing the curability of insanity and involving the multiplication of chronic lunatics. 7. The future provision for the insane. 8. Registration of lunatics. 9. Appointment of district medical officers. 10. The Lunacy Commission. 11. Some principles in the construction of public asylums.

Under each of these heads, there is much to be said in reference to the condition of the insane in the United States. At present, we can only condense from several sources a few observations on *the number of the insane and the increase of insanity*.

1. It can hardly be claimed that the present high degree of civilization and refinement of the most cultivated nations has yet been

successful in subduing, or even diminishing, the wear and tear of brain and nerve and muscle, that weary and toiling man has long ago regarded as his worst enemy. The human mind, in its effort to "subdue the earth" to its own purposes, is not yet entering any haven of rest. This general feeling of "*unrest*," this anxiety, impatience, restrained expression, this "stoic eye and aspect stern," which everywhere "mask hearts where grief hath little left to learn," may be seen in every crowded street and thoroughfare of every city in the world. "The race of life," says Carlyle, "has become intense; the runners are treading on each other's heels; woe be to him who stops to tie his shoe-strings." In this day, says the London *Lancet*, we have put down the man of muscle from his throne, and elevated the man of thought in his place. From the senate to the mechanic's shop and reading-room, all are pervaded by the same aspiring and restless spirit; we see in all the same effort to work the brain whenever it is possible, in preference to working the hands or feet.

In some walks of human industry, machinery has not yet superseded human muscles, and here we find that competition and surplus labor are ever at work in goading on the exhausted bodily powers to work against time, at over hours, or under such peculiar disadvantages as render the labor to be performed little less than a slave-like task of endurance. The hod-carrier, the coal-heaver, and the laborer in the Central Park, are wearing out their physical energies by excessive toil, and drowning mental anxiety by the use of stimulants; and the barrister, the student, and the *litterateur*, who labor for twelve or sixteen hours per day, exhaust the powers of life in over action of the brain, at the same time that they permit their physical powers to decline for want of exercise. In neither of these classes of persons are the deleterious effects witnessed due to physical or even to mental labor alone. Dr. Arnold, of Rugby, said, "it is not the work that injures a man, it is the vexation that does it." The labor alone might be performed without injury; but we now see it always performed under an intense pressure of *emotional excitement*. The men who perform the physical as well as mental labor are the subjects of restless thought; they are involved in hazardous speculations and momentous undertakings; and the sleepless hours as well as the waking hours of anxiety they bring with them "have greatly increased insanity in modern times." That this state of things will continue, and that the excessive excitement of the brain and nerves to which all classes of our people are continually subjected, will continue to create that morbid state of sensibility of the nervous system that constitutes or accompanies insanity, and thus continue to develop this fearful disease, let us not presume to doubt.

On this subject, the Earl of Shaftesbury, chairman of the Commissioners of Lunacy, in giving testimony before a select committee

of the House of Commons, said: "I dare say many will differ from me, that if there is not an actual increase of insanity, there is developed a very considerable tendency towards it. And I think it arises from the exaggerated state of society — the new state of society in another aspect on which we are entering. It is impossible not to see the effect that is produced by the immense speculation that takes place among all the various small-trading classes, and people keeping costermonger's shops, and every one that has five pounds that he can invest. They are carrying it on to a great extent, and the number of disappointments and great ruin that have come upon so many people, and the horrible distress to which they have been subjected, have had a very considerable effect upon their minds, and society is living in a state of continual agitation." For many years, physicians have remarked an increasing mental disquietude among all classes and ages of society, which has been generally attributed to the increasing excitements of progressive civilization, misdirected education and discipline, commercial vicissitudes, or political agitation. Medical science has not been going back in its power over other diseases; but here it is certainly falling "behind the times." It enlarges its halls of instruction and spreads more widely the wings of its hospitals, but insanity progresses most rapidly in the countries where all the arts and sciences of civilization exist in the highest degree of perfection.

It is nowhere claimed that the system of management under which insanity is treated in public hospitals is satisfactory; and in England and the United States, a system of private hospitals has grown up in the rear of many of the larger cities. It is now well known that abuses have grown up in some of these "private lunatic asylums," and the Lunacy Commissioners and the British Parliament have for several years been combating and opposing them. They are now condemned by the highest medical authorities as degrading professional speculations in the deepest woes that afflict our race; and recent disclosures have shown that the proprietors receive exorbitant sums for detaining and treating patients who are consigned to their care by relatives, upon the declaration of physicians personally interested in sending as many patients and detaining them as long as possible. (See London *Lancet*, September 1859, pp. 250, 254). In this country, particularly in the newer States of the Union, so much has been done for the insane in proportion to the resources of the people, that it would be wrong to condemn all that may not in our view be perfect. Reforms and defects may be properly considered only after a wider range of observations shall have furnished us with more ample materials.

If it be true, then, that mental diseases in all their numerous and mysterious forms and manifestations are continually increasing, it is time that enlightened public opinion should demand more efficient legislation for the establishment of a better system of management of the insane. The whole subject should be examined anew,

and presented from the homœopathic stand-point to the attention of the public. An interchange of observations between a large number of experienced practitioners will advance the knowledge, the confidence, and the success of all.

A French author, who has written a book "On the Condition of the World in the Fortieth Century," says: "Mankind in that era shall be so far improved by religion and wise government, that the sick and the dying shall no longer be thrown together with the dead into splendid edifices, but shall be relieved and protected in association with their families and friends." If this happier state of things is to be realized at an earlier day than was anticipated by the prophet, it must be when derangements of the mind shall be treated by specific homœopathic remedies in connection with the derangements of the body, with which they are always associated; when public and private "mad-houses," with their stone walls and iron-grated windows, shall be converted into the gymnasiums and halls of recreation of a rising and hopeful humanity; and when enlightened medical science shall convert the humblest home into a castle of safety by shielding its inmates from the power of disease, as their own walls may guard them from external enemies.

Singular Malformation.

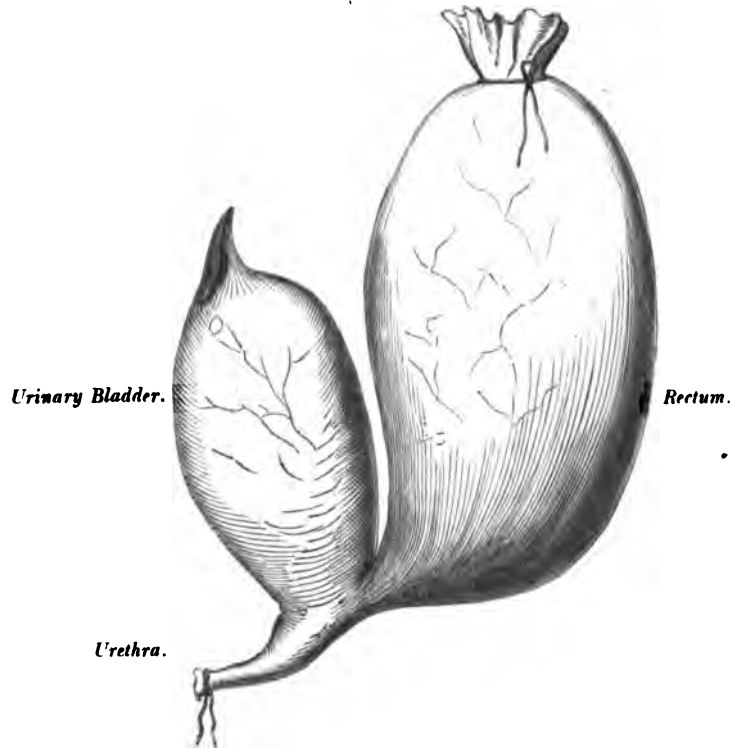
BY THOMAS MOORE, M.D., OF PHILADELPHIA.

On the evening of June 16, 1860, I was called by Dr. P. S. Hitchens to see a child, born 48 hours previously, under his care, with *imperforate anus*, presenting no appearance of the external orifice.

Upon making pressure on the abdomen, and at the same time applying the finger to the perineum, in order, if possible, to detect any fluctuation, and thus ascertain the proper point for operating, we found *flatus to issue from the urethra*. From this singular circumstance, taken in connection with the condition of the child, it having convulsions and general coldness of the surface from imperfectly established circulation, I declined operating.

It died in a few hours, and we subsequently made an examination. Upon opening the abdomen, the large intestine was found greatly distended, and containing, of course, a quantity of meconium. In tracing down the gut into the pelvis, we observed *the rectum turning forward and terminating in the urinary bladder*, near its neck, thus accounting for the escape of the wind from the penis, and proving that, even if the general condition of the infant had been favorable to an operation, such would necessarily have been unsuccessful.

The accompanying cut representing the condition of the parts, was taken from the dried inflated preparation, now in my possession, and which I shall be pleased to show to any desirous of seeing it.



MALFORMATION OF RECTUM AND BLADDER.

Bibliographical Notices.

Uterine Diseases and their Treatment. A Review. By JOHN DAVIES, M.D., of Chicago.

Few have been the writers on diseases of women in the new school of medicine. Why the number of writers and thinkers upon this branch of medical studies in the homœopathic profession has been so limited, is readily explained by the fact, that, as physicians, they have been too much occupied with private practice—planting the golden truth of similia, unfolding to the republic of medical savans a theory of cure, and demonstrating its applicability and potency in the treatment of diseases generally. Allopathy has grown old—excessive changes and ample opportunities have been afforded to the sons of Hippocrates and Galen to spend their leisure moments in building theories and riding hobbies, until their conflicting opinions have been as numerous as those of the builders of the tower of Babel, confusing and confounding the workmen thereof,—a fitting symbol of useless knowledge—a monument of warning to the disciples of Hahnemann, who have but just commenced to rear their tower of therapeutics. It cautions them to beware lest they, like their neighbors, become unable to recognize each other through the fogs of eclecticism, hydropathy, hybridism, and other forms of empiricism. One thing is certain, no department of the healing art is so fraught with temptations to the practitioner as that of the diseases of women. For the sake of lucre or the sake of fame, we are disposed to be satisfied with the crudest nostrums, and the most flimsy and unscientific therapeutical as well as pathological views in reference to uterine complaints. If we look at our journals and clinical records pertaining to female diseases, we find a mass of undigested materials presented to the mind from which it is impossible to elaborate a system of successful homœopathic treatment that shall reflect a reasonable degree of credit upon the law of cure we so highly commend. Occasionally, we find an analogy between the drug and the morbid phenomena—the exception to the general rule of late reports and articles. Pathology and physiology are too often ignored, and a diagnosis and treatment referred to, utterly at variance with the law of cure by which we profess, as homœopaths, to be guided. In obstetric practice, we have no particular author of our school to whom we can refer for therapeutical knowledge; and the need of a decided homœopathic work on this subject, to meet the wants of the profession and counteract the tendency to a perversion of the principles and practice of *rational medicine*, is a desideratum devoutly

wished for. It is true that much has been done by Leadam, in his admirable work on diseases of women, and that too much praise cannot be awarded to Pulte, Croserio, Williamson, and others, who have diligently contributed to this specialty; but it is my present purpose to review briefly the standard authorities in the allopathic as well as the homœopathic school, and to present clinical observations and remarks in as little time and space as possible, with a view of stimulating others to write also upon this very interesting subject.

For the sake of classification, we may divide our authorities into three schools: the Bennett—the Simpson—the Tyler Smith. These names represent, in homœopathic literature, Croserio—Leadam and Madden—Pulte and Hempel.

Dr. Hugh Bennett (allopathist) has long contended for the theory of inflammation of the os and cervix uteri as being the primary cause of displacement of the uterus, derangement of menstruation, aberration of the nervous system, such as hysteria, amaurosis, cephalalgia, and even epilepsy. The fallacy of this mode of reasoning *a priori* upon such doubtful premises may be briefly stated as presupposing that there is no mechanical or physiological cause inducing a change of structure or function—that there is no sympathetic action in other remote organs, indirectly exciting to disease. It is concentrating every result, from whatever source, physical, mental, or vital, upon an imaginary inflammatory condition, besides overlooking the influence of the ovaries in such cases. Hence, the issue of such a theory, which institutes a diagnosis and prognosis having for its axiom inflammation of the os and cervix uteri and resulting in a treatment of antiphlogistics *secundem artem*. Analogous to this mode of practice, *aconite*—the lancet of homœopathy, as it has been termed—is employed very extensively by those who are indoctrinated with the pathogenesis of this remedy. They employ it as the sheet anchor in nearly every condition of diseased uterus, and in most other ailments peculiar to females,—I presume, upon the theory of Bennett, selecting it for similar reasons; forgetting that to treat these chronic and acute diseases of women with a remedy which merely controls inflammation is absurd and hopeless, contrary to the nature and source of the disease. Nothing can be more detrimental to successful practice than to institute such a theory, whether it has its source in the pathology of an author so distinguished as Dr. H. Bennett, or in the therapeutics of certain distinguished gentlemen of our own school. All of these gentlemen discard two very important principles, namely, the predisposing and exciting cause, in thus referring their readers to inflammation as the cause of uterine derangements, and directing their attention to antiphlogistics or *aconite* as the cure in such cases. While the one makes use of caustics to the abraded surface—cupping and blood-letting to relieve, as he imagines, the inflammatory condition—the others address infinitesimals, pathogenetic of inflammatory states; the former dismissing from his mind the physiological cause or vital disturbance, the latter ignoring the

mechanical displacement which might give rise to the difficulty in the pathological condition of the os and cervix uteri.

Analogous to this process of reasoning, and limiting their pathology and therapeutics to a unit, others become empirics or eclectics, administering a remedy without any other indications than those recommended upon the basis of quackery.

But, as it is not my intention to enter very minutely into the subject, I will pass on to the school of Simpson and Tyler Smith. We might very plausibly consider them as representing one school, were it not that Professor Simpson's researches have created for the profession an ideal standard. By this, I mean, that he has raised a superstructure of ideas, splendid in their tendencies, which, when further perfected and reduced to practice, will prove a desideratum to practitioners of every school of medicine. His views of uterine pathology are the most consistent published. He regards the pathology of uterine affections as he would similar appearances in other tissues of the body—subject to inflammation and its consequences, displacements, structural lesions, liable to perversion of nutrition, influenced by mental emotions, affected and excited to morbid action by and through the cerebro-spinal system of nerves. His treatment, also, is of the same character as that prescribed for like functional and structural changes in other organs, partaking of surgical or medical, as the symptoms demand. Still, with Simpson and his followers, there is too much of mechanical treatment and extreme effort to remedy most uterine difficulties by mechanical appliances and anæsthetic agents; and so rapidly has he been multiplying and changing his methods, that it is evident his confidence and experience are not sufficiently matured to justify the use of every artistic means in the treatment of these affections, as laid down by this inventive genius.

The fallacy of placing too much dependence upon mechanical therapeutics will appear obvious at a glance, if we for a moment consider what is termed leucorrhœa, which may come from the vagina or cervix uteri. In either case, the discharge may be due to coitus, pregnancy, menstrual derangement, or other sources originating in some constitutional diathesis, such as general debility, scrofula, phthisis, &c.; and in order to restore healthy function to the uterus and its appendages, a remedy must be addressed to the constitutional taint, to remove the general as well as the local causes; and hence, the experience of those who have thus tested the therapeutics of homœopathic medication in diseases of women has been that, in the largest number of cases of uterine diseases, a far higher degree of success has attended the treatment directed by Leadam, Madden, and Williamson, than has resulted from that recommended by Pulte and his school. Contrast the mechanical or hydropathic practice with that purely Hahnemannian, and you will find them in opposition at every point. As an auxiliary, hydropathic treatment may be efficacious when judiciously employed, and due regard be paid to

constitutional causes ; for it is through these causes, in a majority of cases, that disease enters, to locate itself upon the vitally debilitated organ. And where a remedy is selected whose pathogenesis corresponds to the constitutional habit, a more permanent cure will be effected, and the physician will obtain a more enviable reputation than is ever attained by those who rely upon mere mechanical palliatives, which, at the best, are exceedingly repulsive, and on many accounts objectionable.

To Dr. Tyler Smith belongs the credit of collating and revising the best authorities in obstetric science. His work is a revised edition of Simpson ; and were it not for his erroneous medical treatment, we should prefer him above all others. Another chimera which adheres to his pen, is that of attributing too much power to the cerebro-spinal nerves, inducing, by reflex action, pathological changes in the uterus, ovaries, and genito-urinary organs ; also, his statement of the capacity of the fallopian tubes to admit an instrument the size he describes as having been introduced. Marvellous and scholastic as are his writings, they display immense erudition and a large amount of scientific research, possessing a high practical value, and reflecting lustre on his name ; and if, in the homœopathic profession, one could be found to write or publish a similar treatise on obstetrics, embodying the principles of homœopathic therapeutics, with the labor and skill of those we have referred to, the public, as well as the profession, would be justly proud of him. Homœopaths are not man-worshippers, nor easily enticed into the quagmires of empiricism or the sepulchres of the dead. Independence of thought generally marks their track in the path of medical science. Guided by cultivated judgments, they usually cull from reliable sources the richest fruits of experience and the most priceless treasures of philosophy and art. With such advantages, a system of successful therapeutics might be formed, based upon immutable laws, having for its sun and centre, to illuminate the mind of the practitioner, the beautiful law of *similia similibus curantur*. Thus honoring the names of illustrious teachers in medicine and surgery, with no desire to be their exclusive followers, we reserve the inalienable right to criticise and censure as opportunity and occasion may require.

Among the names that have graced the pages of the obstetric art, in our own ranks, are Leadam, Croserio, Pulte, and Madden. This last name may be scarcely known outside of his immediate circle ; and still his pamphlet of carefully collected statistics of the action of remedies in the treatment of diseases of women, with his views of uterine pathology and surgical treatment requisite to accomplish a cure in these derangements of the female organism, is undoubtedly the most practical and authenticated report issued from the press under the auspices of homœopathy. He elucidates very clearly the importance of distinguishing the pathognomonic signs of structural derangements of the uterus and its appendages from subjective symptoms, and of meeting these opposite phenomena by remedies

which have pathogeneses analogous to the pathological conditions, rather than those capable of producing merely concomitant symptoms. In this connection, he alludes to the superior advantage of combining local with general treatment; and from this, we are led to infer that the mere symptomatologist will often be disappointed in treating uterine diseases, prescribe he ever so faithfully from our *materia medica*, because, out of the whole range of provings by Hahnemann and his followers, with two or three exceptions, there are but some six remedies which induce organic changes in the uterus. These are, *natrum carb.*, which is marked as causing "irregularity of the os uterus;" *secale cornutum*, metritis; *opium*, softening of the uterus; *cantharis*, swelling of the cervix. Add to these the recent provings of *macroton* by Professors Douglas and Hill, and the *caulophyllum* by Dr. E. M. Hale, which is said to have produced *scanty menses*, abortion, and spasmodic pains. Another objection against mere constitutional treatment in all cases is that, while the general health may improve for a time, the local disease remains unchanged, subjecting the patient to a return of general disorder; beside, the time that is necessary to keep a patient under one's care is too protracted to admit of the principle being carried out in practice. Dr. Madden himself diligently persevered with internal remedies, until he found that, in order to succeed, it was absolutely necessary to make use of local treatment—injections, and other surgical means, though we cannot agree with his ingenious argument of the homœopathicity of *argentum nitricum* to inflammations of the uterus, based, as it might be, upon the authority of Dr. Simpson. This may appear a poor apology for one who represents homœopathic practice in diseases of women; and some will immediately reply to this, that a more thorough acquaintance with our *materia medica* would have prevented this. Now, the question at issue is this: Can it be proven that in the 180 cases he reports, with their remedies and their potencies, the detailed account of the pathological condition of those diseases peculiar to females for which he prescribed, with the characteristic symptoms, objective and subjective, that a more happy choice of remedial agents could have been employed, internally and externally, with as large a per-centage of cures, than those reported by Dr. Madden? Probably various remedies will suggest themselves to the reader as preferable in some exceptional cases, and a difference of view may be entertained of the pathology of some of those cases; as, for instance, the propriety of terming an abrasion or fissure of the cervix uteri an ulcer. Notwithstanding, is it not a fair sample of homœopathic therapeutics in connection with surgical practice—harmonizing and defining the efficiency of the one and the sphere of the other?

From what has been stated, we may deduce the following:

- a. That we regard the uterus and its appendages liable to change of structure, displacements, and acute and chronic inflammations.
- b. That such alterations may be consequent upon local or con-

stitutional disturbances either in the uterine tissues or ovaries, as well in derangements of the cerebro-spinal system as in irritation of other distinct organs.

c. That the uterus may be excited to morbid changes, through reflex action, by functional derangement in the brain, the stomach, the sympathetic ganglia, or from causes which affect the system generally.

d. That in a majority of cases, the difficulties might be removed by constitutional treatment, selecting a remedy adapted from its pathogenesis to the characteristic symptoms complained of.

e. That where constitutional treatment fails, as the exception, local applications to the diseased tissues, with general treatment, is preferable, as being more permanent in its effects.

f. That the mechanical practice, under certain circumstances, should be resorted to, avoiding the use of irritating or doubtful instruments, which inflame and exhaust the vital forces.

g. That the domain of surgery in uterine diseases is to be based upon general principles, and to be employed only when medicine fails to succeed, and for similar reasons to those which lead the surgeon to practice his art on other like diseased structures.

h. That it is almost impossible to draw a line between the province of the physician and surgeon in these cases; as much so, as to what may be considered food, what is poison.

i. That in all cases where the remedy homœopathic to the disease is administered internally, it should be applied externally.

h. That the general and most logical principles of physiology, pathology, and therapeutics should be applied in the treatment of female diseases, in contradistinction to the fallacious theories of the empiricist.

[To be continued.]

Homœopathic Views and Experiences in the Treatment of Intermittent Fevers.—By Dr. JOSEPH BAERTL. *Londerhausen*, 1859.

Translated from the German, by Dr. LILLIENTHAL, of New York.

THE author of this small work informs us in his preface that it is composed of gleanings “from the rich field of his experience and manifold observations.” He treated the most fatal forms of malarious disease in the Pontine marshes and elsewhere, during several years, with remedies prescribed under the homœopathic law. We pass by the chapter on diagnosis, though it contains many valuable hints, and will present in an abridged form his description of the effects of malaria, the conditions most favorable to its development and the treatment of the peculiar diseases produced by it.

The pernicious form of intermittent fever shows itself in its most violent and dangerous aspects in swampy countries, during hot and dry summers, in places where large quantities of vegetables decay. The poison, whatever its precise character may be, displays itself in the humid air of marshy places, spreading rapidly after sunset, and accompanied by large numbers of flies and other insects. Unacclimated persons are more susceptible to this influence; the danger is greater during sleep, especially after sunset, and windows should be shut from sunset to sunrise. The bed should never be near a wall; and, if possible, should have the head turned toward the south. The dress should be warm; silk should be worn next the skin; and a small bag of china powder worn on the epigastrium is a good prophylactic. Nothing indigestible should be taken into the stomach; and in such places, and at such times, all fats and acids are poisonous.

The hotter the weather, the more exposed the waters are to the light, and the more the ground is covered with plants more or less watered, like swamps impregnated by decaying matter, the greater will be the production of malaria. The author thinks this deleterious agent consists in carbonic acid or hydro-sulphuretted gas. Though we know that both of these agents are deleterious to health, we believe that they do not constitute the specific cause of malarious fevers. Our author says, that persons who are exposed during the night to the damp and chilly air contaminated with them, and who drink impure water, soon lose their healthy color, "look jaded, worn out, and dyspeptic, and are attacked by intermittent fever, accompanied by congestion and enormous enlargements of the liver and spleen." The abdomen becomes bloated and swollen by deposits of watery, purulent or bloody fluid; and breathing becomes more and more difficult; stomacic catarrhs, as well as catarrhs of the other mucous membranes; extended inflammations or ulcerations of the bowels cause exhausting diarrhœas, and a rapid decline of the patient's strength. The skin is now of a brownish yellow color, the aspect of the countenance is that of a patient in collapse, and, in detached places, bloated. Dropsy soon follows; the eyes are sunk in their orbits, the muscles are flabby and lose their motive power. Sometimes there are slight febrile symptoms; scurvy accompanies or follows dropsy; the mind becomes obtuse and even idiotic.

Pathogenesis: Periodicity. Ganglionic and spinal intermittents.

Ætiology: Sporadic, endemic and epidemic intermittents.

Prognosis: Generally favorable. The more it approaches the cachectic state, the harder the cure; a steady or postponing type of intermittent fever shows stubbornness. Strong and long lasting chills are symptoms of malignity; long lasting heat carries the fever over to a continued one; little sweating produces stubbornness of the fever. Nursing babes suffering with intermittent fever easily get hydrocephalus; and old age and pregnancy are dangerous con-

comitants. The duration of it is very uncertain — from a few days to so many months, and relapses are of frequent occurrence.

Treatment: Before giving remedies, we have to remove the cause of disease by transferring the patient to a dry habitation in a healthy place, not visited by malaria, and by putting him in better circumstances, if possible; at any rate, he must enjoy pure air, and all moisture must be removed by fires. Rooms up stairs, facing the east or south, should be preferred; clothing sufficiently warm; diet moderate and easy of digestion; alcoholic drinks and intemperance in eating strictly forbidden. Before the paroxysm, very little nourishment to be taken. During the chill, let the patient have some more covering and small quantities of warm teas; during the fever heat, remove some of the covering, to be put on again during the sweating stage, but regulating it with care, so that the patient may not lose too much sweat.

A fever remedy must not only cover the cause of the fever, as it may now present itself, already complicated with artificial medicinal effects; but it must also reach the organic, the symptomatic and vital condition corresponding to the character and specialty of the fever in its physiological effects. Every fever remedy must act on the nervous system, and especially on the *vaso-motor* part of it; and it is only then, when such a remedy, although well chosen, does not affect a cure, that the antipsorics are indicated, as entering deeper into the vegetative sphere of life, and thus enabling them to remove cachexias. The type of the fever gives no indication; but we have to consider the relations between the chills, heat, sweating, thirst, and the other accompanying ailments; as also the time of appearance and of the return of the paroxysm. The whole disease, paroxysm and apyrexia, have to be taken as a unit, for frequently the paroxysm itself is void of characteristic symptoms.

The remedy has to be administered as soon as the paroxysm is ended; and if there is only a short interval, begin with it when the perspiration begins to decline, and repeat it a few hours before the next paroxysm. After the disease is broken, it is advisable to keep up the action of the remedy in lengthened intervals, to prevent a revival of the disease. We change the remedy when we see no alteration in the cachexia, or even an increase of the paroxysm, as frequently a latent psora is aroused by the fever. Considering dose and repetition, we are willing to allow the utmost latitude; but, in our large experience, we have found the low and middle dilutions more beneficial during the disease, and then higher potencies in lengthened intervals to prevent its return.

In condensing Dr. Baertl's specifications for the choice of remedies in individual cases, we note here only the characteristic symptoms of each, omitting the details given in common standard works.

1. *Aconite*.—Recent cases; fever symptoms strictly pronounced, heat predominating; gastricty; no contra-indications. All symptoms approaching the inflammatory type.

2. *Ammonium muriaticum*.—Chill, heat, and sweat; thirst during chill or heat; *stitches and swelling of the spleen*; pain in the left hypochondrium; jaundice; burning eruptions round the lips; pains in the legs.

3. *Antimonium crudum*.—Gastric and bilious symptoms during the fever and apyrexia.

4. *Ant. tartar*.—Intermittent fever with rheumatic or gastric origin. Where sopor prevails, better than quinine; severe headaches, either only during the heat or at all times; pustular eruption, like small-pox, round the mouth.

5. *Apis mellifica*.—See Wolf's monograph on *Apis*. Wolf and Hering recommend *apis* as the specific against every sort of *intermittent fever*, let them be as complicated as possible. Just like the intermittent, the poison of the honey-bee acts as an alterative on the whole sanguification, and on all nerves, spinal as well as ganglionic. Its action is direct, whereas other fever remedies correspond only to certain individualities.

6. *Arnica montana*, especially in intermittent fever (tertiana) with severe thirst during the chill, dark colored urine with red sediment, stitches and swelling of the spleen, when the fever cannot be removed by *china*, even when taken in large quantities.

7. *Arsenicum*.—Baertl found it curative in intermittent fever which had lasted already some time, and withstood remedies seemingly well indicated. In fevers, with short chills but protracted heat, sweating, and great thirst during the heat, or where the sweating did not occur, malarious paludal fevers, accompanied by mucous and bilious vomiting, watery diarrhoea, burning sensations, especially in the pit of stomach, syncope, great anxiety, remarkable collapse of the vital power, inquietude and great thirst, especially during the day, and burning heat. For *arsenicum*, the whole vascular and nervous system must be deeply implicated, caused by malignant endemic or climatic influences, especially malaria, and producing disorganizations of the liver and spleen. The fever, lasting already some time, and having been, perhaps, maltreated with quinine, has produced a general cachexia, especially a dropsical or putrid state. The paroxysms are long continued and severe, especially the heat; the apyrexia never free. *Arsenicum produces no perfectly formed fever*; all the stages of the paroxysm are either ill-defined or one of them is wanting; rapid sinking of the vital power; debility of a torpid character.

8. *Belladonna*.—Predominant affection of the vascular system; fevers, simulating febris nervosa or phrenitis; congestions to the brain during the fever; vertigo; redness of the face; heat of the head; delirium; sopor; dreams and phantasies; palpitation; pulsations of the arteries of the neck, heat predominating; spleen swollen and painful, especially during the chill; swelling of the whole abdomen, of the eyelids, and of the lower extremities; sallow face; nearly total prostration of the digestive and reproductive sphere; great irritability and crossness in persons usually very patient.

9. *Bryonia*.—Simultaneous affections of the organs of the chest and abdomen; chill and heat moderate; sweating predominant and lasting; thirst strong during the chill and heat; excruciating dry racking cough during the chill, with stitches in the chest; bilious symptoms; rheumatic pains in the extremities.

10. *Calcarea carbonica*.—Swelling of the abdominal glands; hard bloated abdomen; inclination to diarrhoea, alternating with obstruction; thirst, especially during the chill, with tearing pains in the lower extremities; spleen swollen and painful; headache during the fever; urine plentiful.

11. *Capsicum*.—Phlegmatic temperament; flabby mucous constitution; pleuritic pains, not relieved by *bryonia*; chill predominant; thirst in the chill, or during the chill and heat.

12. *Carbo vegetabilis*.—Thirst only during the chill, or diminishing during the heat; offensive smelling perspiration; anxiety, despondency and despair; weak, scarcely perceptible pulse; cachexia, with increased irritability; burning pains; flatulency; abuse of quinine; venous abdominal affections; oppression of the chest; rheumatic affections of the joints and bones; cold feet.

13. *Chamomilla*.—Intermittent caused by anger or strong summer heat, accompanied by congestions in the face, great thirst, especially during the heat and sweat; bitter bilious taste, nausea, bitter vomiting, bilious diarrhoea, anxiety and exasperation, easily frightened, and nervous during sleep.

14. *China* or *Quinine*.—Intermittent, with want of strength, debility, and anæmia, deep affection of the blood-life, and super-irritation of the nervous system, (irritation of the spinal marrow, pressure on the spine between the shoulder-blades painful, especially during the chill), great weakness also in the apyrexia, quick development of dropsy and anæmia, decomposition of the blood (urinary crystals and deposits), *swelling of the spleen and liver*. *China* is especially curative where a long-lasting impression of the *paludal miasma* acts depressingly upon the vegetative life and the preparation of the blood, over irritating the nerves, producing swelling of the spleen and liver, sallow complexion, general cachexia, anæmia and hydræmia, (*arsenicum, ferr.*) *All the stages clearly defined, severe, and long lasting*. Apyrexia, in the beginning without symptoms, or only symptoms of injured digestion, similar to the apyrexia of *natrum muriaticum*. Sweat predominant. Thirst between the chill and heat, or after the heat; sweat even in the apyrexia. Paludal intermittents, if not cured by a few doses of *china*, need always for their removal the use of the antipsorics. Intermittents, appearing as pure neuroses, the so-called febr. intermittent larvata, as paroxysmal cough, convulsions, paralysis, epilepsy, sopor or mania, if no other remedy corresponds better to the totality of the symptoms.

15. *Cina*.—Malaria intermittents with *cholera symptoms*. Characteristics are the *dilated pupil* and the *perfectly clean tongue*. Intermittents, with predominating nervous affections, similar to worm

attacks, with pale face, itching in the nose, spasms, combined with some choleraic symptoms. Paroxysm in the afternoon, after meals. Before the chill, malaise, nausea, drawing in the extremities, sometimes vomiting of a little fluid. During the chill, paleness and coldness of the face, chills all over the body; shortness of breath, stitches in the side, cold hands and feet, nausea, vomiting of food, bile and mucus. During the heat, delirium, headache, paleness of the face, vomiting, severe thirst for cold drinks; colic and watery serous diarrhœas, following one another quickly, and debilitating the patient. The sweating stage, either entirely wanting, or general over the whole body, or partial sweat on the face, or cold sweat on hands and the feet. During the apyrexia, the collapsed state continues, but the tongue is clean, and the patient ravenous for food. Sometimes dry cough.

16. *Coffea*.—Chills and heat changing quickly. Horripilations, restlessness, colic.

17. *Ferrum*.—Like *arsenicum* and *china*. Intermittent with pure debility and anæmia. Decay of nutrition. Congestions to the head and chest, with watery decomposition of the blood, especially after abuse of *china* or long lasting intermittent; paroxysms not severe, but long lasting, especially the sweating. Change of type, *large infarctus abdominis*; liver and spleen swollen. *Muscular power visibly decreasing*; eyes red, lids swollen and mucous secretion of meibomian glands; sweet taste in mouth; black or dark violet spots on the skin, sharply circumscribed; sometimes black discoloration of a whole extremity. Debility, even to paralysis. General dropsy.

18. *Hepar sulphuris calc.*—Urticaria, with itching over the whole body; then chill, then heat with thirst; fluid passages, borborygmi, slight bilious vomiting; bitter taste, sensation of formication in the arms. Urine dark colored with sediments.

18. *Hyoscyamus*.—Quartan and quotidian fevers, with spasms in the calves and stomach; insensibility, delirium, and during the apyrexia, fiery wheels before the eyes and singultus. Intermittent, with dry nocturnal cough. Afternoon chills, with spinal pains. Epilepsy.

19. *Ignatia*.—Purely *nervous* intermittent, or caused by fright, terror, &c. *Perfectly free apyrexia*. Paroxysms short, changing, irregular, the several stages running one into another; simultaneously chills and heat, in different parts of the body, most of the symptoms only subjective. Suits more the female sex; sudden attack; the fever begins often in the afternoon and lasts the whole night. The patient irascible, cannot describe his sufferings, which are augmented by every noise. (Compare *cina*).

20. *Ipecacuanha*.—*At the beginning of intermittents*, where the subjective difficulties of digestion and breathing have not yet got seated. *Intermittents caused by errors in diet*. Intermittents complicated with gastricismus, and in relapses, after abuse of *china*. Suits sensitive juvenile persons. Thirst totally wanting, or only trifling during the chill. Chills predominant, with special irritation of

the upper part of the spine, (*China, nux.*) therefore with occipital pains and tensive pressure of the neck, spasmodic dyspnoea, spasmodic cough. Heat trifling, more external, often with cold hands and feet, or only heat in the face. Sweating entirely missing (*arsenicum*) or only appearing, sour smelling, about midnight. Reduced secretion of urine. Apyrexia, with gastric symptoms.

21. *Kali jodatam*.—Intermittent in a *scrofulous constitution*. Paroxysms severe, chill not mitigated by external heat, dryness in the mouth, *thirst during the chill*, heat and then sweat. Ascites, followed by general dropsy.

22. *Laurocerasus*.—(*Ag. amygdal. amara.*) *Purely nervous intermittent*. *Great thirst before the chill*, chill relieved by external warmth. (*Ignatia*.) Dry cough with tickling in throat during the chill. General heat with headache, but without thirst or cough. General sweat, urine pale. During the apyrexia, tongue clean, appetite good, bowels and sleep regular. Spine not sensitive. General debility.

23. *Lachesis*.

24. *Lycopodium*.—Malaise, sour vomiting, severe chills, hardly any heat, followed by dreamy sleep and sour smelling sweat. Severe thirst after sweat; bloatedness of the face and hands after the chill. Intermittent with anasarca.

25. *Mezereum*.—During the chill, dyspnoea, with constrictive feeling in the chest, front and back. Dryness in back part of the mouth, accumulation of saliva in the front part of the mouth, without thirst. Sleepiness in a warm room during the chill. Intermittents, consisting only of chills with thirst.

26. *Natrum muriaticum*.—One of the most powerful antipsorics. After abuse of *china*, even in malaria, if connected with psora, in tedious cases, but where the disorganization of the assimilative organs is not too far advanced. Terrible stitching headache, especially during the heat. Disturbances in the digestive organs, disorganization of the spleen. Thirst in all the stages of the fever, vomiting, continual chilliness even in the apyrexia. Twitchings of the extremities, ulceration round the lips, yawning, stretching, sleepiness, debility, sallow complexion.

27. *Nux vomica*.—Primary affections of the spinal or the ganglionic system; gastric troubles with nervous origin, where the stomach, bowels, and liver are so morbidly affected, that even the apyrexia shows considerable material affections—therefore, all the symptoms of a disturbed digestion, even to vomiting and constipation. Intermittent, caused by catching cold, or errors in diet in hot-headed, irritable males, who easily get angry; also indicated in fevers with *primary affections of the spinal nerves* or the ganglionic system, when, during the paroxysm, twitchings, tetanus, trembling, sacral pains, sensitiveness of the spine to pressure, paralytic feelings in the extremities. Sleep between the chill and heat (*ignatia*.) Yellow skin, the person thin, dark colored, and of choleric, sanguine temperament. After *arsenicum*, one of our best remedies, even in paludal fevers.

Useful also in malaria with similar symptoms of *cina*, but costiveness prevailing. Usual *nux* paroxysm, chill predominant; every little motion, even drinking, aggravates the chill, with severe pressing headache and congestion. Hands and feet icy cold; blue nails; no thirst; then continuous heat, with pressive frontal headache, redness of the face, thirst, at last sweating. Apyrexia, vertigo, heaviness and dullness of the head; pressive throbbing headache in the sinciput and temples. Waxy paleness of the face, toothache; tongue clean or covered with a brown thick mucus. Taste bitter, sour, or lost. Malaise and bitter vomiting. Stitches in the liver and in the right side of the chest. Sensitiveness and painfulness of the stomach to the touch; bloating, pressive contractive pain in the stomach. Painfulness and bloatedness of left hypochondrium, enlargement of the spleen, bearing no touch, impossibility of lying on the left side. Costiveness, stitches in the anus, dry cough at night. General ailments, loss of flesh, debility, anxiety, inconsolability, with bitter crying; touchiness and easily excited to anger. Intermittent, with nervous symptoms emanating from the spinal cord and reflecting themselves in other organs. Apoplectic intermittent, with vertigo, anxiety, febrile shivering, delirium, with lively visions and tension in the stomach.

28. *Opium*.—Intermittent caused by fright, with cerebral affections; sopor, coma, and convulsions.

29. *Pulsatilla*.—Intermittent with chlorotic quality of the blood, and corresponding troubles of nutrition, with nervous debility, combined with irritability; dyspepsia and amenorrhœa. Paroxysmus beginning at night or in the evening. Characteristic of *pulsatilla* are a long chill, little heat, and adipsia; the different stages, except the chills, have no great power—they run one into another. During the chill, paleness of the face, heaviness of head, and cephalalgia; anxiety, sometimes mucous vomiting, and oppression of the chest. During the heat, moderate thirst, headache, redness of the face, and bloated appearance; painfulness, sighing and complaining, anxious breathing, chilliness in uncovering, nausea, diarrhœa, then sweat. Vertigo, oppression of the chest, palpitation, pains in the sacrum and extremities, fainting spells; in women, amenorrhœa. During the apyrexia, headache, seething of blood, palpitations, different disorders of digestion, moist cough, and disposition to cry. Urine plenty and watery. Shivering during the apyrexia. Suitable in new cases, where the whole picture resembles chlorosis; paroxysms weakly developed, and therefore easily overlooked. Dropsical swellings are cured by *pulsatilla* only at the beginning of intermittents, but not when they are the sequelæ of the deeply affected energy of the vascular life. Sweating only on one side of the body.

30. *Rhus toxicodendron*.—Intermittent, caused by getting wet, with great nervous depression and exhaustion; spinal irritability; digestive troubles, especially in the mucous membranes, therefore bad assimilation; catarrhs, coryza, gastric troubles, thirst, pains in the back and extremities; spasms, tearing in the head, sleeplessness, form-

ication and sensation of paralysis in the extremities; general debility. Urticaria, colic, diarrhœa, jaundice, sleeplessness, with tossing about, thirst at night, palpitations, with anxiety and pressure in the pit of the stomach.

31. *Sabadilla*.—Predominance of coldness, affections of the spinal marrow and digestive organs, with pains in the bones of extremities, stretching, bloatedness of the stomach, oppression of the chest, spasmodic cough. During the apyrexia, bruised feeling all over.

32. *Sambucus*.—*Profuse weakening sweating*, even in the apyrexia, especially at night. Chilly horripilations over the whole body, with fine stitching formication, icy cold hands and feet, especially from the knee downward. Burning hot feeling in the face, with moderately warm body and icy cold feet, without thirst. A good many hours after dry heat has left, perspiration in the face. Profuse sweat, without thirst, in the night. In awaking from sleep, perspiration all over.

33. *Sepia*.—General cold feeling, with pressure on the temples and over the eyes; during the heat, vertigo, even to insensibility; sweating over the whole body, with anxiety, without thirst, but with dryness in the throat. Nightly perspiration. Cold sweat on the chest, back, and thighs at night. Sour night sweats; offensively smelling sweat. Urine brown and acridly smelling; perfect adypsia.

34. *Staphysagria*.—Evening chills without heat. Scurvy.

35. *Sulphur*.—Intermittent, coming on in the evening or night, with more or less chills; then thirst during the heat and sweating, headache, congestions to the chest, with dyspnœa, delirium, stitches and swelling of the spleen, jumentous urine. Intermittent with itching urticaria, appearing during the paroxysm, thirst before or during the chill; heat and sweating in persons who had the itch; complexion sallow, yellow albuginea, pain, swelling, and hardness of the spleen; white coated tongue. Whenever the remedy seemingly well indicated fails to break up the fever, and psora may be justly suspected, and where the symptoms lead us to *sulphur*, the use of this remedy, mostly used in the lower triturations, will hardly ever disappoint us.

36. *Taraxacum*.—Febris intermittent, quot. sudorifera. Nightly sweat, restless sleep, great thirst, loss of strength. Chills in the fresh air.

37. *Thuya occidentalis*.—Chills and sweat, without fever.

38. *Veratrum album*.—One of our best remedies. Severe chill, with feeling of internal heat or both together; cold sweat of the body or only cold frontal sweat; great thirst, especially during the chill and sweating; paralytic debility, anxiety, quick collapse of the strength, slow pulse which seems to fade away; watery vomiting and diarrhœa. Cadaveric color of the face, delirium, cramps. Most of the symptoms also in the apyrexia; decomposition of the blood with sugillations. In such dangerous cases, also in asphyctic intermittents, *veratrum* is by far preferable to *arsenicum*.

Sanitary Considerations on the Health of Armies and Emigrants.

THE military force of a country—its regular army—may be viewed as a great experiment to test the qualities of a people; or, in the most general sense, the qualities of man—his energies and weaknesses, mental and bodily—what he can endure, and what he can accomplish, whether struggling with his fellow men in battle, or with fatigue and climate, and the various incidents and accidents of active service. It is when thus viewed, that the military service is especially interesting to the medical inquirer, and the statistics of an army become of value.

The regular army of the United States, though smaller than the standing armies of any of the strong governments of the eastern hemisphere, is so widely distributed over the territories and frontiers of the republic, that its official reports furnish more important physical facts and observations to medical science than the armies of any other country have contributed. From the voluminous compilations made under the direction of the Surgeon General of the United States Army, and from the official reports of the Medical Staff from the different military posts, the most accurate accounts yet published of the medical topography, climatology, and meteorology of the United States have been drawn. From all of these sources, as well as from others of equal authority, we propose, at an early day, to condense the results of the most extended observation on the comparative advantages of the climate of various sections of our country, and the means of preventing the diseases most prevalent in each. At present, we extract the following *Sanitary Considerations* from Major Marcy's "Prairie Traveller," recently published by Harper and Brothers, by order of the War Department:

SANITARY CONSIDERATIONS.

When camping near rivers and lakes surrounded by large bodies of timber and a luxuriant vegetation, which produces a great amount of decomposition and consequent exhalations of malaria, it is important to ascertain what localities will be the least likely to generate disease, and to affect the sanitary condition of men occupying them.

This subject has been thoroughly examined by Dr. Robert Johnson, Inspector General of Hospitals in the English army in 1845; and as his conclusions are deduced from enlarged experience and extended research, they should have great weight. I shall therefore make no apology for introducing here a few extracts from his interesting report touching upon this subject.

"It is consonant with the experience of military people, in all ages and in all countries, that camp diseases most abound near the muddy banks of large rivers, near swamps and ponds, and on grounds which have been recently stripped of their woods. The fact is

precise, but it has been set aside to make way for an opinion. It was assumed, about half a century since, by a celebrated army physician, that camp diseases originated from causes of putrefaction, and that putrefaction is connected radically with a stagnant condition of the air.

“As streams of air usually proceed along rivers with more certainty and force than in other places, and as there is evidently a more certain movement of air (that is, more wind) on open grounds than among woods and thickets, this sole consideration, without any regard to experience, influenced opinion, and gave currency to the destructive maxim that the banks of rivers, open grounds, and exposed heights are the most eligible situations for the encampment of troops. They are the best ventilated: they must, if the theory be true, be the most healthy.

“The fact is the reverse; but, demonstrative as the fact may be, fashion has more influence than multiplied examples of fact experimentally proved. Encampments are still formed in the vicinity of swamps, or on grounds which are newly cleared of their woods, in obedience to theory, and contrary to fact.

“It is prudent, as now said, in *selecting ground for encampment*, to avoid the immediate vicinity of swamps and rivers. The air is there noxious; but as its influence thence originating does not extend beyond a certain limit, it is a matter of some importance to ascertain to what distance it does extend; because, if circumstances do not permit that the encampment be removed out of its reach, prudence directs that remedies be applied to weaken the force of its pernicious impressions.

“The remedies consist in the interposition of rising grounds, woods, or such other impediments as serve to break the current in its progress from the noxious source. It is an obvious fact, that the noxious cause, or the exhalation in which it is enveloped, ascends as it traverses the adjacent plain, and that its impression is augmented by the adventitious force with which it strikes upon the subject of its action.

“It is thus that a position of three hundred paces from the margin of a swamp, on a level with the swamp itself, or but moderately elevated, is less unhealthy than one at six hundred on the same line of direction on an exposed height. The cause here strikes fully in its ascent; and as the atmosphere has a more varied temperature, and the successions of the air are more irregular on the height than on the plain, the impression is more forcible, and the noxious effect more strongly marked. In accord with this principle, it is almost uniformly true, *ceteris paribus*, that diseases are more common, at least more violent, in broken, irregular, and hilly countries, where the temperature is liable to sudden changes, and where blasts descend with fury from the mountains, than in large and extensive inclined plains under the action of equal and gentle breezes only.

“From this fact, it becomes an object of the first consideration, in

selecting ground for encampment, to guard against the impression of strong winds on their own account, independently of their proceeding from swamps, rivers, and noxious soils.

“ It is proved by experience, in armies as in civil life, that injury does not often result from simple wetting with rain when the person is fairly exposed in the open air, and habitually inured to the contingencies of weather. Irregular troops, which act in the advanced line of armies, and which have no other shelter from weather than a hedge or tree, rarely experience sickness—never, at least, the sickness which proceeds from contagion; hence it is inferred that the shelter of tents is not necessary for the preservation of health. Irregular troops, with contingent shelter only, are comparatively healthy, while sickness often rages with violence in the same scænæ, among those who have all the protection against the inclemencies of weather which can be furnished by canvas. The fact is verified by experience, and the cause of it is not difficult of explanation. When the earth is damp, the action of heat on its surface occasions the interior moisture to ascend. The heat of the bodies of a given number of men, confined within a tent of a given dimension, raises the temperature within the tent beyond the temperature of the common air outside the tent. The ascent of moisture is thus encouraged, generally by a change of temperature in the tent, and more particularly by the immediate or near contact of the heated bodies of men with the surface of the earth. Moisture, as exhaled from the earth, is considered by observers of fact to be a cause which acts injuriously on health. Produced artificially by the accumulation of individuals in close tents, it may reasonably be supposed to produce its usual effects on armies. A cause of contagious influence, of fatal effect, is thus generated by accumulating soldiers in close and crowded tents, under the pretext of defending them from the inclemencies of the weather; and hence it is, that the means which are provided for the preservation of health are actually the causes of destruction of life.

“ There are two causes which more evidently act upon the health of troops in the field than any other, namely, moisture exhaled direct from the surface of the earth in undue quantity, and emanations of a peculiar character arising from diseased action in the animal system in a mass of men crowded together. These are principal, and they are important. The noxious effects may be obviated, or rather the noxious cause will not be generated, under the following arrangement, namely, a carpet of painted canvas for the floor of the tent; a tent with a light roof, as defense against perpendicular rain or the rays of a vertical sun; and with side walls of moderate height, to be employed only against driving rains. To the first, there can be no objection; it is useful, as preventing the exhalations of moisture from the surface of the earth; it is convenient, as always ready; and it is economical, as less expensive than straw. It requires to be fresh painted only once a year.”

The effect of crowding men together in close quarters, ventilated

badly, was shown in the prisons of Hindostan, where, at one time, when the English held sway, they had, on an average, 40,000 natives in confinement; and this unfortunate population was every year liberated by death in proportions varying from 4,000 to 10,000. The annual average mortality by crowded and unventilated barracks in the English army has sometimes been enormous, as at Barrackpore, where it seldom fell far short of one tenth; that is to say, its garrisons were every year decimated by fever or cholera, while the officers and other inhabitants, who lived in well-ventilated houses, did not find the place particularly unhealthy.

The same fact of general exemption among the officers, and complete exemption among their wives, was observed in the marching regiments, which lost by cholera from one tenth to one sixth of the enlisted men, who were packed together at night ten or twelve in a tent, with the thermometer at 96°. The dimensions of the celebrated Black Hole of Calcutta (where, in 1756, 123 prisoners out of 140 died by carbonic acid in one night) was but eighteen feet square, and with but two small windows. Most of the twenty-three who survived until morning, were seized with putrid fever and died very soon afterward.

On the 1st of December, 1848, 150 deck passengers of the steamer Londonderry were ordered below by the captain, and the hatches closed upon them: seventy were found dead the next morning.

The streams which intersect our great prairies have but a very sparse growth of wood or vegetation upon their banks, so that one of the fundamental causes for the generation of noxious malaria does not, to any great extent, exist here, and I believe that persons may encamp with impunity directly upon their banks.

An Exposition of the Swedish Movement Cure, embracing the History and Philosophy of this System of Medical Treatment, with Examples of Single Movements, and Directions for their Use in various Forms of Chronic Disease, forming a complete Manual of Exercises; together with a Summary of the Principles of General Hygiene. By GEO. H. TAYLOR, A.M., M.D., Principal Physician of the Remedial Hygienic Institute of New-York City. New-York. Fowler and Wells, 1860. 12mo, pp. 396.

THE reformers of the most progressive school will meet in this title-page the announcement of an open road to that realm of public health for which they have long been seeking. If they will walk forward heroically in it, they will find that it still leads to the Hesperidean gardens where the Theban Hercules found the golden apples; and a due course of "training" and development of

"muscle" will enable them to kill the dragon with a hundred heads that has risen again to guard the golden treasure.

The object of the present work is to popularize physical education, and introduce to the masses the principles on which the human body may again become, what it was originally designed to be, a fit residence for the immortal being during its stay on earth. It is shown, that the science of exercises has been studied in all enlightened nations, and that before the time of Abraham it was employed as a mode of curing diseases by the Hindoos and Egyptians. The Chinese regarded it "as a true exercise of religion, which, by curing the body of its infirmities, liberates the soul from the servitude of the senses, and gives it power of accomplishing its wishes on earth, and of freely elevating itself to the perfection and perpetuity of its spiritual nature in the *Tao*, the realm of the great Creative Power."

But it has since been proposed to embody all the fragmentary wisdom of the ancient nations in a comprehensive system for the prevention and cure of disease. "What in China, Hindostan, and Greece had been but empiricism," was all collected together by a Swedish philosopher near the beginning of the present century. His mind comprehended "by an instinctive grasp, all the truth that had been previously realized at various times and places;" and out of it, he formed a system that, in the hands of his successors, is approaching to philosophical accuracy.

Peter Henry Ling, the founder of the "Swedish system of Medical Gymnastics," was born at Smaland, in Sweden, Nov. 15, 1766. Like most of the innovators on the world's dusty highways, he passed in early life through the severe ordeal of poverty, residing sometimes at Upsala, then at Stockholm, Berlin, or Copenhagen, till he became weary of existence, and felt that life was no longer desirable. He wished for death, without the sin of suicide; and dressing himself as lightly as for a summer day, he wandered far away into the country, to give the chilling blasts of a Swedish winter the fairest opportunity to bring upon him a fatal disease: but he escaped with only a slight catarrh. The incident turned his attention to the study of the causes of disease; and Death, who refused at that time to accept the reckless youth, found in him afterwards an inveterate enemy.

The history of every great reformer is instructive and encouraging to all students who hope to reach some higher attainments than their masters are able to bestow; and in Ling we recognize one of those heroes of science who, marching in the vanguard of the race, lead it forward to new conquests. In the first year of the present century, he served as a volunteer on board a Danish ship, and fought against Lord Nelson in the battle of Copenhagen. Afterwards, travelling in France, Germany, and England, he tasted the bitterness of poverty, and developed his own resources, and learned to do without many things that other men considered necessaries. When his powers of endurance had become strengthened by adversity, he learned the art of fencing from some French refugees at Stockholm; and, in 1805,

he began to teach it at Lund, where he also gave lessons on modern languages, and lectures on the poetry, history, and mythology of his native land.

In the art of fencing, he may not have equalled St. George or "the admirable Crichton;" but in constructing a utilitarian system of gymnastics, he excelled them both. On one occasion, when suffering from rheumatic pain in the arm, he instinctively rapped the part with the ruler he held in his hand, and was surprised to find that he had cured the pain. He at once caught the idea that a scientific method of treating diseases by a systematic course of muscular movements was a *possible* attainment. He had read, in the ancient songs and traditions of the North, of the marvellous exploits of the "sons of the giants," who destroyed the wild beasts, serpents, and robbers, and performed miraculous feats of individual valor in the forests of Norseland a thousand years ago. He thought that if the days of Odin and Balder and Thor could not be recalled, the sea-kings at least might be induced to return to earth—the physical system of diseased and degenerate man might be again educated up to what it was when the effeminate nations of southern Europe trembled at the presence of the sea-rovers from the Baltic. Ling, the fencing-master of Lund, and lecturer on the sagas and mythology of Scandinavia, undertook the labor of studying the structure of the human body and its physical capabilities in 1805.

He toiled forward for thirty-four years through such obstacles and difficulties as every innovator and discoverer must expect to meet; and when he died, on the 3d of May, 1839, he left behind him what is still known in Europe and America as the science of kinesipathy, or the method of removing chronic diseases by well-directed muscular movements. His poetical works remain to perpetuate his mental and spiritual influence among his countrymen; and the songs he dictated for his friends, with marvellous rapidity, form a part of the popular education in the land that has since sent forth Jenny Lind to awake the drowsy nations with words of inspiration and the tones of Paradise.

The medical system founded by Ling was so fully established in the public mind at his death, that it was perpetuated by faithful and competent pupils; and at present there are about thirty institutions in Europe where the science of kinesipathy is applied to the development of physical health or the treatment of chronic disease. In America, the subject has been for several years before the medical profession, and has at length received a respectful consideration. This work of Dr. Geo. H. Taylor furnishes the best view of it that has yet appeared. Though designed for the use of non-professional rather than professional readers, it may be read with equal advantage by all. It claims attention, not on the ground of its merit as a setting forth of the peculiar virtues of a new and special mode of treating diseases, but as an embodiment of *principles* of universal value and application. The physician who cannot undertake to

carry out in daily practice the routine of movements here prescribed for particular diseases, must still admit the general correctness of the principles upon which the movement treatment is based; and the homœopathist who expects to cure by a specific remedy, will not underrate hygienic measures which, in a few individual cases, he may be able to do without; for he will meet with other cases, in which he will need the aid of every hygienic as well as therapeutic agent that can be brought to work in concert for the accomplishment of a common end. Kinesipathy is not likely to be abused, except in acute diseases, and in those in which rest instead of motion is demanded.

Pathology and Treatment of Paralysis of Motion. By CHARLES F. TAYLOR, M.D. New York. 8vo. pp. 32. 1860.

In this small work, we find the pathology of paralysis fairly and correctly presented within the small space of a very few pages. Voluntary motion is supposed to "take place only in consequence of a stimulus imparted to the muscular fibre through the medium of the nerves, and paralysis of motion or paralysis of innervation occurs, generally, *not* from defect in the muscular tissue itself, but because of an interruption of this stimulus." The cause of this interruption of the passage of nervous impulse may be: 1, "*Mechanical*, as the pressure of a clot or effusion, with or without effusion of serum into any of the cavities, concussion from blows," &c.; 2, "*physiological*, as the cutting off the supply of nutrition from chronic inflammation of the membranes, thus interfering with the capillary circulation in the nervous substance;" 3, "disease of the nervous tissue itself, as softening, tubercular deposits," &c.; or 4, "both the mechanical and physical causes combined," &c.

In the treatment of paralysis, Dr. Taylor advises that, in cases in which the disease has originated in some recent shock or injury, nothing shall be attempted till full reaction has taken place, even if several weeks or months must pass before this can be fully accomplished. In cerebral hæmorrhages he approves the sentiment of Professor Trousseau, who does nothing because he cannot see how medicine can be useful when there exists a hæmorrhagic tendency in a corner of the brain; and asks, "What can bleeding, purgatives, or cuppings accomplish against the pressure of a foreign body—a clot on the brain?" If there are no remedial measures but such as these, we can readily admit, with these authors, that the less we have of them the better. Dr. Taylor's hygienic measures are judicious, and his course of treatment, after the system has had time to react, will, in very many cases, be found the best that can be adopted, and at the same time entirely consistent with the specific treatment which the homœopathist will desire to employ. His experience has now been large, and his success in a high degree satisfactory.

Notes on Nursing. By FLORENCE NIGHTINGALE. London. Harrison, Pall-mall.

THE war in the Crimea, between England, France and Turkey on the one side, and Russia on the other, taught the world some lessons. It was supposed "that the genius of Wellington had raised the military character of the English nation to a standard that would secure it for all time against the recurrence" of those disasters that so often mortified British pride in the days of the Georges. "The world was not prepared to find the pupils of the great master so oblivious of his maxims as to commit, without the faintest shadow of excuse, the very faults which he so strongly reprobated. The deeply humiliating spectacle has been exhibited of a British army, unequalled in daring and discipline, perishing of want in the vicinity of abundance—naked and tattered within sight of stores of clothing."

Britain had sent out to the seat of war an army of about ninety-four thousand men. Of these men, in the course of two years, 2,658 were killed in battle; 1,761 died from wounds; 16,298 died from disease; and 12,903 were discharged as invalids. It is thus seen that the aggregate of death was very large—that about three-fourths of those who fell would have died if no battle had been fought; and it is admitted that the loss of life was greater, in proportion to the number of men employed, than has been sustained by any British army in the present century. It is claimed that, under the able administration of Sir John Hall, the medical department of the army was wisely regulated; that everything was as well conducted as it could be; and all acknowledge that the mortality would have been much greater than it was, had not the medical staff been strengthened by a noble band of English ladies who volunteered to serve as nurses in the wards of the army hospitals. Among these devoted women, Miss Florence Nightingale was particularly distinguished. From the results of her experience in the art of managing sick-rooms and hospitals in the Crimean war, she has since compiled the work that now claims our attention. The book is a small one, but it bears the impress of a high mental power. Every sentence embodies an important practical truth, clearly and forcibly expressed. The art of nursing, according to her mode of practising it, embraces the following primary rules:

1. The patient should always breathe air as pure as the external atmosphere; and every room should be amply supplied with fresh air, drawn not from halls, basements, nor corridors, but from the free open air abroad. Pure night air from without is better than foul night air from within. In general, windows should be occasionally opened and the doors commonly closed.
2. The temperature of the room should be felt by the patient to be *cool*, rather than *hot*; the air breathed should be cool as well as fresh; but he should be guarded against the danger of taking cold, by such clothing and hot bottles (when necessary) as will maintain the

circulation full in the skin and extremities, and at no time permit the insensible perspiration to be checked by cold.

All residences, whether to be occupied as nurseries for the healthy or nursing homes for the sick, should be amply supplied with—1. Pure air, which should never be allowed to become stagnant. 2. Pure water. (Impure wells, and standing cisterns or pools, of every kind, are dangerous). 3. Efficient drainage. The authoress condemns the sink as it is usually constructed. "The ordinary oblong sink is an abomination. That great surface of stone, which is always left wet, is always exhaling into the air. I have known whole houses smell of the sink. I have met just as strong a stream of sewer air coming up the back stairs of a grand London house from the sink, as I have ever met at Scutari; and I have seen the rooms in that house all ventilated by the open doors, and the passages all unventilated by the closed windows, in order that as much of the sewer air as possible might be conducted into and retained in the bedroom."

Cleanliness and Light.—Among errors of house management, Miss Nightingale enumerates neglect of the head in charge to superintend hygienic affairs herself—omission to cleanse, air, and sun, systematically, uninhabited rooms; depending on one window to ventilate a room in which the chimney is closed.

On the subject of the giving of Food.—It is believed that attention to the moment when capricious appetite can accept food, and the various ways in which it may be presented "to the moments of faintness, care to present small quantities at a time, careful selection and accurate punctuality, may save many lives," especially in hospitals where the head nurses cordially second the orders of the physician.

On the subject of the choice of food, we find nothing new. The authoress has not found that chemical science has afforded any certain indication for selecting food for the sick, and empirical experience is the only guide she has discovered.

House cleanliness and exquisite personal cleanliness have not only a physical, they have a spiritual power over the mind and body of the patient. In acute diseases, the bright sunlight is usually excluded; but this should never be long persisted in in chronic diseases; the monotony of a darkened room is felt by the sick man as a wider spreading out of the melancholy shadows of the weary nights in which, to him, no sun either rises or sets.

Advice to the Friendly Advisers of the Sick.—The patient who is suffering from a protracted and painful disease, is visited by his friends, a few of whom aid and encourage him, and in many ways contribute to his recovery. Others, who are more ignorant and presumptuous, exaggerate the worst features of his case, dwell upon his depressed and sinking condition, the length of time the disease has been progressing without improvement, and enumerate parallel cases which terminated fatally. The more ignorant the visitor is the more confident he feels that the case before him, which baffles the medical attendant, is no other than the very same thing he has himself suffered or seen,

and he always ends by throwing out a flood of disinterested and gratuitous advice: a certain remedy, already tested, will cure; or a certain new doctor is always successful in such cases; a change of air, residence, climate, removal to the country; or a course of more efficient treatment, in accordance with some other system of practice, can alone give the sufferer a chance for his life. The highest qualities of the physician are sometimes displayed in maintaining a mental ascendancy over the patient and friends. When he has encountered a succession of difficulties, and it is seen that he "never surrenders," and is *never without a resource*, his presence in the sick room always inspires the anxious and distressed with confidence and hope. But this influence is often counteracted by the folly of officious visitors and friends; and the nurse who cannot carry out all his orders, and maintain a sphere of tranquillity in the sick room, is not fit to be entrusted with duties involving such high responsibilities.

Miscellaneous.

Medical Reform.

IT is a singular fact that nearly every real improvement in medicine has been subjected to one or two generations of vindictive opposition from the great majority of medical men. A spirit of intolerance and persecution has always characterized these oppositions to medical reforms, and not unfrequently subjected their authors to loss of practice and consequent poverty and unhappiness. Instead of hailing each new discovery as a boon to humanity, and an auxiliary in combating diseases, too many have preferred to cling with bigoted tenacity to ancient dogmas, and to reject improvements derived from recent facts and recent discoveries. Let the impartial observer glance at the periodical medical literature of the day—let him contemplate the animus which, almost without exception, inspires the conductors of and writers for these publications when alluding to those who differ from them in opinion, and he will be painfully impressed with the mendacity and intolerance of the advocates of "old physic." From the wholesale calumnies of Wakley, and his confrères of the London *Lancet*, down to the coarse villification of the minor journals of the school, we find the same spirit of bitterness and hatred ever active. And similar sentiments too often actuate the private medical practitioner in his intercourse with his patients and with society at large. Almost every physician of our school can bear witness to this observation from personal experience.

Why this general opposition to medical reform? Why this unwillingness to investigate subjects of momentous importance in the art of healing? Why this continual persecution of those who seek and find new and improved modes of curing the sick?

Among the responses which occur to us, we submit the following: At an early period in the history of medicine, physicians enshrouded themselves in mystery and superstition, and gave out their oracular dogmas from heathen temples, fashioning their hypotheses as fancy, tradition, or interest might dictate. These appeals to the superstitious element of the people of antiquity, and the mysteries which have ever enveloped "old physic," have served to engraft upon the human mind the theories and practices of ancient medicine as something sacred and incomprehensible to ordinary mortals. During a period of more than two thousand years from the time of Hippocrates, whenever an original thinker or a medical reformer has attempted to call in question the infallibility of the Hippocratean doctrines, he has been denounced by the entire school as a quack,

a sacrilegious innovator, an impostor. Illustrations of this will be found in the history of every scientific discovery ever offered to the world. When the philosopher, Democritus, sought to discover the source of insanity by inspecting the human brain, he was declared by the people to be insane himself. When Roger Bacon displayed to the people of England a few physical facts of which they had been previously ignorant, he was pronounced a sorcerer, was excommunicated, and imprisoned for supposed dealings with the devil. And "Galileo, Newton, Salomon de Caus, Volta, Fulton, Winser, Arkwright, Gall, and all who have presented themselves with a truth in their hand at the door of this great bedlam, called the world, have been received with stones or hisses."

Within the last twenty years, the Royal Medical and Chirurgical Society of London deliberately set itself to prove that certain *new facts* of science presented to it were *not facts*, and nearly every distinguished member of that learned body united in the effort to explain those facts away into nothingness. One objected to the statements presented because "they were not accompanied by affidavits." Another, the most celebrated medical reviewer and critic of the age just closed, said "he would not have believed the facts mentioned in the paper had he witnessed them himself." And still another great man rejected the facts offered, because they appeared to contradict a theory of "reflex motions of the nervous system" to which he had devoted the best years of his life. Now, we think that men who are earnestly seeking truth, never reject anything that *claims to be* important truth on any such grounds as these. And yet it is on *precisely such grounds* that homœopathy has been rejected by every physician who has never condescended to give it a fair trial. These same sentiments of medical exclusiveness, pride of sect, and idolatrous worship of ancient doctrines, have continued to actuate a large portion of the medical world up to the present moment.

How few of our opponents who do not prefer to avail themselves of the "accumulated knowledge" (?) of many centuries, the theoretical vaporings of men who were ignorant of anatomy, physiology, and chemistry, rather than consult the demonstrated facts of modern science! How few who have the moral courage to acknowledge (what they are well aware of) that *aconite, arnica, belladonna, rhus, arsenicum*, and numerous medicines employed according to the homœopathic law of cure, are remedies of high value in the art of healing!

Another reason which operates powerfully against any reform in medical science consists in a general dread of professional ridicule, and a fear of losing caste with old associates. In our days, it would seem that continual misrepresentations of homœopathy, and vulgar abuse of her advocates, are among the recognized duties of allopathic journals, colleges, medical societies, and practitioners. This opposition is not, be it remembered, in the mere jesting vein of a powerful,

self-satisfied, and unconcerned rival, who really feels contempt for his opponent; but it is characterized by an intensity of bitterness, hatred and vindictiveness unparalleled in the history of the sciences. These amiable gentlemen of the other school *fear* and *hate*, but they do not *despise*, either homœopathy or her advocates.

Another reason for this aversion to medical reform may be found in the fact that much time, labor and expense are essential to a thorough investigation of a new system of medicine. Most physicians prefer to vegetate in ignoble indolence and comparative ignorance, rather than subject themselves to the drudgery of learning their profession anew, in the form of new discoveries, new facts, and new theories in medical science. The old mode of prescribing calomel, opium and quinine for nearly every ill that flesh is heir to, is a much more convenient method of practising medicine than the minute pathognomonic and pathogenetic records which are required by the homœopathist. And then the former mode is always *secundem artem*—always *regular*, whether the malady be inflammatory or non-inflammatory, sthenic or asthenic; and one of the three medicines is certain to apply in almost every possible case of disease. It is true that many more patients die under this treatment than under the homœopathic; but then they expire according to the ancient and regular routine, such as their ancestors have died under for hundreds of years, and it would not be respectable “to doubt the respectability of the method, or even to recover under any other.” It has indeed been intimated that, if all patients who have died under this treatment could have been subjected to autopsic examination by competent anatomists and chemists, sufficient quantities of poisonous drugs would have been found to convict one-third of the medical attendants of manslaughter. But those who make such intimations have no appreciation of the true *esprit du corps médicale*.

Quarantine Laws and Yellow Fever.

It is now nearly a century and a half since De Foe, who had astonished the world as well as himself by his “History of the Life and Surprising Adventures of Robinson Crusoe,” published a journal of the plague, in the person of a citizen supposed to have witnessed it. The story was so skilfully told, and the descriptions of the disease were so accurate, that the medical profession accepted the whole as sober truth. The celebrated Dr. Mead, who had written very learnedly on pestilential and contagious diseases, adopted the theories inculcated in Defoe’s imaginary “journal;” and on being some years afterwards (in 1727) appointed physician to King George II., he based upon the same fictitious narrative his system of quarantine regulations, which, though already in use at Venice, were then first introduced into Britain. All ships having contagious diseases on

board, or suspected of having come from a port where contagion prevailed, were, for the space of forty days, forbidden intercourse with the ports they were entering, and they were also commanded to carry a yellow flag to warn all other vessels of the danger of approaching. Such was the origin of all the quarantine laws of Britain and America. It would seem that the experience of one hundred and thirty years would be sufficient to test their value; but in this matter, as in most others, *experience only teaches those who are wise already*, and continually deludes and misleads the votaries of ignorance and prejudice. Though quarantine laws now exist in all civilized countries, their utility has long been doubted by medical men, except in a few contagious diseases of unquestionable character. In the West Indies, they are almost entirely obsolete; and in England, they are only enforced in the most capricious manner. In one official report, we read of a vessel detained a certain number of days after a single death had occurred on board, the sick and the healthy being in the mean time shut up in the same vitiated atmosphere; and in another case, a dozen small-pox cases are landed at Plymouth, without any detention, though this disease is known to be contagious, and often fearfully epidemic. Near the same time, a steamer, freighted with the mails and yellow fever, arrived at Southampton, and was not even permitted to approach the quarantine ship. The mails, including loose letters and newspapers, were taken off by a boat, and each letter, newspaper and bag was taken up with tongs, and held in the smoke over a stove in which some kind of "charmed drugs" were burning.—*Edinburgh Review*, No. cxcix., p. 97. *Official Reports of Boards of Health, &c.*

The mysterious nature of yellow fever increases the terror which its unexpected appearance everywhere inspires; and the question of contagion raised in this country by Dr. Rush has been debated with an equal degree of asperity and zeal, in annual paroxysms every year since. Of distinguished medical authors of the present century, few have not in some way participated in it. The amiable and enthusiastic *M. Chervin*, of France, devoted to the repeal or relaxation of the quarantine laws his whole professional life. In the course of twenty-seven years, he visited every port in Europe and America where yellow fever appeared, and studied its nature and mode of diffusing itself. When Pakenham was approaching the coast of Louisiana, *M. Chervin* reached New Orleans before him; but his object was not to assist Jackson in the defence of the city against the British; he was only there in pursuit of the "one idea" of his life—the discovery of the means of relieving commerce from the unnecessary restrictions of rigid quarantine laws. He pursued it elsewhere, in tropical and temperate latitudes, in two hemispheres; and when he died, in 1843, the mode of the propagation of yellow fever, and the value of quarantine laws, were still unsettled.

We have long believed that neither of the parties enlisted in this controversy would ever succeed in establishing the doctrine it contends for, for the reason that neither party is entirely right; but as

we have elsewhere entered somewhat at length into the subject of the origin of yellow fever,* we shall not resume it here. Our estimate of the importance of quarantine laws must not be based on the theory that yellow fever and Asiatic cholera are communicable by direct contact and in no other way. It has been incontestibly shown that in common seasons *neither of these diseases is contagious*. But it is equally well proved that they can both, in some way, be carried from place to place. Though yellow fever cannot be communicated by direct contact, except in some peculiar circumstances, it is often transmitted from one port to another, shut up in the hold of a ship—or conveyed by fomites, clothing, or other articles from the rooms of the sick and dying. The poisonous *fungi* in which the specific cause of the disease is believed to consist, however minute and imperceptible they may be to our senses, have their *laws of growth* as other cryptogamic vegetables are known to have. And a knowledge of these laws enables us to understand how yellow fever *may* be imported without being *contagious*, and also why it is *rarely done*. We may see why it is that this disease often progresses steadily in its march into a city in the harbor of which the germs have been planted, and spreading more or less rapidly as these germs find the filth, heat, moisture and confined air to furnish them with the indispensable conditions of their propagation.

This specific poison cannot reproduce itself and spread wherever it may happen to be carried; but it can propagate itself and diffuse the peculiar disease known as yellow fever with terrible rapidity wherever it happens to be planted in the midst of a dense human population, inhabiting crowded residences and filthy streets. And unfortunately these elements for the successful planting of an exotic poison exist to a fearful extent, during the hot season, in all the Atlantic cities, especially in the city of New York.

But if the fact be admitted that yellow fever can be carried in ships from infected ports, and communicated to the inhabitants of cities in which it would never have originated, it is not claimed that it can establish itself in the new locality, and spread from it to others, if that locality is in such a state of cleanliness as every city should be. It has been stated by Dr. Barton, of New Orleans, that "an elevated temperature and a high dew-point form the blades of the 'shears of fate,' united by miasm and filth. The report of the sanitary commission had stated this fact, and that wherever the dew-point fell to sixty degrees the fever ceased invariably." Though these meteorological conditions should exist, in the absence of the specific cause of yellow fever, and of the accumulations of filth in the streets, the disease would never appear. "It is the fault of city authorities," says Dr. Barton, "if yellow fever invades a city. The disease is entirely in their hands, and they may have it or not, as they wish." What, then, is the real value of quarantine laws? The only answer that experience

* American Homœopathic Review, Nov. 1859, p. 58, &c.

has given is, they would be worth *nothing*, if cities were governed as they should be. In the present state of things, the imperfect protection of quarantine may be better than none. A thorough cleansing and purification of this city would disarm both yellow fever and cholera of their terrors; but since purification in the necessary degree is hardly contemplated, the present imperfect quarantine regulations hold out the only shield of defence to protect from the invasion of a foreign pestilence the commercial metropolis of the continent.

[The subjoined interesting case of "monstrosity" is reported to one of the editors of this JOURNAL by that intelligent physician and acute observer, McCANN DUNN, M.D., of Bloomington, Ill.

It is to be hoped that our friend will communicate to the profession, through the columns of this quarterly, from time to time, such items of professional interest as he may "ever have and make note of" in that field of effort where he is so largely employed and so highly esteemed.—E. A. G.]

April 18th, 1860.—Was called to Mrs. H., in labor with her third child. Saw her first about 2 o'clock P.M.; had been in labor since 6 o'clock A.M.; from which time until 12 M. the uterine contractions had been regular and efficient, when the membranes ruptured, and an unusual quantity of liquor amnii was discharged. After this, no contractions of consequence occurred up to the time of my arrival.

About half an hour elapsed, and I made an examination *per vaginam*. Found occupying the whole of the vaginal canal and distending the labia an indescribable and unrecognizable mass. Its composition appeared to be a combination of soft and solid substances, thrown together so as *not* to resemble anything with which I was acquainted.

As previously stated, I was unable to form any satisfactory opinion with regard to the presentation; but as there was no special urgency attending the case, an hour was allowed to pass before another investigation was made, hoping that effective labor might return, deliver the child, and remove the doubts in which the case was involved. But in this I was disappointed. As intimated, a second examination was now made, which, being more thorough and with a resolve *to know* what there was to deal with, proved more successful than the first.

In passing the hand along the curve of the sacrum, it came in contact with the first thing that could be recognized as belonging to a child, which was the maxillary bones, superior and inferior; the cervex also could be felt. With these important "landmarks," a definite opinion could be formed in regard to the part presenting; and as no occiput could possibly be detected, the conclusion that there was a case of mal-formation or imperfect development to deal with, was reached with equal ease and certainty.

Being unable to form any correct opinion of what was beyond the touch, the patient was advised not to hope for a living child. In response to our efforts, uterine contractions returned, and the child was delivered in about thirty minutes, without special difficulty.

The child was fully formed and developed in every part except the very essential ones, the cranium and its contents. The occipital and parietal bones were entirely wanting; the frontal and temporal imperfectly developed. No brain, upon the most careful examination, could be discovered—not even in the cerebellum, or rather where the cerebellum should have been. There seemed to have been an abortive effort to form a cerebellum, as a small sack was situated immediately over the termination of the spinal column, which was perfect.

This sack-like formation, or what was intended for a cerebellum, was entirely empty, the membranes composing it having been much weakened by incipient decomposition. Its contents, whatever they may have been, escaped during delivery; but nothing was seen at any time that resembled brain in the least. As for a cerebrum, there was not even an *attempt* at one. The face, including the eyes and ears, was tolerably well defined. It had undoubtedly died in utero some days previous, as decomposition was clearly marked.

As regards the cause of this very unusual deficiency in nature's productions, scarcely a conjecture can be offered. Nothing could be fixed upon in the history of the mother as a cause, unless it was a very powerful mental impression, or rather shock received about the fourth month of utero gestation; at which time, she was rendered quite frantic by seeing her own child of sixteen months old have a very alarming convulsion. Being of a nervous or excitable temperament, she was bereft of reason for a short time. After this occurred, she suffered many unpleasant and unusual symptoms during the remainder of her pregnancy, so much so that she became thoroughly impressed that something was wrong with the child. The foregoing may or may not be an explanation of this very remarkable freak of nature.

Potencies, and the Combination of Potencies.

(For the U. S. JOURNAL OF HOMŒOPATHY.)

MESSRS. EDITORS.—The subject announced in my caption is one which has engaged the minds and employed the pens of many close observers and able writers; and all to little purpose, as it would seem to the casual observer, since there never was a time when there prevailed greater diversity of opinion, or when the extremes of view were sundered more widely as to the drug preparations best suited to the cure of disease. The seeming is not the real state of things: much has been accomplished. The thoughtful observer may see in the discrepant views entertained, and the opposite extremes to which able and clear minded observers have gone, evident progress in the path to final truths—the same everywhere,

and in all time, which will constitute the basis of universal harmony and implicit faith in a uniform pharmaceutical formula. In no other way than by a diversity of opinion ardently entertained could we hope to arrive at a knowledge of the complete ability of drugs to modify physiological phenomena, and their whole value as therapeutic agents.

In view of well-defined facts that are before the profession, no reasonable and reasoning mind can doubt that the low, high, and intermediate potencies have their ranges of curative action in disease, and each its own, which cannot as well be filled by any other potency. So almost universal is the conviction of this truth, that few are found willing to adopt either potency to the exclusion of the rest. One step more, if in the right direction, will bring harmony and order out of seeming discord and chaos, and all the consolation of certainty out of the mists of bewildering doubt, on the long mooted question of potency. Are we ready for the step that proffers results so desirable—for the step that shall land us on a common ground, where all may stand, and, without the sacrifice of principle, realize that unity in practice as well as principle without which we must appear to our enemies and the world of casual observers as triflers, inconsistent and contradictory, if not ridiculous? All the potencies or dilutions possess curative power; and may they not be combined in such a way as to secure, in one uniform preparation of each drug, the complete action of which they all or each may be capable when acting separately?

What are the objections, if any, to such a combination of the several potencies? If there are no such objections, the practicability of the plan is clear, and the way to harmony of opinion among us on this subject open, and so plain that "the way-faring man, though a fool, need not err therein." If the particles of a drug of dissimilar magnitude, when together in free solution, attract each other, come together, and form particles larger than the crudest in the combination—then, all will be resolved into one, and that a potency lower than the lowest. But if, by division, the particles are removed from the dominion of chemical forces and submitted to those at work in the fluid, why may not the various particles of dissimilar magnitude, in obedience to the molecular attraction of the solvent, exist together in their individuality, retaining their identity positively and relatively?

These are the points that must and may be cleared up by careful observation and attentive study. Hoping, by the foregoing lines, to direct the attention of some of your thoughtful readers to this important subject, and to elicit from them the well-digested fruits of observation,

I remain, gentlemen, truly,

Your co-helper and co-worker

in the great cause before us,

Pittsburgh, Pa.

D. M. DAKE.

Thinking in the Profession.

Each editor of this Journal is alone responsible for what he may write.

The term, *thinking*, is supposed by many to be doing nothing. Thinking is the brain's labor, and is to the brain what physical exercise is to the body. The brain wearies with intense thought, as does the body with overworking. Therefore, all professional men should be great laborers—honest hard-working sons of toil—not dependent upon one another, but upon the great FATHER of thought. Lazy men have long enough disgraced all professions, by making use of that which belongs to past ages—utterly inadequate, especially in medicine, to cure diseases of to-day, as is the crude machinery of our forefathers to the working machinery of the present. Indolent men are now in the way of progress. The physician is esteemed a sort of saviour of the human race, working miracles through Divine power. Therefore it behoves us to make clean our vessels, and with and from past experiences, each one go forth prepared to see in all cases that present themselves, not a repetition, but a slight difference, which difference admits of deviation from prescribed rules. In all the varied, yet similar plants, trees and flowers in existence, we readily detect a connecting link—yet no two on the same stem or branch alike: and so it is with diseases. And shall we dare boast of progress or elevation in the art of healing, when we adopt this day the stale and worn-out remedy which in years past was the *fashion*?

The animal kingdom, from lion to horse, have grown out of appetites, and taken a step towards refinement. Surely we will not allow ourselves to fall back of them, and continue in that downward track which speaks only of indolence and blundering—mistakes not entirely on our part, but traceable to our guardians for so blindly making us doctors.

I do confess in all honesty that, when I look into that inexhaustible treasury from whence flows every "good and *perfect* gift," I am ready to exclaim, What is man! presuming thus to deal with such mighty power, and that with eyes full of the old dust and fossil remains of thoughts, which now are dear only from association, their intrinsic worth having long departed. As well might we revere the hatchet, gun or stake which a cold and relentless philosopher had experimented with in taking the lives of our families and kindred throughout all time, as to cling to the medical practice of past ages, which has been notoriously pernicious.

If medical men would not slavishly subject themselves to the control of others, but each act his part justly, the healing art would take long steps in the improving direction.

It is plain we cannot produce anything, being receivers of truth only; but man has gifts with which he may judge what is true or otherwise. Therefore, when the thoughts of others are submitted,

they should be thoroughly tested as to their quality and use. If laborers in the medical vineyard had not departed from this rule by receiving unexamined speculations and pretended facts that have flooded the so-called medical literature, much of the practice in the treatment of the sick would have been freed from errors long since. The influence of character or office does not warrant the physician in receiving opinions. He should feel within himself the authority of truth, consisting of facts known to himself, and not rely on the printed testimony of those of whose qualifications and integrity he has no knowledge.

The fountain of truth, with its numerous channels, needs no motor, save that moral courage which in time is destined to place professors of the healing art upon that free yet high platform where, by the true light of heaven beaming from without and within, they will be enabled to see disease and define it. This having never been done from the fact of man's *uncleanness*, will allow him no longer to grope in darkness, nor yet guess and compare, but each case seen as it is in its individuality. When I look back upon my past experience and think of the responsibility I have taken, of the anxious eyes that watch for the doctor, the beating heart which revives, quickens, or falls like a stone into the clear depths beneath it, at the mention of the simple word "better," I see how necessary it is to keep that beautiful machine (myself) in working order, and the right topic ever before it, that, from the moment it takes up its new idol, it shall hear and know the remedy is at length found—the balm at hand—not fully in pellet or tincture, but in the words of truth and confidence, which put into action the vital power by which disease is subdued.

Are Drugs Curative?—It is an established fact that drugs are poisonous, and can destroy human life sooner than other agents, except lightning, drowning with water, and mechanical injuries. This being true, our knowledge does not enable us to account for the curative effects of drugs *per se*. And yet few, if any, have doubts of it. I think no harm can come from an examination of this subject, even if ignorance should be manifested in its ugliness. I would carefully treasure what is known, and expose what is assumed and unknown. The organization, modes of thought, habits and surroundings are not the same. There is a difference in individual cases of disease, and diseased conditions are changeable almost momentarily,—showing potent agents at work, without drug influence; and these agents are often curative, or seem to be so.

There is uniformity in the progress of diseases, without essential differences, caused by the variety of human organizations and habits. They do terminate in the death or in the usual health of the body. How much drugs contribute to these results, is a question of importance. When the pathogenetic symptoms of a drug harmonize with the symptoms of a disease, such drug is supposed to come within the therapeutic law of similarity; and when administered, if health is restored, it is assumed the drug did it. But does that fact positively exist? Do we know it?

Again, a drug, the pathogenesis unknown, is given to a sick person, who recovers health. Did the drug cure? Again, as if to complicate the subject under notice, it is known that all sorts of drugs, in all sorts of combinations, and in all sorts of doses, have been given to the sick, in similar diseases, with results that fix the confidence of intelligent persons in such treatment.

Positive answers to these questions cannot be given; and yet we physicians—heedlessly, no doubt—publish cured cases of disease by drugs, when, in truth, the drug agencies are assumptions, and nothing more.

Medical books and periodicals are flooded with reported cases of disease cured by drugs; but when tested by other physicians, they are found wanting—the expected results are not obtained. Why is this? Are the physicians who report cases honest? Yes; I will not doubt that. Then, in what consists the error? It is found in assuming that the cure of disease is accomplished by drugs alone. I do not doubt that drugs may be useful in relieving human maladies; yet I do doubt if physicians know how to employ them in that exactness necessary to secure their usefulness in individual cases of disease. In connection with this subject, I would ask attention to a fact. For years, the quantity of drugs employed in diseases have been diminishing, until some of the most learned and experienced practitioners in Europe and America uniformly use doses so small that it is doubted if any drug is in them; and yet these gentlemen astonish the profession by their success.

It is proved that drugs have killing power; but of their curing power, we know but little, if anything. That drugs, when they do not kill outright, entail human suffering, is fully established. These facts, in the absence of knowledge in the curative power of drugs, should cause the practitioner to hold his hand, ere he administers doses that may be killing ones, although he may honestly seek thereby to effect cures.

PROCEEDINGS OF MEDICAL SOCIETIES.

Seventeenth Annual Meeting of the American Institute of Homœopathy.

THE Institute held its annual session at Philadelphia, June 10th, 1860. A very respectable number having assembled in the college building, the society was called to order by N. E. Paine, M.D., in the absence of the General Secretary, when the following gentlemen were elected officers for the ensuing year.

E. C. Witherell, M. D., Cincinnati, Ohio, *Chairman.*

J. Beakley, M. D., New-York, *General Secretary.*

Henry M. Smith, M. D., New-York, *Provisional Secretary.*

C. H. Skiff, M. D., Brooklyn, New-York, *Treasurer.*

The officers having taken their respective seats, the following gentlemen were elected *censors.*

S. R. Beckwith, M. D., Cleveland, Ohio.

J. R. Piper, M. D., Washington City.

J. D. Middleton, M.D., Baltimore.

L. Dodge, M.D., Buffalo, New-York.

G. D. Beebe, M.D., Chicago, Ill.

The organization of the institute now being completed, the Chairman called for the several reports of officers and committees.

Dr Skiff presented the Treasurer's report, showing a balance in the treasury of \$126.21.

Dr. D. M. Dake presented a Report on Medical Education. It was read, adopted, and ordered to be printed.

The Central Bureau reported provings of glonoine, inula helenium, sanguinaria canadensis, and rumex crispus.

Dr. P. P. Wells called the attention of members to a proving of glonoine, published in a work on American provings by Dr. C. Hering, which had not been translated into English.

Several committees on scientific subjects were called, but did not report, and they asked continuance for another year. The committees are as follows:

Dr. W. H. Warner, on carb. potassa and carb. soda, as articles of diet.

Dr. H. D. Paine, on diphtheria.

Dr. L. W. Donovan, on intermittent fever.

Dr. W. A. Read, on the determination of medical truths.

Dr. S. M. Cate, on pereira brava.

Dr. J. T. Talbot, on auscultation and percussion.

Dr. Richard Gardner, on ulceration of mucous membranes.

Dr. D. Holt, on the relation of pathology to therapeutics.

Dr. I. M. Ward, on mechanical support in the treatment of diseases.

The admission of members now being in order, about fifty were admitted. After which, the reading of original papers being called, Dr. Williamson read one on medical ethics.

Dr. B. F. Joslin sent an essay on apis mellifica.

Dr. L. Kenyon read a paper on gelsemium.

Drs. W. E. Paine and J. R. Coxe offered some verbal practical remarks on the result of their experience with this plant.

Dr. P. P. Wells related Boeninghausen's method of treating croup. *Alcohol, hepar sulphuris* and *spongia* (200th attenuation). in alternation.

Dr. C. Hering presented a paper on diphtheria, which was cordially received, and ordered to be printed.

Dr. P. P. Wells presented a paper, by Carroll Dunham, M.D., on "The dose of Drug Proving." The Institute ordered its publication among their transactions; it being considered of great value to the profession, in giving a *faithful* detail of the method of drug proving by the earlier provers in the homœopathic school. It deserves, in our humble opinion, the careful attention of every earnest inquirer after scientific truth.

Dr. J. P. Dake offered a series of resolutions for consideration and adoption by the Institute, as a "code of principles" which should characterize and govern its deliberations. The resolutions were discussed, upon their merits, by Drs J. P. Dake, J. Beakley, Wells, Beebe, and others. Drs. Gregg, Beckwith, James, Geary, and others, opposed them. The house being equally divided on a call for the question, the chair being called on for the deciding vote, declared the motion lost. Subsequently, Dr. W. E. Paine called the Institute's attention to a resolution somewhat analogous to Dr. Dake's, which had been adopted several years since. The Institute, with some modification, substituted this resolution, and ordered it to be printed on the first page of the proceedings. After some general remarks by different members, the chairman appointed Dr. W. W. Rodman to deliver the next annual address, and Dr. P. P. Wells as alternate. The committee appointed by the chair to determine the place for the next annual meeting of the Institute, reported in favor of Cincinnati, Ohio.

A motion to adjourn *sine die* now prevailed; the members bade each other a cordial good-bye; and thus ended an agreeable and not unprofitable reunion of the seventeenth anniversary of the American Institute of Homœopathy.

J. BEAKLEY, General Secretary.

The Illinois State Homœopathic Medical Association

Commenced its fifth annual session at Jacksonville, Illinois, November 2, 1859. Its proceedings, embracing several able and valuable reports, have recently been published in full, and form a volume of more than one hundred octavo pages. It is not now necessary that the proceedings should be transferred to our pages; but they present us with many subjects of the highest importance to the whole profession, and we proceed to notice some points which possess, at the present time, especial interest.

After sundry amendments to the constitution of the Association had been disposed of, the following amendment, offered at the previous annual meeting by Dr. Reed, was taken up:

"Resolved, That after the words *all such*, in Article 2d of the Constitution, shall be inserted the words *physicians, whether they be homœopathic or not*."

Dr. Reed advocated the adoption of his amendment in an earnest and energetic manner. He claimed "that to open the doors in the way prescribed by the amendment would be beneficial to the cause, inasmuch as we might then draw into our ranks many allopathic physicians who are disposed to investigate homœopathy, who are partial converts, and yet are not permitted associational connection with us."

The amendment was supported also by Drs. Dunn and Ludlam. They thought it was time for "the followers of Hahnemann" to "drop the title *homœopathic*;" that "the adoption of the amendment would not lower the standard of our dignity, but, on the contrary, would evince that we possess a commendable catholicity of sentiment;" and that "the Association and the cause would be vastly benefited by such a display of liberality."

In opposition to the amendment, able and forcible speeches were made by Drs. Belding, Jaeger, Patchin, E. A. Guilbert, and Pratt. It was argued that the adoption of the amendment "would fatally injure the cause: that it would lower the standard of our dignity, and that it would inaugurate at the west the reign of MONGRELISM;" that it "would be virtually a surrender of the distinguishable position we at present occupy;" that we should "be no longer a society of homœopaths;" that by ignoring "that divine idea for which we had for years been battling," the "chief charm of the Association would be lost;" that "it is our duty as individuals, or as an association, to show our colors on all occasions. To shrink behind a subterfuge would be to contaminate the purest medical faith ever given to the world." It was asserted that "our Associations and our individual brethren, wherever dispersed around the globe," should "occupy such aggressive and unmistakable positions" as shall insure their being "at once recognized as supporters of what they really *believe* to be medical truth;" that "the *eclectic* element" was "an explosive compound," which, if encouraged, would yet blow the beautiful edifice of our system to pieces: and, finally, that instead of being ashamed of the title by which we had been distinguished, we should "revere it, because it is the proudest that can be conferred upon us."

On a final vote, "the amendment was lost; but *two* members voting in its favor."

The rejection by the Illinois State Homœopathic Association of such a proposition as that contemplated by Dr. Reed's amendment to its constitution, is just what we should have looked for; but we have indeed been surprised to learn that any such proposition should ever have been offered. Leaving out of view all the unanswerable objections urged against it by the true and able men who opposed it, it would still be impossible to understand how a homœopathic society could advance its interests by inviting the co-operation of men who have no sympathy with its objects. It will not be by enlisting soldiers among doubters and lukewarm converts in the enemy's country that the army of medical reformers will be strengthened. Such men still owe allegiance to another government: they all hold commissions and professional associations which they cannot at present afford to sacrifice: they will not accept the honor of membership in a society composed of rebels and heretics. But there are men in the allopathic ranks who are already preparing to come over to the standard of reformed medi-

cine. Through all the mist and fog of prejudice, imperfect education, and the misapprehensions that arise from the attempt to understand the principles of homœopathy from an allopathic stand-point, they recognize in the Hahnemannian law of cure a deep principle, some fragments of which they have long seen and acted on. If this law can be proved to be universal in its application, they are willing to see it done. Such men are willing to investigate; their sympathies are with us already. They may be proscribed by the government under which they have hitherto acted; but they will disregard the penalties affixed by the articles of war to the crime of desertion—will find their way into the army of medical reform, without bribes or bounties—and when there, they will be found ready and able for any service that the cause may require of them. Men who understand what homœopathy is, and approve its objects, will always be found ready to put their shoulders to the wheel and help to push forward the car of its triumph. Those who know little about it, and care less, are very likely, when their aid is needed, to be found hanging on the wrong side of the wheel. The State Homœopathic Medical Association of Illinois has nobly declared that it does not want members who will be sometimes on one side of the field and sometimes on the other.

The present volume of proceedings amply sustains the reputation of the enterprising physicians who have hitherto been the most zealous and active working members of the Association. The following interesting and valuable reports will be duly noticed by us as soon as we can find space to present some general practical summaries on the various subjects to which they relate:

On the Therapeutic Agency of the Mind. By G. W. Shirley, M.D., of Jacksonville.

On Puerperal Fever. By R. Ludlam, M.D., of Chicago.

On Convulsions of Infants. By S. H. Guilbert, M.D., of Dubuque, Iowa.

On Intermittent Fever. By H. Bradley, M.D., of Quincy, Ill.

On Chlorosis. By E. A. Guilbert, M.D., of Dubuque.

We find, also, a valuable communication from Dr. E. A. Duncan, of Dubuque; and a case of Hydatids, by Dr. Prentice, of Freeport, Ill.

REPORTS OF HOMŒOPATHIC DISPENSARIES.

One of the strongest objections to homœopathy now made by allopathic authors and editors is, that its votaries are too "charitable." The *British Medico-Chirurgical Review* condemns the "homœopathic dispensaries" for doing too much for the poor, when the regularly authorized charities of the large cities are prepared to bleed, blister and vomit all who are ready to submit to such delectable operations. There is danger of too much good being done in some heretical mode; and then the regular number of deaths would not grace the weekly bills of mortality. This is a very grave charge, indeed! It has never before been brought against any members of the healing art, except in a single case, and it certainly deserves serious consideration. The only parallel case in "the books" is that of Pluto *versus* Æsculapius. It was charged by the king of the "dark realm below," that the first practitioner of medicine "did so many cures that he diminished the legitimate number of the dead." Never, since this celebrated case was decided against Æsculapius, had a similar complaint been made against any of his followers, till the homœopathic dispensaries of England and America began to draw off so many patients from the institutions that possessed the exclusive privilege of granting passports for the Potter's Field, that the interests of Pluto's kingdom were again supposed to be in danger. We shall not at present enter into the defence of the dispensaries, but will leave them to make their own defence, by reporting what they have done. In our May number, we gave interesting notices of the Good Samaritan Hospital, Saint Louis, Missouri; the Central Homœopathic Dispensary, No. 15 East 11th Street, New-York; Dr. Fulgraff's Bond Street Homœopathic Dispensary (59 Bond Street); the New York Homœopathic Dispensary, (now) corner 34th Street and Sixth Avenue.

Of neither of these institutions have we yet said half as much as their just claims would warrant. They have all been originated and kept up by a very small number of devoted men, assisted by a few benevolent friends. They are not institutions for making money, but for diffusing more widely among those who are not able to pay for medical services the benefits of a safe and efficient system of practice. That the treatment received at these dispensaries is satisfactory to the patients, is proved by their popularity with the people, and their rapidly increasing influence in extending a knowledge of homœopathy among the masses. We shall publish the results of their operations as we receive them.

Central Dispensary, 96 La Salle Street, Chicago.

The quarterly report of this dispensary, ending March 24th, 1860, presents the following interesting results:—Number of cases treated within the quarter, 145; cured 117, remaining under treatment 128. From the tabular statement of cases, we select a few examples of successful treatment: partial amaurosis, 2 cases, cured by *spigelia* and *belladonna*; constipation, 5 cases, cured by *podophyllum* 1^o, *nux* 1^o, *sulphur* 3^o, *lycopodium* 6^o; cutaneous disease, 18 cases cured (of 20) by *sulph. tinct.*, *croton tiglium*; diseases of the heart, 2 cases (of 5) cured by *spigelia* and *veratrum viride* 3^o; epilepsy, 1 case cured by *hypericum perforatum* 3^o and *nux*; intermittent fever, 6 cases, *nitric acid* 1^o, *gelsemium* 1^o, *china* 6^o; morbus coxarius, 1 case, cured by *silicea* 1^o, *sulphur* 6^o. The report amply sustains the claim of homœopathy to remedy the diseases of the poor as well as the rich. Dispensary conducted by J. Davies, M.D.

Northern Homœopathic Dispensary, 695 Sixth Avenue. N. Y.

From the third annual report, lately published, the following statistics are gathered:

This dispensary was first opened June 1st, 1857. The whole number of cases treated the first year, was 1384; second year, 1399. The whole number treated within the third year, ending May 31st, 1860, was 1795. Of these, 970 are known to have been cured, 247 relieved, and 456 (generally lighter cases) were not heard from. Eight died, and 114 remained under treatment at the end of the year. Number of prescriptions given, 4576. The claims of homœopathic dispensaries are thus set forth:

“Originated and still kept up by individual effort, it has made known what homœopathy is to some thousands of people, a great proportion of whom were well acquainted with the dispensaries and hospitals supported by the city. Many have been treated at their own homes, and every case has received that attention commonly given to paying patients elsewhere. Among them, we have found those who were respectable and intelligent, and others who had been wealthy. Some had gone the rounds of various systems of treatment, representing the different countries of Europe; and nearly seven hundred of the patients of the year just closed were Americans by birth. What we have done has been accomplished under the greatest disadvantages. Receiving as yet no patronage from the city, we have only been encouraged by the contributions of a few personal friends; and the sums thus received fall far short of the actual expenses. But the urgent demands of the unfortunate continue to be made upon us from a circle that is annually extending.”

The financial report shows \$58.50 received and \$66.51 expended. Dispensary conducted by F. W. Hunt, M.D., and S. Lilienthal, M.D.

HOMEOPATHIC MEDICAL COLLEGES.

In ancient times, there was generally but one centre of medical education in the world at the same period of time. When Hippocrates, of Cos, assembled all the medical students from all the Grecian cities on his own little isle, no competitor dared to found a rival school. One hundred and eighty years ago, the school of Boerhaave, in the little Dutch city of Leyden, eclipsed every star of inferior magnitude—drawing students from all Europe. Even Peter the Great of Russia came as an humble student to the feet of Boerhaave. The next centre of attraction was the lecture-room of Haller, in the city of Gottingen, in one of the petty principalities of Germany; but, at the same time, the genius and eloquence of Monroe was concentrating the pupils of the British Islands on the barren rock of Edinburgh. When Shippen and Rush determined to establish the shrine of Æsculapius in the New World, they could not build a college edifice suitable for their purpose, and they lectured and demonstrated in private houses. While they were thus employed, Transylvania Medical College was established at Lexington, Kentucky; and the largest class it ever called together “assembled in the bar and ball-rooms of a deserted tavern.” Medical education was languishing in New-York through the closing years of the last century. The first medical school in this city was broken up by British invasion; and immediately after the declaration of independence, the medical college of New-York was transformed into a hospital for British soldiers.

Our JOURNAL, and all its editors, collaborators and readers belong to *another century*. Medical colleges, professors, graduates, and students are so numerous, that the world is now calling out for new regiments of volunteers, trained in all the tactics of ancient medicine. The ranks are already quite full. Society does not ask for more of the same kind, but for something better. Humanity, “having suffered many things of many physicians,” and “being not better, but something worse,” from the treatment it has endured, asks now, at a different shrine, for healing waters from a purer fountain. The present age has given to laboring and suffering man many wonderful institutions and improvements. Among them, we recognize *Homœopathic Medical Colleges*. We have already presented their claims in former numbers, and now proceed to notice their published circulars and announcements in the order in which we may receive them.

Western Homœopathic College, Cleveland, Ohio.

The announcement of arrangements for the Eleventh Annual Session, or that of 1860-61, is received, and promises well for the future. The appointment of “home men” as professors has proved a “triumphant success;” the course of instruction has been rendered “more rigid, comprehensive, and vigorous;” a city infirmary has been established under the auspices of the faculty; the means of instructive illustration are constantly extending; old debts have been paid off; and all present indications promise immediate and permanent success. The session will commence November 7th, and continue sixteen weeks. Prof. T. P. Wilson, Registrar, Cleveland, Ohio.

Homœopathic Medical College of Pennsylvania.

The thirteenth annual announcement of this institution sets forth, in clear and bold language, the superior facilities it now possesses for conferring on students all the advantages they could hope to obtain in any allopathic college, with the addition of a thorough knowledge of homœopathy, as a higher branch of medical science. As an additional reason for the homœopathic student entering a homœopathic rather than an allopathic college, it is asserted that “the faculties of the allopathic schools positively declare that they would not receive such a student, nor allow him to graduate, if they knew his principles;” that if he graduate, they “will not allow him the common courtesies of the profession;” and even go so far as to “order their janitors to expel such graduate from their lecture rooms.” When war is already proclaimed by the party that is numerically the strongest,

good soldiers and patriots among the proscribed heretics can only say, with Patrick Henry, "let it come!" Persecution has always advanced the cause of truth. Homœopathy needs the exhilaration of a few battle-fields—a few victories. One Bunker Hill—one Saratoga—one Yorktown, will throw a new breeze of inspiration into the banner of medical reform. "Let it come!" It seems, then, that homœopathic physicians must hereafter be educated in homœopathic colleges; and if they are to succeed in gaining the confidence of the people, their education must be thorough in every department of medical science. The board of managers of the homœopathic medical college of Pennsylvania announce to the profession that their institution is prepared to perform its part of the work of instruction. They say,

"Our faculty is full—teaching every branch of medical science taught in the allopathic schools, and superadding instruction in our distinctive principles." The "museum is richly endowed with anatomical preparations and plates of every description. The instruction in this department is minute and comprehensive in an extraordinary degree, embracing both surgical and microscopical anatomy." Physiology is illustrated by beautiful and accurate diagrams, as well as by vivisections; and materia medica by botanical specimens, drawings, and natural productions. Every remedial agent will be presented to the student "in its natural state; the method of attenuations explained, and its pathogenesis comprehensively and thoroughly expounded."

In every other department, we perceive ample apparatus and means of displaying to the student, in the clearest manner, all that he will need to know, and to render him fully conversant with all the doctrines and practical duties of his profession.

The college clinics, the opportunities furnished by the Pennsylvania Hospital, and a homœopathic dispensary, visited by about 3,000 patients annually, give the student a wide range of medical observation in almost every disease he may expect to meet in private practice.

Homœopathic Medical College of Missouri, St. Louis.

The second annual announcement of this new college is received. The board of trustees congratulate the friends of homœopathy on the success of their efforts in triumphing over opposition of every kind, both in St. Louis and elsewhere. Encouraged by the results of their first course of lectures; by the expressions of sympathy and effective co-operation received from "their most prominent and active professional brethren in ten of the different States of the American republic, and in one of the British provinces, and by liberal donations in cash, chemicals, materia medica specimens, and pathological specimens, and large additions made to all the means and apparatus for illustrating the various branches; the trustees and faculty enter with renewed zeal on the labor they have commenced—"the effort to up-build upon the western shores of the Mississippi a well-officered, an eminently scientific, efficient, and attractive medical institution, devoted to the TRUEST homœopathy, and intelligently reverent of the teachings of the MASTER."

A detailed programme of the entire course of instruction pursued gives the fullest assurance of ability, earnestness and faithfulness on the part of every member of the faculty. In materia medica, Professor Temple will exhibit every article regarded as useful in curing disease, its history, and mode of preparation; and will illustrate symptomatology, and the works of the founders of homœopathy, by numerous specimens and plates, divesting the subject of technical dryness, and thoroughly indoctrinating the student with a scientific appreciation of the subject.

The professor of theory and practice is a physician of large practical experience, as well as one of the earliest advocates of homœopathy in the Mississippi valley.

Professor Adams will illustrate the treatment of diseases by detailed histories of cases from his own experience. The pathology of each disease will be illustrated by plates; and clearness in *diagnosis* will be taught—a branch of essential importance.

Professor Brainerd, who occupies the chair of chemistry and medical botany, is thoroughly versed in those branches, is well supplied with apparatus, including microscopes, and chemical and botanical specimens. He is highly distinguished as a lecturer and teacher.

Physiology and General Pathology.—"Man will be studied as a being of organs, each performing specific as well as relative functions." "Vegetable and animal physiology will be freely employed, as illustrative of the adaptive powers of natural law in the development of living instruments perfectly fitted to the sphere for which they were organized." The subjects of this department will be illustrated by the aid of ample apparatus.

Of the chair of obstetrics, it is sufficient to say that it is filled by Professor E. A. Guilbert, whose reputation, acquired during a fourteen years' active and varied practice, and an experience of four years as a public teacher of his branch, is well known to all American homœopathists.

Professor Helmuth, of the department of practical and pathological anatomy, proposes to present to the student's inspection every texture and every organ of the body, describing each texture and organ singly, and then exhibiting it in its relations to the entire organism. His facilities for teaching practical anatomy are equal to those of any school in our country.

E. C. Franklin, M.D., has recently been appointed Demonstrator of Anatomy.

In addition to all the teachings of the professors, and the opportunities for improvement furnished by the anatomical and surgical museum and dissecting rooms, students will receive all the benefits that can be derived from clinical observation, as the Good Samaritan Hospital (noticed in our May number) is entirely under homœopathic direction. Its new edifice, containing one hundred beds, is nearly completed. Its attending physician is a thorough homœopathist, who cheerfully contributes, by every means in his power, to the advancement of the hospital classes.

No words of ours can more fully express our confidence in this institution, than the following resolution of the Illinois State Homœopathic Medical Association. The resolution was passed by a unanimous vote, at the same time declaring that the association did not "seek to be invidious, or to disparage the merits of other" homœopathic colleges:

"Whereas, the Illinois State Homœopathic Medical Association has the utmost confidence in the men engaged in the noble work of up-building the homœopathic medical college of Missouri, at St. Louis—now, therefore, be it

Resolved, That this association cordially and earnestly urges it upon its members, and upon the homœopathic physicians of the north-west, that they accord this new and able college-candidate for professional favor the meed of hearty approval and support."



Materia Medica and Toxicology.

Pathogenetic Characteristics of Drugs.

(Continued from page 36 of MATERIA MEDICA.)

NOTES FROM J. S. DOUGLAS, M.D., OF MILWAUKIE.

Ammonium Muriaticum.

THROBBING in the tonsils, which are not swollen, with uneasiness and oppressive anxiety. Throbbing in the glands of the neck, with flushes of heat and want of air in the throat. Icy coldness of the back and between the shoulders, not removed by artificial means, ending in itching. Small, painful, inflamed tubercles on the right scapula, not ending in suppuration. Swelling of a gland in the axilla, like a hard red ulcer. Blisters the size of peas on the right shoulder, tense and burning, and forming a kind of scurf, after three days. Small blisters on the wrist-joint, first itching vehemently, then burning when scratched. Large blisters and indurations deep in the skin, upon a hard base, itching vehemently and burning on being scratched, becoming inflamed and forming a brown red scurf, which remains inflamed a long time around the wrist-joint. Her right arm is very heavy and feels rigid. (See *ammonium carbonicum*.)

Anacardium Orientale.

The peculiarities of this drug seem to relate to its action on the skin and the cerebro-spinal system. The picture of its skin symptoms, as presented in the *New Materia Medica*, as a whole, is a peculiar one. But the peculiarity of its action will be more obvious, if we take into account its very different action on the other portions of the system from that of the other drugs which most resemble it in its skin symptoms, as *rhus*, *cantharides*, &c.

The group of mental symptoms, as a whole, is peculiar.

The pressure, as from a plug in the head, face, ears, eyes, abdomen, on the muscles, &c., is a distinguishing if not peculiar characteristic, and is probably a nervous sensation arising from the peculiar action of the drug on the cerebro-spinal axis. The characteristic drawing and pains in every part of the body are probably of the same nature.

Angustura Vera.

Ulcers which affect the bones and pierce them to the marrow.

Antimonium Crudum.

Both nostrils become chapped and covered with crusts. Cracks in the corners of the mouth, painful like sores; returning after five, eight,

or twelve weeks. Loss of voice *whenever he becomes hot*. The finger nails did not grow as fast as usual, and the skin behind the nails was intensely painful. Large horny places on the soles of the feet; close to where the toe commences, painful-like corns.

Argentum Met.

Sandy fæcal evacuations. The teeth adhere together as from glue. Attacks of short rattling cough in the *day time*, not in the night or in the open air, with white thickish loose expectoration like boiled starch, not transparent, and without odor or taste.

Electric shocks in the trunk, terminating in an explosion near the foramen magnum. Shocks like electric shocks on going to sleep. (See *ignatia*, *ipecacuanha*, *arsenicum*.)

Gonorrhœa, with contusive pain in the testicles, and grayish ulcers with shaggy borders simultaneously on the prepuce and in the throat. These last symptoms, with those of the periosteum and bones, strikingly simulate those of mercury.

Argentum Nitricum.

The effects of *argentum nitricum* correspond, in a general way, with those of *argentum metallicum*. Perhaps its most specific action is upon the nervous system, especially the abdominal ganglions and the liver.

Excessive congestion of blood to the head, with throbbing of the carotid arteries, obliging him to loosen his cravat; with heaviness, stupifying dulness of the head, and great melancholy and weakness of mind. Pains in the head, which seems enlarged. If the pain is felt all over the head, this seems to him enlarged; if on one side of the head, the eye of the affected side appears enlarged. The canthi are red as blood; the carunculi lachrymales are swollen, standing out of the corner of the eye like a lump of red flesh; clusters of intensely red vessels extending from the inner canthus to the cornea; the conjunctiva is puckered and interstitially distended.

The nasal bones are painful, as if bruised. The gums are inflamed and stand off from the teeth in the shape of *white indentations*, especially painful when touched. Loose, readily bleeding gums, which are *neither painful nor swollen*.

Paroxysm of cramp in the œsophagus. After yawning, a sensation is felt in the stomach as if it would burst; wind presses upward, but the œsophagus seems spasmodically closed: hence an ineffectual effort to eructate, with excessive strangulation. Pressing pain of the stomach, faintish sort of nausea, confluence of water to the mouth, and inability to stir. The paroxysm ceases after a quarter of an hour, amidst frequent and violent belching of wind. (See *magnesia muriatica*.)

Most of the gastric symptoms are accompanied with belching. Leaden-colored countenance, with nausea. Raging gnawing at the stomach—a sort of hunger, with nausea.

Affection of the liver, ending in fatal dropsy. Numerous evacuations of a greenish, very *fetid* mucus, with noisy flatulence, *in the night*.

Sensation as if a splinter were lodged in the throat, when swallowing, eructating or moving the throat. (See *alumina*.)

Chancre-like ulcers on the prepuce. At first, their tips are covered with pus, but afterwards the ulcers become diffused through a pretty spacious depression, exhibiting the tallow-like coating of chancres.

Paralytic weakness of the lower limbs, with emaciation of the same. Great debility and weariness of the lower limbs, as after a long journey on foot; with a sickly feeling, and dread of labor; drowsiness, chilliness, and sickly appearance.

Sensation as if the body, and especially the head and face, expanded. He feels as if the bones of the skull separated; with increase of temperature.

Arnica Montana.

Excessive inclination to hard and long literary labors. Heat and burning in the head and brain, with or without pain, and without heat in the rest of the body. Biting sensation in the tongue, with soreness, burning and stinging in the back part of the throat. (See *ledum* and *rhus*)

Swashing in the abdomen, as of water, is common to *arnica* and *croton*.

Arnica produces, in a pre-eminent degree, paralytic, bruised and concussive pains.

Arsenicum Album.

Anguish, tremor, and fear that he will be obliged to murder somebody. Anguish, with tremor, cold sweat in the face, and tearing in the abdomen; anguish about the heart, with fainting fits; religious melancholy; retirement from the world; morbid activity of the senses; piercing lamentations, interrupted by swoons. Dissatisfied with himself; reproaches himself. Vexed, with disposition to find fault or talk about the weakness of other persons. He springs up from bed and hides himself. Fear of death, which he frequently deems quite near; with weeping, coldness, chilliness, and subsequent languor. Fear of some absent person who he imagines is lying dead before him. Sees vermin crawling about the bed. Dread of ghosts, which appear to his fancy day and night. (See *pulsatilla*, *ranunculus bulbosus* and *belladonna*.)

Extreme indifference to life; extreme rage; vexed, with great sensitiveness to insults or offence; vexed, with excessive sensitiveness to noise, talk, or light.

Periodical headache, diminished by the application of cold water,

but increased to a higher degree than before by removing the application. Hard beating of the head at night, as if it would burst, with sweat; stupifying pain over the right eyebrow, with soreness; hemi-crania after dinner; pain, as if bruised on one side of the head, early in the morning; beating in one side of the head.

Corrosive, burning itching of the hairy scalp, as if ulcerated; innumerable red pimples on the scalp; pimples filled with bloody water on the forehead and temples, with painful soreness after friction; pimples covered with scurf, painful when touched; pustules, with burning pain on the scalp and face.

Pain deep in the eye, with violent pain when moving the eye; profuse, fluent coryza, with stoppage of the nose; ulceration high up in the nose, with discharge of fetid, bitter-tasting ichor; ulcers all over the face, with blue and green spots and streaks; blueish, sickly color of the face; dissatisfied expression of face.

Hard swelling on the frontal eminences, resembling a nut; worse in the evening.

Itching of the face, so violent that he would like to scratch the parts sore; phagedenic ulcer on the lip; swelling of the upper lip, sometimes preceded by burning-stinging itching, as from red hot needles.

Brown streak through the vermilion border of the lower lip, as if burnt.

Tongue insensible, as if burnt. (See *sepia*, *rhus radicans*, *ignatia*, *magnesia muriatica*, *phosphorus*, *pulsatilla*, *colocynthis*, *hyosciamus*.)

Tongue icy cold; dry mouth and tongue, frequently with violent thirst. He drinks but little at a time, but often.

Sensation as if a hair had lodged in the throat. Sensation as if a ball of mucus had lodged in the throat, with taste of blood. Sensation as if the œsophagus were closed.

Gray, green, saltish-bitter expectoration. Frequent nausea, with sweetish taste of the mouth. Excessive nausea and vomiting, on rising in bed. Vomiting after eating or drinking. Chilliness and shivering after drinking. (See *Veratrum*.)

Putrid, fetid taste early in the morning.

Pains in the stomach, with diarrhœa, colic, and fainting turns. Burning in the stomach and chest, with tightness and oppression.

Tearing in the abdomen, with icy coldness of the hands and feet, and cold sweat on the face. Diarrhœa, with tenesmus, colic, weakness, vomiting, and thirst. Evacuation of a lump resembling tallow, with tendinous substances. Bloody stool, with colic and vomiting. Dark brown greenish diarrhœa, with putrid smell. Black, burning, acrid diarrhœa, with uneasiness and pain in the abdomen.

Varices burning like fire; worse at night. Tenesmus and burning of the anus and rectum during stool. Diarrhœa, with great weakness. Sensation as if the abdomen would burst before stool. Distension of the abdomen after stool. Palpitation of the heart and tremulous weakness after stool.

Thick, acrid, yellowish leucorrhœa. Sore, raw feeling of the chest

from the stomach upward. Oppressed, difficult breathing, when walking rapidly, or going up stairs.

It produces symptoms more nearly resembling *angina pectoris* than any other drug. Suffocating oppression at night in bed; also, with weakness. Constriction of the chest, with anguish and oppressive anxiety at the pit of the stomach. Palpitation of the heart, with anguish, particularly at night, when lying on the back.

The knees feel as if bandaged. Cramp in the thighs, calves and toes in the evening, in bed, followed by lassitude.

Cold feeling in the soles of the feet.

Swelling of the lower limbs, with violent pain. Itching swelling of the feet. Hard blue-red swelling of the feet. Hot and shining swelling of the feet.

Starting of the limbs on falling asleep, excited by pains felt in distant parts. Jerks in the body in bed, like electric shocks.

Internal coldness, the skin not feeling cold. Night chilliness, only on the face and feet. Coldness of the knees, with heat of the head and ears. Heat at night, with sweat of the face and feet. Sweat, with excessive thirst.

Peculiar eruptions of *ars.* are: Red, scorbutic-looking eruption. Colorless, smarting eruption on the neck, shoulders, and sides. Painful tubercles on the arm. Small pimples, with violent burning and anguish, which drives him about; sometimes on the forehead and under the jaw. Acuminated, whitish pimples, filled with watery fluid, commencing with itching and burning, especially on the abdomen and hands, and between the fingers. Yellow spots on the chest. Petechiæ-like spots. Blue spots, particularly on the abdomen, genitals and whites of the eyes. Blisters on the bottoms of the feet at night, discharging a light yellow fetid water. Large pale-red pustule, most painful at night. Fine itching eruption, like sand. Ulcers, with burning. Ulcers, with thin, bloody red pus. Ulcers, with high edges. Ulcers, with fetid ichor and proud-flesh, which soon become putrid, blue and green. Ulcer, with thin scurf and slight bleeding, when bandaged. Ulcer, with deficient secretion of pus.

Parchment-like dryness, coldness and blueness of skin. Dark brown color of the whole body.

Elastic swellings. Inflammatory swellings, with burning pains.

Excessive pains all over. Burning, corrosive pains.

Violent, deep fainting fits. Fainting fits, with vertigo and swelling of the face.

Beating in all the limbs, even the head.

Tearing in the bones. The *pains* of *arsenicum* abate when standing or walking. They are felt most at night, during sleep, or after lying down. They are worse after dinner, or from the conversation of other persons.

Curative. *Arsenicum* has cured herpes, having a red, unhealthy appearance. Ulcers, with tearing pain, especially when the part becomes cold. Mortifying and putrid ulcers. Ulcers with red,

shining areolæ and a base which is either black-blue, or looks greasy and ash-colored. Wart-shaped ulcers.

Arum Maculatum.

Stinging in the mouth as with a hundred needles. Stinging and burning on the surface of the tongue. (Stinging and pricking in the tongue, *kali bichromate*.) The tongue is so much swollen that it fills up the whole buccal cavity, and makes deglutition impossible. (See *mercury*.)

The urine is watery, light-colored, smelling almost like burnt horn, with a cloud in the middle, after standing.

After a long paroxysm of cough, he raises mucus traversed with yellow threads.

Asarum Europeanum.

Excessive sensibility of all the nerves. When merely imagining (as he is constantly obliged to do) that some one might scratch, even slightly, on the linen or some similar substance, with the tips of the fingers, a most disagreeable sensation thrills through him momentarily disturbing all his thoughts and functions. Lightness in all the limbs; he is not conscious of having a body. He imagines, when walking, that he is hovering in the air, like a spirit.

Asparagus.

The urine deposites a fatty sediment on the sides of the vessel.

Assafœtida?

Asterias.

Violent beating of the right carotid artery; the cerebral symptoms come on in the morning, go off during the day, and come on again at evening; he wakes in the night in great confusion, as if the brain were shaken with electric shocks; violent reports in the ears; dull pain, apparently along the œsophagus.

Atropine

Seems to act specifically upon the brain, but somewhat differently from *belladonna*. Dr. Casper, of Vienna, says, "the form of headache cured by *atropine*, depends upon a specific disorder of the brain itself. The pain is generally very violent, extends over a great portion of the head, and is accompanied by weakness, irritability, a disordered state of the sensory and cerebral functions, &c. It generally occurs in sudden paroxysms, with intervals perfectly free from pain. It is not influenced by heat or cold, but is always increased by sensory or mental impressions. The vascular system either sympathises very little or not at all; so that flushed face, heat of

head, quickened pulse, &c., are either entirely absent or slightly pronounced. I have cured headaches of this description, even when they have continued months or years."

Many can bear testimony to the promptly curative effect of *atropine* in those forms of headache, when *belladonna* and all other remedies had failed.

It is desirable that *atropine* should have a thorough proving. It is certain, from my own experience, that it promptly cures a variety of forms of headache, differing widely from that described by Dr. Casper; even those that pass under the names of sick headache, being attended with gastric disturbance, nausea, and vomiting. But it may be, in these cases, that the cerebral disorder is the primary difficulty, and the gastric disturbance is sympathetic.

Aurum.

Aurum produces a peculiar mental state, indicated by such symptoms as the following: He imagines he has lost the affection of his friends; this makes him sad, even to tears. He imagines he sees obstacles in his way everywhere, which have been occasioned partly by contrary fate and partly by himself; this makes him feel desponding; he imagines he is not fit for this world, and longs for death; thinking of death gives him intense joy. Great anguish, coming from the precordial region, and driving him from one place to another, so that he cannot remain anywhere. (See *iodine*, *sulphur*, and *sulphuric acid*). Frequent attacks of anguish about the heart, with tremulous fearfulness; great anguish, increasing to self-destruction, with spasmodic contraction of the abdomen; uneasiness, and hurried desire for bodily and mental activity; he cannot do any thing fast enough, and does not succeed in satisfying himself; is constantly impelled to be in motion, and is sorry for his inactivity; he imagines he is neglecting something, and deserves reproaches in consequence. Dread of man; he fears lest some one should come in. He imagines that he cannot succeed in any thing, and that he does everything wrong; he is in disunion with himself. Extreme disposition to be offended; he was extremely affected and provoked by the least circumstance which had the appearance of hurting his feelings. He becomes angry at absent persons, while thinking of them. Peevish and vehement, the least contradiction excites his wrath; he trembles when he cannot satisfy his anger. Tremulous agitation of the nerves, as in joyous hope.

It has a peculiar action on the bones. The bones of the skull pained him on lying down, as if broken. Small exostosis on the right side of the vertex, with boring pain, increased by touching the tumor. Small exostosis on the left superior part of the head. The right nasal bone, and the adjoining part of the upper jaw painful to the touch. Violent tearing in the malar bone.

Turbid urine, like buttermilk, with a deep sediment of mucus.

Pressure and tensive pain in the right testicle, as if from a bruise ; swelling of the right testicle.

Small blotches on the leg, and below the knee ; when slightly rubbed, they are changed to hard thick nodosities under the skin ; indurations under the skin on the leg, over the heel, and behind the knee, itching violently. Small and large elevations on the legs and calves, resembling the blotches from the stinging of nettles, burning and feeling hard like knots, of a dingy yellow color, disappearing in a few hours, and forming less in the room than in the open air.

Violent orgasm of the blood, as if it were boiling. All her blood appears to rush from her head to the lower extremities, which feel paralyzed, obliging her to sit down.

Pathogenesis of Hydriodate of Potash, exhibited in allopathic treatment of Goitre.

By J. S. DOUGLAS, M.D., of Milwaukee.

L. L., a slender and rather feeble girl of fourteen years of age, had goitre, the treatment for which was commenced by a prominent allopathic physician in October, 1858. The treatment consisted of a preparation of *hydriodate of potash*, of which fifteen to twenty drops were taken three times a day, and the goitrous swelling painted daily with *tincture of iodine*. This treatment was continued without interruption for over ten months. After some months, emaciation commenced, and continued with increasing rapidity. She became entirely pale and colorless. With these symptoms, palpitation of the heart commenced, and continually increased in severity, accompanied by most uncomfortable pulsations in every part of the system. Her appetite and power of digestion were progressively impaired. She complained of burning at the stomach, and distress on taking every variety of food, with occasional rejection of it by the stomach. The debility became so great, that she was scarcely able to walk about her room, and had frequent fainting fits on rising from a recumbent position or making any sudden movement. The palpitation was attended by distressing dyspnœa, which was so alarming during sleep that she had been incessantly watched at night for four months. The debility became so alarming, that she was plied for some weeks with iron and other tonics, but without improvement. I first saw her on the 1st September, 1859. I have scarcely ever witnessed a more complete state both of emaciation and anæmia, nor so marked a contraction of the skin around the skeleton. This was particularly striking upon the face, the skin of which seemed drawn and pinched to the bones, the lips contracted so as to exhibit the whole length of the teeth, giving her the appearance of a grinning death's head. The action of the heart was terribly tumultuous and

irregular, which, with the pulsations in all the arteries, produced a most conspicuous agitation of the whole body. Her sleep was so disturbed by the dyspnœa, that she felt more exhausted than strengthened by it. The goitre was not diminished. The impulse and sound of the heart extended over a very large space; the impulse was very feeble, and the bellows murmur was very audible. These symptoms existing in so great a degree, with the tendency to fainting, the pallid countenance, &c., could not fail to create an apprehension of dilatation of the heart, with attenuation of its parietes.

The treatment was commenced with *arsenicum* 6°. An improvement was obvious in about two weeks. This was alternated with *china*, *china sulph.*, *rhus*, *phosphorus*, *sulphur*, *veratrum*, *hepar*, and *ambra grisea*. The improvement was slow, but was steady and uninterrupted. In three months she looked pretty well, slept quietly, had fair appetite and digestion. At the end of six months, she was more robust than she had ever been before, with a fresh healthful countenance, and the goitre had entirely disappeared. A slight palpitation of the heart still continues, but not noticed by herself.

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**TYPHOID OR ENTERIC FEVER:
ITS DIAGNOSIS, PATHOLOGY AND TREATMENT.**

BY F. W. HUNT, M.D., OF NEW YORK.

THE word TYPHUS has long been employed to designate a specific form of fever. It was at first understood to mean a disease in which the prominent feature consisted of a state of *stupor*—or, more correctly, a disease that “burns with a concealed and smothered flame;”—and has been applied, without discrimination, to all infectious fevers of a low character. “Typhus,” says Alexander Keith Johnson (Introduction to the “Physical Atlas of Natural Phenomena,”) “appears to belong exclusively to the north temperate zone, and even here it avoids extreme latitudes. It is scarcely ever mentioned by medical voyagers in hot climates. As yellow and intermittent fevers occur in low latitudes near the level of the sea, so typhoid fevers have their base line in a high latitude, and at a greater elevation. Yellow and intermittent fevers decrease from south to north: typhus, on the contrary, decreases from north to south. In America, typhoid fevers

diminish in frequency beyond the parallel of 45° north. Typhus fever does not appear among the fur stations of the Hudson's Bay Company, between the parallels of 48° and 58° north; and no mention is made of its occurrence among the crews of the Arctic voyagers, nor among the Esquimaux, who live in close, unventilated snow huts; neither has it been observed by Ermann and Wrangell among the inhabitants of Siberia. Typhus has, therefore, a northern as well as a southern limit. In Western Europe, it prevails between the parallels of 44° and 60° north, or between the isothermal curves of 48° and 52°; and in North America, between the parallels of 32° and 48°. In places where the mean annual temperature rises above 62° or falls below 40°, it prevails but little in either continent. The geographical and climatal limits of typhus in Europe and America will be found to correspond nearly with those of the glutinous cerealia and the potato. It decreases with elevation; and to this cause has been attributed its absence from the hospital of Madrid, 1995 feet above the sea. It occurs in every season, but is most prevalent in autumn and winter."—*Johnston*, p. 121.

Typhus occurs frequently as an epidemic, and has never been absent from Vienna and other cities of Europe since the great wars of the first French empire.

Dr. Alison says he has seen three great epidemics of typhus fever in Edinburgh, beginning in 1817, 1826, and 1836. Each of these lasted about three years, and affected many thousands of persons.

In New York, typhus or typhoid fever was epidemic in 1818, 1827-28, 1837, and 1846-47. The number of deaths from it in 1837 was 338—nearly three times as great as the number of the year preceding, or that following this year. In 1846, 256 died of typhus in this city; and in 1847, 1396 died of this disease, besides 657 from dysentery, which, in the hospitals, was generally typhoid in character.

The epidemic of 1846-47, like those that preceded it, originated on the other side of the Atlantic. In Ireland, the

people had long been suffering from the effects of misgovernment, and the oppression of non-resident landlords ;

“ And famine, that dwelt on her freedomless crags,
Was extending its steps to her desolate shore.”

While starvation and disease were destroying the poor by thousands, thousands more sought to improve their condition by emigrating to America. In one year, 239,480 emigrants arrived in the United States ; and of these, 160,134 landed at New-York. A great proportion of these people were badly clothed, supplied only with unwholesome food, and depressed in mind. They were crowded into ships in which ventilation and cleanliness received little attention. They brought from their old homes the blighting infection of typhus fever, and it fermented and diffused itself with rapidity among a people who, by all their arrangements, invited it to dwell among them and do its worst.

The ravages of the pestilence thinned the ranks of the emigrants, and alarmed the inhabitants of the country that received them. On some ships that landed at New York, thirty had died on the passage. Some vessels that sailed from Liverpool to Quebec lost from thirty to one hundred ; and of four hundred and seventy passengers carried by the ship *Virginia*, one hundred and fifty-eight were buried in the Atlantic. Of 100,000 persons who left the British Isles in one year for the British provinces, 5,000 died at sea, 3,389 at Grosse Isle, and the whole number of deaths was more than 40,000. The Montreal committee reported that “ from Grosse Isle, the great charnel-house for victimized humanity, up to Port Sarnia, along the borders of our magnificent river, upon the shores of Lake Ontario and Erie, and wherever the tide of immigration has extended, are to be found the final resting-places of the sons and daughters of Erin — one unbroken chain of graves, where repose fathers and mothers, sisters and brothers, in one commingled heap, without a tear bedewing the soil, or stone to mark the spot.”

During the summer of 1847, great numbers of the sick emigrants were landed at the New York quarantine station, "the public and private hospitals and almshouse were filled to overflowing, and sheds and tents were erected for their accommodation."

"The number of persons admitted into the marine hospital at Staten Island in the year 1847, was 6,932. Of this number, 5,277 were sick with fever, and 662 died. In that hospital, 2,229 cases were registered as typhus fever, of which 457 died, and 3,020 as remittent and typhus remittent fever, of which 205 died. There is reason to believe that many of these latter cases, landed from emigrant ships, were typhus; but excluding these, the total number of deaths from typhus at the quarantine hospital, and within the city of New York, was scarcely less than 2,000."—*Report of Committee on Practical Medicine of the American Medical Association, 1848.*

The war in the Crimea has furnished the nations engaged in it an extensive field for observations on typhus fever. It first appeared in the French and Russian armies in the summer of 1855; and soon after the capture of Sebastopol (in September) it began to assume an epidemic character. "From this time till May, 1856, it ravaged these armies with a fury unknown since the great epidemics of the imperial wars."—*Report on Diseases of the Army of the East, 1856.*

OF TYPHOID FEVER AS A DISEASE, SUI GENERIS, AND DISTINGUISHABLE FROM TYPHUS.

Within a few years, a form of continued fever has become extensively known in Europe and America, which, from its *resemblance to typhus*, has received the name of TYPHOID FEVER. The distinction between them has not yet been generally recognized in this country; and the name *typhoid* is applied to every case of fever that is protracted in its course, and marked by defective re-action, whether it originates in a specific contagion, in epidemic or meteoric influence, in a specific animal infection or marsh miasmata. I propose, in

the present article, to consider the true nature and peculiarities of *typhoid or enteric fever*; to draw a clear line of distinction between it and contagious typhus; and to present a condensed summary of the treatment which homœopaths have found most successful.

The distinction between typhus fever and typhoid is thus presented by Dr. Tweedie, of the London Fever Hospital:

“ 1. *Typhus Fever* originates in circumstances tending to impair the essential or vital properties of the blood, more especially overcrowding, defective ventilation, insufficient nourishment, and hence its prevalence in times of scarcity and famine. Its accession is marked by no special symptoms but such as occur in many acute diseases: chilliness, alternating with heat of skin; quickened pulse, succeeded by muscular prostration; more or less sensorial disturbance; and between the fifth and eighth day, a peculiar morbillous-like eruption, not fading on pressure, and persistent—the duration of the fever being about fourteen, seldom exceeding twenty-one days. In fatal cases, there is no specific lesion, congestion of the internal organs being the only change observed. If there be other lesions, they are superadded or accidental.”

SYMPTOMS, PROGRESS, DURATION AND TERMINATION OF
ENTERIC FEVER.

“ 2. *Enteric or Intestinal Fever*.—This form (known also by the term *typhoid*, abdominal typhus, and entero-mesenteric) is an endemic fever, and supposed to be produced by emanations from organic matter. Its mode of invasion, slow and insidious, differs little from that of other forms, except that there is almost invariably diarrhœa from the commencement, followed by gurgling in the right iliac fossa, and tympanitic distension. It is characterized, moreover, by an eruption of rose-colored spots, visible about the eighth day—often later—first on the anterior aspect of the trunk, rarely on the face or extremities, coming out in successive crops, and fading or entirely disappearing on pressure; occasionally epistaxis, little comparative

diminution of strength, and sometimes sensorial disturbance. This form is often protracted, seldom terminating before the third week, often lasting much longer. After death, there is invariably alteration in the solitary and agminated glands of the ileum, which are enlarged, and more or less extensively ulcerated, according to the duration of the fever, with enlargement and softening of the corresponding mesenteric glands, and increased volume and softening of the spleen."—*Lumleian Lectures*, by Alexander Tweedie. 1858–9.

First Stage.—The disease often begins in the most insidious manner. The first symptoms that attract attention may be those of some local inflammation, as gastritis, bronchitis, angina, &c. ; or there may be violent headache, with nausea and syncope ; irregular chills ; after some hours of weary, restless feeling, during which the appetite has failed, a few drops of black blood may have flowed from the nose ; the head heavy, vertiginous ; the mind now becomes confused ; the limbs tremble. For about two days, these symptoms continue to increase, and the sleep is troubled by dreams ; the pulse quickens, the tongue is furred, bowels relaxed, with occasional abdominal pain ; face flushed. "The next day," says Rapou, "the patient no longer complains ; he is slow to answer, but says, in a short tone, that he is well. The countenance is dull, sullen, stupid, or sour ; the eyes are brilliant and animated ; the arteries beat ; the pulse is full and large ; the lips dry ; the thirst ardent ; the tongue whitish, marked with red points ; the abdomen is swollen ; there is constipation ; the urine is rare and dark."—*Rapou : "Typhoid Fever, and its Homœopathic Treatment,"* page 45, &c.

"From the third to the sixth day the stupor increases, the patient only answers, with difficulty, the most pressing questions, but always in a sensible manner and slowly. He stammers ; the tongue trembles ; it becomes dry and thick, and has a brownish coating. The bowels continue to swell, appear indolent, except in the right iliac fossa, where the patient complains of a severe pain, and shudders under the pressure of

the hand upon it; the skin is dry and burning." Between the eighth and twelfth day, we perceive here and there, upon the trunk, a few small pale red or rose-colored papulæ, circular, or of the form of very small lentils. Each spot is distinct, fading or disappearing on pressure, and remaining only two or three days; and in some cases it is entirely absent. Later, we observe on the neck an eruption of round, transparent, limpid vesicles, resembling dew-drops, which disappear after about thirty-six or forty-eight hours, leaving small whitish pellicles. Sometimes, these sudaminæ are not appreciable, and we only observe a scurfy powder. The patient lies upon the back, without movement. We remark only a clonic contraction of the fingers, and a twitching of the tendons of the fore-arm. The atmosphere of the chamber is impregnated by a peculiar odor, which it is impossible to define, but by which the experienced practitioner immediately recognizes the presence of typhoid fever."

About this period, the disease begins to assume one of three forms :

1. *Cerebral Form and Symptoms.*—Furor, convulsions, cries, singing, turgescence of the face, haggard eyes, dilated or contracted pupils, trembling, redness of the tongue, tension of the pulse, continuing up to the moment of the general collapse which precedes death.

2. *Pulmonic Form. Symptoms.*—"A thick cough brings on at first a gelatinous expectoration of a pale-red color, adhering to the vessel, and changing slowly to a brown tint"—afterwards changing to the color of wine dregs—then to the juice of prunes, and becoming fluid. The features of the face alter rapidly; the nose sharpens; the temples flatten; the pulse is thread-like; vital power is rapidly exhausted under the influence of the consuming fever, which shows little externally, except in the evening exacerbation with its vivid redness and purple on the cheeks.

3. *Abdominal Form.*—The disease progresses steadily, with little show of cerebral or pulmonic symptoms; but the skin

becomes more dry, and the heat more intense. "The pale-red papulæ become brown, and multiply principally on the trunk," seldom on the extremities. "The stupor becomes more complete ; the patient replies to no question, and appears totally insensible ; the lips are dry and dark, as well as the gums and tongue ; the teeth are covered as with a thick varnish ; the bowels are swollen. Then a colliquative diarrhœa ordinarily succeeds the tenacious constipation of the beginning." The discharge is sometimes moderate ; in other cases, it is profuse and exhausting, and even accompanied with blood, which is usually an unfavorable symptom.

In mild or uncomplicated cases, typhoid fever continues a uniform course to about the eighteenth or twenty-first day, when there is a gradual abatement of the worst symptoms, and a gradual change to convalescence is observed. But in more severe cases, the abatement expected at this period does not appear. The headache, instead of subsiding, increases or passes into delirium, somnolence or coma, more or less profound ; or the intestinal inflammation progresses to more extensive ulceration, inducing greater emaciation and extreme debility. When the lungs are implicated, the symptoms are not always well marked, and the latent pleurisy, bronchitis, or pneumonia may only be recognized on careful percussion and auscultation.

When the complications are extensive, a low form of secondary fever arises at the period at which amelioration had been anticipated ; the fever increases ; the pulse becomes more frequent, weak and compressible ; the tongue becomes more dry, brown, shrivelled, or fissured ; the teeth become more darkly encrusted ; debility and emaciation increase ; the sacrum, hips, and other parts subject to pressure become inflamed, and, speedily, gangrenous. Many live through four and six weeks, and then die of exhaustion. Some linger much longer, and then die, or slowly recover. When death occurs from the general disease, it always takes place before the end of the thirteenth day. When death occurs after that date,

dissection shows local lesions sufficient to account for death. The natural duration of the general disease is about four weeks. We will now proceed to collect from various authors symptoms and observed facts, which, when placed side by side, will enable us to distinguish typhoid fever from other diseases.

DIAGNOSIS.

“ TYPHOID OR ENTERIC FEVER

Is distinguished by the inflammatory re-action manifesting itself at first with intensity; but it soon gives place to a depression of strength.”

“ The patient does not complain; replies tardily, but in a prompt and vivacious manner; his eyes are brilliant, animated with a strange excitement, as in a fit of madness; the entire economy is soon affected; the appearance is not that of inflammatory excitement, but of ‘that functional disorder known by the ancients as *ataxy*—the look is animated, but the features indicate stupor;’ the tongue is dry, arid, or burning, but there is no thirst; the pulse is first large and slow, then small and quick, without appreciable cause.”

SIMPLE ACUTE DISEASES.

The excitement goes on increasing progressively until it reaches the climax.

“ The patient is agitated, complains, looks and replies in a natural manner. After a general febrile movement, the disease locates itself, leaving several of the organic apparatus in their normal state.

Distinction between Typhoid and Typhus Fever.

TYPHOID OR ENTERIC

Has less of an epidemic, and more of a local character.

Is known by its leaving well-marked traces on the organism after death.

TYPHUS.

“ Typhus is pre-eminently the type of a blood disease—the fever poison acting primarily on the blood, and leaving, after death, little trace of structural change;” prevailing extensively as an epidemic; and “when once, from whatever cause, it may have been induced, it spreads by contagion, regardless of age, sex, or local circumstances.”—*Tweedie*.

TYPHOID OR ENTERIC.

TYPHUS.

Epistaxis.

Present in one third of the cases.

Did not occur in one of twenty-three cases.

Hearing.

Equally affected in both diseases.

Deafness more or less complete.

Eyes.

Conjunctiva but slightly injected ; pupils larger than natural.

Conjunctiva *very much* more constantly and intensely injected ; pupils abnormally contracted, in a majority of cases.*Tongue.*

More frequently moist throughout the disease. When dry, it is often small, red, glazed, and fissured ; when brown, its hue is less deep—it is of a yellowish rather than of a blackish brown, with red tip and edges ; the surface is smooth, covered with pale brownish-yellow fur, and appearing red between the fissures. Only one patient of twenty was unable to protrude the tongue.

Covered with thin white mucus in the early stage ; less frequently moist throughout the disease. Eight of forty patients were unable to protrude the tongue, showing extreme prostration. The tongue was then covered with a dark fuliginous incrustation, becoming nearly black ; the surface shrivelled or fissured, sometimes coated with blood. Teeth and lips similarly incrustated. The sordes from the teeth and lips exhibit blood discs from local hæmorrhage.

Intestinal Hæmorrhage.

Occurs in one-third of the cases.

Seldom or never occurs, except from hæmorrhoids. Constipation more persistent ; no gurgling over the region of the cæcum.

Constipation, followed by watery diarrhœa, with griping. Abdomen inflated ; noise excited by pressure over the right iliac fossa.

Appetite and Thirst.

No difference between the two diseases.

Pulse.

It fluctuates more from day to day.

TYPHOID OR ENTERIC.

TYPHUS.

Cough and Physical Signs.

Sonorous rale present in eleven-twelfths of the cases.	In only one third of the cases.
Dulness of the lung rare in typhoid.	Dulness of the most depending part of the chest, from intense congestion of the lung, is common.

Sloughing.

Frequent in both diseases.

Erysipelas.

Occurs in nearly one-third of the cases.	In less than one-twentieth of the cases.
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Cadaveric Rigidity.

Continued longer.	Ceased quickly after death.
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Discoloration of the Walls of the Abdomen, and of Skin covering large Veins.

Seldom seen.	Very frequent in those dead of typhus.
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Emaciation.

Progresses further in this than in typhus. In protracted cases, it is extreme.

Spots on the Skin.

No spots visible after death.	Continue visible after death.
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Head.

After death, the vessels of the pia mater were abnormally filled with blood in one-third of the cases; intensely injected in one of fifteen cases; the cerebral substance congested in one-seventh of the cases.	In many cases, no trace of disease in any organ is discovered. The pia mater and arachnoid separated with abnormal facility in nine of eleven cases; the vessels of the pia mater were congested in nearly half, and intensely congested in one-fifth of the whole of the cases. The cerebral substance was abnormally congested in one half.— <i>Jenner.</i>
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Age.

Age of persons attacked generally less than forty years.—(See Dr. Jenner's Reports of the London Fever Hospital, 1847 to 1849; Reports of the Crimean Fever or Typhoid, 1856.)	More common among persons over forty or fifty years.
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TYPHOID OR ENTERIC.

TYPHUS.

Mode of Attack.

The disease commences insidiously, and progresses slowly. The heat of the skin moderate, or entirely absent.

The heat of the skin more marked in the early stage, and during the exacerbations more frequent.

Early symptoms more violent than in typhoid, and their accession more sudden.

Duration.

Average duration in fatal cases twenty-two days. In some instances it has extended to forty, fifty, and even sixty days.

In fatal cases fourteen days. Few or none who die live beyond the twentieth.

Eruption.

Entirely different in character, though of a reddish hue. The spots disappear on pressure, last but for a few days only, and are succeeded by a fresh eruption as long as the disease continues.

Is seen in three fourths of the cases, and in all over twenty-two years old. Appears from the third to the seventh day, first on the trunk anteriorly, the spots varying in size from a point to three or four lines in diameter, having an irregular outline. Sometimes few in number; oftener, numerous small spots uniting to form large ones. Color dusky-pinkish, afterwards more dark, each patch remaining till the disease terminates. The depth of the color is proportioned to the gravity of the fever.

Miliary Vesicles or Sudamina.

May be seen in both diseases in cases under forty years of age.

Not seen in patients over forty.

Expression, Manner, Hue of Face, &c.

Not indicative of extreme prostration. Countenance anxious, complexion tolerably clear, flush of brightish pink color on one or both cheeks, and often distinctly circumscribed.

Countenance less anxious, complexion thick and muddy, the flush of face uniform, and of a dusky-red color.

TYPHOID OR ENTERIC.

TYPHUS.

Headache.

Headache disappears only about the
fourteenth or seventeenth day.

Is rarely absent in the beginning.
It disappears about the tenth or
twelfth day, or after that time comes
on at intervals, only at intervals.

Delirium.

In three-tenths of the cases only it
occurs before the fourteenth day, in
others as early as the eighth, slowly
increasing in severity.

In fourteen out of fifteen cases it
occurs before the fourteenth day, and
is then less active or violent. It is
sometimes noisy and violent, more
often low and muttering, in some
cases resembling delirium tremens.

Somnolence.

In eight ninths of the cases it begins
after the fourteenth day.

In seventeen out of eighteen cases
it begins before the fourteenth day.

Coma-Vigil.

Seldom or never occurs.

It occurs in one fifth of the cases.

Spasmodic Movements.

Occurs in an equal degree in both diseases.

Retention of Urine, and Involuntary Discharges from the Bladder and Bowels.

Occur at a late period.

Occur at an early period of the
disease.

Loss of Muscular Power.

About one fourth of the patients
keep the bed entirely before the
seventh day. Prostration not great
before the fourteenth to the twentieth
day.

All typhus patients keep their
beds entirely before the seventh day.
Prostration extreme by the ninth or
twelfth day. Facial muscles lose
their tone, and vary the expression of
the face.

Hæmorrhage into the cavity of the Arachnoid.

Not found in any case.

Occurs in one-eighth of the cases
examined. Amount of serosity within
the cranial cavity greater than in
typhus.

Pharynx.

Ulcerated in one third of the fatal
cases.

Not observed in any case.

TYPHOID OR ENTERIC.

TYPHUS.

Œsophagus.

Ulcerated in one-fifteenth of the cases.

Free from ulceration in all (twenty-four) cases examined. Epithelium separated from the œsophagus spontaneously, at an earlier period after death than in typhoid.

Stomach.

Mucous membranes of the stomach not softened throughout its whole extent in any case of fifteen. Cardiac extremity not softened, nor approaching to ulceration.

In four of thirty-seven cases the whole mucous membrane of the stomach was softened ; in four others, the whole of the coats of the great cul de sac were so softened as to be easily perforated.

Small Intestines and Mesenteric Glands.

Peyer's patches, and the corresponding mesenteric glands, are invariably diseased ; and on this ground alone the cases are commonly classed as typhoid. In sixty cases in the Crimean hospitals, these glands were affected in fifty-nine. The sixtieth case died of pneumonia.—*Dr. Lyons.*

Invariably normal.

The Crimean fever was simply typhoid fever.

Large Intestines.

Mucous membrane found ulcerated after death in rather more than a third of twenty cases.

In no instance found ulcerated.

Peritonitis.

It only exists as secondary to and dependent on the entero-mesenteric disease.

Spleen

Enlarged in all cases ; softened in one-third of the cases only.

Before the age of fifty, it is as large after typhus as typhoid fever ; but after fifty, it is decidedly smaller in typhus. Before fifty, it is not often softened ; after that age, it is as soft after typhus as typhoid.

TYPHOID OR ENTERIC.

TYPHUS.

Gall Bladder.

Ulceration of the lining membrane in one of fourteen cases.	In no case of thirty-one examined; but the bile was thicker, and of a much darker green color than in typhoid.
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Liver, Pancreas, and Kidneys.

More flabby than in typhoid.

Urinary Bladder.

Ulcerated in one case.	Not changed in any case examined.
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Pericardium.

Contained yellowish transparent serosity in all the cases of typhoid examined.	Contained red serosity from trans- udation of a solution of hæmatoxin in five of thirty-one cases.
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Heart.

Muscular tissues frequently de-
cidedly flabby, and the lining mem-
brane more frequently and deeply
stained of a dark red color than in
typhoid.

Lungs.

Granular and non-granular lobular consolidation very common.	Rare in persons dead of typhus; but consolidation is more common from congestion in the depending portion of the lung than in typhoid.
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Pleura.

Lymph or turbid serosity found in six of fifteen cases.	The same lesions, much less in extent, were found in two only of thirty-six cases.
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Distinction between Typhoid Fever and Tubercular Meningitis of Children.—This affection occurs in scrofulous children. It is characterized by “violent pain in the head, flushing, aversion to light; as the disease advances, drowsiness, delirium, dilated pupils, and, finally, deep coma, and sometimes alternating with convulsions. There may be sickness, and perhaps vomiting, but the bowels are generally confined. The rose

spots, too, so characteristic of enteric fever, are absent." "Meningitis terminates, either by recovery or death, within the third week ; while enteric fever may be protracted beyond the thirtieth or fortieth day."—*Tweedie. Lancet*, 1860 ; pp. 3, 108, 265, 313, 365.

PATHOLOGY.

The pathology of enteric or typhoid fever is thus briefly presented (*Braithwaite's Retrospect*, part xli., p. 19) : "The first morbid change observed in the intestine, in "enteric fever, is slight swelling of the mucous membrane, covering Peyer's patches ; to this rapidly succeeds the deposit of typhous matter which soon presents the appearance of a deep yellow or brown sloughy patch : this is in a short time detached, leaving a cavity or ulcer on the inner surface of the intestine, known by the name of a typhous ulcer."

Rokitansky gives the best description of the progressive changes induced by this disease :

1. The seat of the lesion is the lower third of the small intestine, the number and size of the ulcers increasing as they approach the cæcal valve.

2. The typhous ulcer, when it corresponds to the infiltration and detachment of a large Peyerian gland, is elliptical in form ; when it corresponds to a solitary follicle, or a rounded patch, or to the partial detachment of a glandular plexus, it is round ; when corresponding to a partial detachment, it is irregular or sinuous.

3. The ulcer varies in size from that of a hemp seed or pea to that of a half crown.

4. The patches are placed opposite to the insertion of the mesentery, their long diameters being always parallel to the longitudinal axis of the intestines. The typhous ulcer was only seen to form a zone in one instance out of many hundreds.

5. The base of the ulcer is formed by a delicate layer of submucous tissue, which covers the muscular coat, a well defined fringe of mucous membrane forming the margin.

Pathological Changes during the Progress of the Disease.—Resolution of the typhus deposit or infiltration occurs in mild cases in which the fever has a short duration. In more severe cases, in which ulceration has taken place, the ulcers may cicatrize or heal. In cases where death has unexpectedly occurred from some cause not connected with the disease, some superficial ulcers of small size may be seen, while others near to them are deep and apparently spreading. In one or more patches, especially near the cæcum, the ulcers appear smooth and polished, covered with a thin transparent pellicle, continuous with the submucous tissue around the ulceration, indicating that the progress of cicatrization is going on.

Two conditions are essential for the favorable healing of the ulcers: 1, there must be a cessation of the deposition of typhus matter, and a complete extinction of the typhus dyscrasia; and 2, the vital powers of the patient must be sufficient to withstand the exhaustion caused by the ulcerative process. In favorable cases, says Rokitansky, it takes place in the following manner: "The fringe of mucous membrane which lies upon the base of the ulcer gradually connects itself from without inwards with the cellular tissue that invests the base, and, uniting with it, becomes paler and thinner. At the same time, the cellular layer becomes whitish and more dense, and is finally converted into a serous lamina, the circumference of which is dovetailed between the muscular and the mucous coats. The margin of mucous membrane is beveled off in such a manner that the union is imperceptible; while the line of union, as well as the mucous membrane, is so thinned down that, at last, their villi appear to have been transferred to the serous lamina. The edges finally unite at one or more spots, and coalesce." When this process has been successfully terminated, the evidence of the previous existence of the ulcer remains in "a slight depression on the inner surface of the intestine, due to the thinning of the mucous membrane, and the connection with a thin cellular layer of denser structure; or we find a spot at which the mucous membrane is more

firmly attached and less movable, in the middle of which, by oblique light, we may often discover a smooth remainder of the serous lamina of the size of a millet seed ;” or we find a spot at which the mucous membrane is more tense, void of plicæ or folds, smooth, less vascular than the surrounding portion, and particularly less villous. Such cicatrixes have been observed thirty years after the attack of fever. The calibre of the intestine is never in any case diminished by the ulcerative and cicatrizing process of the disease.

In examining the ulcers from the cæcum upward, they are found in different stages of cicatrization, being farthest advanced in the patches nearest the cæcum, and less so as we proceed toward the jejunum.

Perforation.—In some cases in which cicatrization does not take place, the destructive process of ulceration successively lays bare the mucous, the areolar and muscular coats until the thin transparent peritoneum alone remains. When this gives way, the contents of the intestines escape into the peritoneal cavity, giving rise to acute peritonitis. The perforation is found in the centre of the ulcerated patch, and is usually very small.

Perforation is more common in cases of moderate severity, in which ulceration is proceeding slowly, but presenting some atonic characteristics. It is accomplished about the twelfth or fourteenth day, but has occurred as late as the ninth week. Since it has occurred when convalescence was apparently progressing favorably, every case should be carefully watched, even after danger appears to be past. So long as the patient does not positively gain strength, there are probably some unhealed ulcers in which erosion or perforation may yet speedily destroy life. In rare cases, death from this cause has been sudden, after the most favorable symptoms promised speedy recovery. Louis found perforation in eight out of fifty-five cases. Tweedie says there were in the London Fever Hospital twenty cases among eighteen hundred and twenty cases

admitted, and he also met with it eight times in a practice of thirty years.—*Lumleian Lectures*, 1858-9.

Changes in the Blood.—In both typhoid and typhus fever, the blood presents a peculiar aspect, and is altered in its character. Healthy blood, according to Becquerel and Rodier, contains, in 1,000 parts :

Water,.....	791.1
Fibrine,.....	2.2
Blood Corpuscles,.....	127.2
Albumen,.....	70.5
Fatty matters,.....	1.6
Extractive matter, Salts, and loss,.....	7.4
	1000.0

In these fevers, the blood contains less fibrin, and often less albumen, than in health, and it is also more liable to putrify. In acute inflammations, even in typhoid diseases, the amount of fibrine is increased, while the number of blood corpuscles is diminished.—See *Andral, Gavarret, &c.*

In typhus and typhoid fevers, the quantity of fibrin is never above the normal standard, but it diminishes in proportion to the duration of the fever, and the blood corpuscles increase. The remaining constituents of the blood are little diminished or changed. On the supposed origin of fevers in morbid changes of the blood, Tweedie says: “When we reflect that the blood, which was aptly termed by Borden *fluid flesh*, has the same proximate principles as the solids of the body, that it is organized and apparently endowed with vitality, the doctrine that it is liable to disease rests on a more solid foundation than vague hypothesis.” Dr. Stevens says that he and other practitioners of the West Indies observed that, in persons exposed to the fever-producing malaria, the blood underwent marked changes, even before the symptoms were developed. The remark has been made by many persons in malarious countries. In typhoid fever, the blood is altered in appearance. It is decomposed, having lost its red color and fibrinous consistence. From this decomposition arises the nasal and intes-

tinal hæmorrhages. The blood obtained from typhus patients forms in clots, which are "soft, dark, poor in fibrin and in hæmatosin."

CAUSES OF TYPHOID FEVER.

The specific cause of typhoid fever has not yet been distinguished from that which produces typhus, though it is believed that the two diseases arise from distinct poisons. The true typhus poison acts on the blood alone; whilst that which causes enteric fever operates upon the blood, and at the same time induces special lesions in the solids. Many unsatisfactory theories have been offered, by the aid of which it has been proposed to explain its phenomena. It is admitted to be a disease *sui generis*, not contagious in the sense usually given to that word, and caused generally by vitiated air containing the emanations from large bodies of human beings crowded together; also, by mental and bodily fatigue.

The precise nature of those emanations which produce this peculiar fever are unknown. Impure air of every kind is unhealthy; but the offensive gases generated from decomposing animal or vegetable substances may cause disease, nausea, and great depression of the vital powers; yet this fever seldom results from any of them. Mr. Brown, of Chatham (Eng.), has endeavored to show that typhoid has always originated "from the application to the alimentary canal of the excretia of the intestines that have undergone alterations outside of the body." Thus: "Fæcal matters (altered in their nature) are swallowed in water in almost all towns and cities, and even in lone houses in the country, in consequence of the proximity of wells to privies and drains;" hence, "blood poisoning and disordered sympathetic nerve force result, the skin and glands of the small intestine become diseased," and "typhoid fever," which is "essentially a privy-soil fever, is originated; but night soil can give rise to other diseases, as cholera, diarrhœa, dysentery." "Occasionally the opening of a long-closed privy is directly followed by typhoid fever of

a malignant type. I believe in such cases there is fæcal matter actually swallowed with the saliva, by its infringing on the pharynx."—*British Medical Journal*, Feb. 1858, p. 165.

It is at least generally believed that typhus fever is induced by the respiring of air charged with a larger per centage than usual of effete animal matters thrown off from the lungs or skin of masses of people occupying crowded apartments. It is considered as the special product of over-crowding, and essentially different from typhoid fever. In an experiment performed in Europe, "an animal extractive matter was obtained from the respiratory and cutaneous excretæ of numerous individuals congregated in one apartment. This extractive matter was injected into the blood of a dog. The animal died of low fever in fourteen days. This, it will be observed, constitutes the full period of typhus fever."—*Braithwaite's Retrospect*, July, 1858, p. 21.

Typhoid fever is now never absent from large cities. Andral and others have remarked, that the sojourn in Paris of strangers not yet acclimated predisposes to this disease. The same observation has been made of other large cities. It is among the crowded masses of these great centres of population that the highest degree of vitiation of the atmosphere is found: hence typhoid becomes endemic in cities, and only travels abroad into rural districts at times when great meteorological or other changes increase its power. It then, in imitation of plague, cholera, or yellow fever, marches forth from its strong hold, and reigns in both city and country as an epidemic.

TREATMENT OF TYPHOID FEVER.

It is generally admitted that typhoid fever, when fully established, cannot be suddenly arrested. But it can be conducted safely through its regular course; and its ordinary duration is shorter, and its termination in a more satisfactory state of health, under homœopathic treatment, than any other.

1. *Premonitory Period.*

Pulsatilla.—Bartle, who treated this disease in the great military hospitals of southern Austria, used it in feeble and lymphatic constitutions in which there is a predominance of chills, absence of thirst and appetite; the mouth smells offensive; tongue white; nausea or vomiting of mucus; mucous stools; disposition to weep or grieve. Rapou and others give the leading indications for the following, among the most important remedies in this disease :

Nux vomica.—Bilious or gastric symptoms predominate; tenesmus or constipation.

Mercurius solubilis.—Nervous-lymphatic constitution, delicate and feeble; face pale, yellowish; tongue covered with a thick yellow coating; putrid, insipid taste; bleeding of the gums, little thirst, painful sensibility of the region of the liver and stomach; *stools copious, yellow or greenish liquid, flocculent and containing blood*; dizziness, fullness or confusion of the head; cephalalgia of the forehead; burning dry skin, or debilitating, clammy sweats; debility; sleeplessness.

Dulcamara.—Disease introduced by alternations of heat and cold: the tongue clean, no gastric symptoms; yellowish fluid stools, borborygmus, torsions, cuttings; pressure on the abdomen, which is painful in the umbilical region.

Bryonia.—Disease already passing into the second stage; shivering, followed by general heat, especially in the head; nervous manifestations commencing, tearing, beating; lancinating cephalalgia, red face, dry and crusted tongue; disgust, nausea, rising in the stomach of mucus or bile; tongue white, mouth bitter, throat dry, vesicular eruptions on the lips and mouth; gastralgia; epigastrium tender to pressure; pain in the abdomen, constipation, flatulence, urine in small quantity and turbid; voice feeble and hoarse; sight impeded as by a veil; trembling and vertigo on rising up; sleeplessness and flushes of heat, or comatose somnolency, starting; morning cough, shootings and stitches in the side in coughing, or

breathing deeply; irregular intermittent pulse, fear of death, petechiæ; pains in the joints, and overwhelming lassitude. In the premonitory stage, it is often successful in preventing the progress of the fever.

Rhus.—Confusion and shooting pains in the head; dry, burning heat; tension and stiffness, or wandering pains in the nape of the neck and breasts, aggravated in the evening by motion; fatigue and lassitude; when the nervous symptoms appear and the tongue is coated; when there is diarrhœa, with borborygmus, chills, vertigo with irregular closing of the eyelids; alterations of the colors of the face, dryness of the throat, vomiting, yawning, heaviness of the head, pressure on the eyes, painful susceptibility to light and noise, defective memory, tendency to delirium, under lip and tongue dark. *Rhus*, in the premonitory stage, often prevents the full development of the fever.

Ipecacuanha—Gastric derangement, vomiting or purging diarrhœa.

Veratrum album.—The attack begins with vomiting and watery diarrhœa; the limbs become cold and covered by cold perspiration. Rapou says he gave it successfully in a case of this character, in which “the extremities to the elbow were cold as marble, and covered with petechiæ, the pulse hardly sensible, the abomen extremely painful,” with involuntary evacuations.

Digitalis.—Nervous-lymphatic constitution; pupils dilated, tongue clean, pulse slow and regular; strength depressed, oppression and fullness of the epigastrium; disgust, nausea or vomitings.

China.—Typhoid fever of slow, continued form; pallor of the face, cephalalgia, confusion of sight, ringing in the ears, defective hearing, tongue coated; mouth dry, with bitter taste; thirst, nausea, epigastrium oppressed and sensible to the touch; stools watery or lienteric, urine diminished; breathing difficult and chest oppressed; anxiety, sleeplessness, and coldness of the extremities.

Second Period—Gastric Inflammatory.

Pulsatilla.—Appropriate in soft, relaxed constitutions; there is little or no thirst; stomach disordered, complexion pale or sallow; temperament phlegmatic; mind anxious or peevish; the mouth is bitter, tongue covered with a whitish or green coating, want of appetite, glairy vomitings.

Mercurius dulcis.—Painful sensibility of the whole abdomen, watery and colorless stools, or resembling the washings of flesh. When the tongue becomes more red and dry, and delirium increases, its action is less certain, as it then needs the aid of measures that more directly control the inflammation.

Bryonia.—Cases assuming the form of cerebral typhus; violent delirium, with intense febrile heat, great thirst and dryness, and vesicular eruption in the mouth; abdomen swollen, epigastrium tender, urine dark; shooting pains in the sides of the chest, drowsiness during the day, restlessness at night; small and soft pulse; clammy perspiration and trembling of the hands. Dr. Anelli, of Presburg, succeeded with this remedy in those cases in which a severe chill and vertigo were followed by persistent heat for two days. A diminution of the heat was followed by delirium, loss of consciousness, reaching, in the course of two weeks, profound stupor. In these cases the abdominal symptoms were absent, and a majority of them terminated fatally under allopathic treatment. In those that recovered, there was complete deafness about the twentieth day. Under homœopathic treatment, this favorable symptom appeared on the fifth day, and in nearly all cases recovery followed in a few days.

Rhus toxicodendron.—Appropriate in all stages of the disease, especially in cases that take the form of nervous fever, with stupor; also, when exhausting alvine discharges induce great prostration. *Rhus* moderates the fatal colliquative diarrhœa, and diminishes the cerebral congestion.

Phosphoric acid.—Prostration, with partial loss of consciousness, in blond, delicate constitutions; scorbutic alteration

of the buccal membrane; extreme slowness in replying and moving; aqueous colliquative diarrhoea; a great number of petechiæ or clear brown spots, flat and prominent, and profuse perspiration. This remedy was recommended for this group of symptoms by Dr. Bartle. Rapou found it highly successful.

Chamomilla.—Redness and febrile heat of the cheeks in the afternoon; swelling of the parotids, redness and dryness of the buccal membrane, tongue cracked, coated; taste putrid and bitter; breath fetid; thirst ardent; nausea, bitter vomitings, pressure on the stomach, colic, painful sensibility of the abdomen, aqueous yellow and green stools, urine with a yellow flocculent deposit; catarrhal hoarseness, mucous rattle in the chest; tickling in the trachea, provoking cough; oppression, wakefulness, profound sleep; subsultus, vivid dreams, pressure upon the sternum, shootings, burning in the chest, subdelirium, dry febrile heat, anxiety, nervous irritation, sighs, shuddering.

Belladonna.—Inflammatory cases: redness, burning heat of the face; pulse full, hard, frequent; strong beating of the carotids; face animated, with severe, stern, or sullen countenance; skin warm and dry, tongue red, dry, great thirst, bowels flatulent, urine scanty and red, or dark and turbid; there is headache, delirium; redness, sparkling, fixedness and brilliancy of the eyes, pupils dilated or contracted; the patient cries, is delirious, is agitated during sleep, has frightful dreams, insensibility and profound sleep. It is nearly always more successful in these cases when alternated with *aconite*. The febrile as well as the cerebral symptoms, and the involuntary stools, usually give way under the joint influence of these two remedies. Alternate shiverings and heat, hardness of hearing, or perceptible throbbing.

Calcarea carbonica.—At the end of the second period, or at the commencement of the third: intestinal ulcers in process of formation. Remedies no longer control the diarrhoea. Bartle gives here, *calcarea carbonica*, one drop of the 30th dilution every six or twelve hours. Sometimes he alternates

it with *belladonna* 30°. If no amelioration in twenty-four hours, descend to the 24', 18°, 12°, or 6°. When there is improvement, the sensibility of the abdomen, the agitation, anxiety and meteorismus diminish, the stools at the same time becoming less fluid and less frequent.

Phosphorus.—Toward the close of the second period: there is congestion of the lungs (hepatization), with oppression and anxiety. In typhoid pneumonia, when *aconite* 3° does not give relief, and the expectoration becomes sanious and fetid, *phosphorus* 6° or 12 is the best remedy.

Sulphur.—Countenance very pale, eyes dull, itching eruption of the lips, burning dryness of the mouth, aqueous stools, generally natural; dry cough, especially in the evening or night; shootings in the chest, oppression, wakefulness, agitated sleep, skin hot and dry, pulse not excited. Bartle gave one grain of the second trituration, once or twice a day. We prefer a second dilution of the tincture.

Pulsatilla 12°, and *cannabis* 1° or 3°, for retension and painful emission of urine.

Hyoscyamus.—Frequent desire, but inability to urinate. 3° to 9° dilution. Furious delirium, with fanciful visions; palpitation, paleness of the face; fixed and dull eyes, or red and sparkling; dark brown tongue.

Aconite and *Belladonna*.—Separately, or in alternation. Proper always in the beginning of the fever, for inflammation of the parotids. Bartle effected the dispersion of these inflammatory swellings by *belladonna* 12° to 6°, and in some severe ones by alternating this remedy with *calcareu carbonica* 12° to 30° dilution. Enlarged and inflamed tonsils yield to the same remedies, especially to *aconite* and *belladonna*, when the color is dark and the inflammation is phlegmonous. When the redness is more pale, and the tonsils are covered with small palish ulcers, *bryonia* is more appropriate.

Belladonna 6° generally procures sleep, when it is disturbed by the febrile excitement.

Pulsatilla, *rhus*, or *sulphur* were employed by Bartle, in low

dilutions, for that state of dissolution of the blood which causes the hæmorrhage from the nose, &c.

Use of Cold Water.—Pure cold water, used as a drink, says Dr. Bartle, “produces a better sanguinification—the most agreeable refreshment. Employed moderately externally, it revives and strengthens the nervous system, favors re-action, renders the system more susceptible to the action of remedies, provokes the crisis by urine, and especially by perspiration.” When, “towards the close of the second period, the indicated remedies produce no relief, or only grievous aggravations,” the internal and external use of fresh water brings about salutary critical changes, and transforms medicinal aggravations into curative effects, producing abundant perspiration, without ever interfering with their best action as remedies. At all stages of typhoid fever, the patient may safely drink small quantities of fresh water at short intervals. The mouth may be gargled with it frequently. When the head is painful and hot, it may be covered with wet compresses, often changed; the painful and distended abdomen may be covered with wet cloths; the whole body may be washed or wrapped in a wet sheet. When there is no diarrhœa, water may be taken frequently; when diarrhœa begins, the quantity taken should be less, or at least should be warmer.

When there is strong congestion of the brain, with pain and heat of the head, the application of wet compresses moderately cool, and often changed, give the greatest relief. When the abdomen is highly sensible and distended, we may cover it with wet compresses, wrung out of tepid water, wrung nearly dry, covered with a band of oil-cloth to keep the vapor in, and changed at short intervals.

For the constipation, injections of tepid water are the best remedy. Their action is often most favorable when the quantity used is just large enough to be retained for some hours. During this time, much of the fluid is absorbed, and the remainder comes away, bringing with it softened masses of fæces that had become hardened by long retention. When

diarrhoea begins, injections of starch and water, in small quantity, are sufficient to moderate it. In some cases, a large quantity of fluid of a mucilaginous or oily nature can be slowly introduced through the sigmoid flexure into the colon. When this is skilfully done, it at once subdues every threatening feature of the disease. The direct application of emollient liquids in large quantity to the surface, which constitutes the seat of that specific inflammation in which the characteristic feature of typhoid fever consists, always produces such an immediate amelioration, that the case at once becomes at least a curable one.

When homœopathic remedies have been tried for a day or two without perceptible improvement, the judicious application of water in some form, external or internal, is indispensable. We can choose between the above methods and a bath, warmer or cooler, but rather warm than cold. That kind of relaxation of the various tissues under which medicines always act most efficiently and promptly, should, by some of these means, be induced. Bartle employs the wet sheet, wrung out of hot water, and covered by a dry one; and this is renewed every hour or two till perspiration becomes free and abundant, and emitting a strong odor. "This hyper-secretion procures, in general, the solution of the disease. We are careful during the process to renew fresh compresses upon the head, while the feet have only dry envelopes. The wet sheet should not come below the ankles." The wet sheet should be renewed frequently (every hour or two), while the heat is great. Perspiration should be encouraged by frequent drinks. When the perspiration has proceeded far enough, the patient should be washed in tepid water, and put in a clean bed in a well-aired room.

Third Stage.

Bryonia is still here an important remedy. It is appropriate in cases of violent delirium, great heat, ardent thirst, dryness, and vesicles and ulcers of the mouth and lips, epigas-

trium swollen, abdomen tender to the touch, involuntary evacuations, desponding drowsiness without sleep, complainings, mutterings, sub-delirium, agitation, miliary eruptions.

Rhus, alternated with *bryonia* (given on alternate days). There is a state of stupor and prostration, with extreme feebleness, abundant aqueous diarrhoea, stools and urine involuntary; the dissolution of the blood makes rapid progress, and is visible in the epistaxis and petechial eruptions.

Phosphoric acid, alternated with *rhus*, for general stupor of all the organs, apathy, dizziness, tongue dry and cracked, teeth covered with a coating, lips black, cough frequent and dry, lying constantly on the back or side; there is continual delirium or dull mutterings, subsultus tendinum, fixed look with hollow glassy eyes, desire to escape, skin dry and burning, stools aqueous, abundant and involuntary, cold perspiration of the face, pit of the stomach, and hands; pulse frequent, feeble, and intermittent. Rapou gives a drop of the first dilution every three hours or less. "In desperate cases, where the prostration approaches death, prescribe two to six drops in several ounces of distilled water, taken by teaspoonful doses." The same, as well as *nitric acid*, given in injection, is effectual against intestinal hæmorrhages. Use *nitric acid*, four to six drops in two or three ounces of water. This symptom is one of great danger.

Belladonna: Indicated by general érythismus, violent delirium, great internal and external heat, redness and swelling of the face, dry tongue, absence of sleep; also when the patient is in a soporous state, expressing no complaints or wants, except of drinks; the deglutition is difficult or impossible; eyes fixed, brilliant, mouth open by the relaxation of the levator muscles; the tongue is stiff and cannot be protruded; deafness, thirst, bowels distended, stools and urine involuntary; disposition to slip down toward the foot of the bed, to uncover and throw out the legs; drowsiness without sleep, subsultus, pulse intermitting.

Opium: Profound coma, with slow pulse, full but depress-

ible, light mutterings, subsultus, fixed gaze, wrinkled skin, dry tongue, fetid involuntary stools.

Calcarea carbonica: During the formation of intestinal ulcerations, alternate it with *rhus* and *belladonna*. In frequent hæmoptysis, commence with the 30th and descend progressively to the 6th. For the epistaxis, give *calcarea*; and if it should fail, try it in lower dilutions, or *hepar sulphur*.

Nux vomica: Intestinal cramps and constipation, with congestions of the head and chest; excessive sensitiveness of all the organs; predominance of gastric and bilious symptoms; drowsiness; redness and burning of the hands; tongue dry; bitter or putrid taste of drinks; vertigo; tension of the hypochondrium and epigastrium; irascibility, peevishness, impatience.

Aconite: Excessive excitement of the arterial system; alternate with *belladonna*, when the cerebral symptoms or parotitis are prominent.

Arsenicum: This is an important remedy in typhoid fever. It is strictly homœopathic to the following condition: "Irritation and ulceration of Peyer's glands, and of the follicles of Brunner; tenderness, or sharp pain in the right iliac fossa upon pressure; tendency to, or actual decomposition of the blood, and, therefore, occasional nasal and intestinal hæmorrhages; derangements of the cerebral and nervous apparatus; tongue dry, dark in the centre and red on the borders; petechial eruptions, and sudaminæ; tympanitic distension of the cæcum and colon; urine scanty and dark; pale and sunken face; constipation, followed by diarrhœa; universal prostration; general collapse.—*Dr. Marcy, New Materia Medica*, p. 688.

The hygienic treatment is highly important throughout the whole progress of the disease; but we will not now enter upon it, as it must be directed by the same general principles that govern us in other febrile diseases. Perfect ventilation of the sick room is indispensable. Frictions with the dry "hand or flannel upon the benumbed, dry, withered parts;

fomentations, injections of tepid water, gargling the throat with fresh water, cold compresses on the forehead, unctions of oil and of *arnica* upon the injured and painful parts," and many similar measures, may be employed to solicit vital re-action, and prevent formidable complications.

In the management of alimentation, the precision and delicacy of the physician's perceptions are very accurately tested. While we know that the lives of a vast number of patients are sacrificed by the taking of food too early in the disease, in too large quantity, or too strong or indigestible in quality, we must also remember that an equal number have been starved to death, though stretching out their hands for food, tortured by a consuming hunger known only to the victims of the *marasmus* that follows in the train of typhoid fever.

GENERAL PATHOLOGY.

BY W. P. BAIRD, M.D., EVANSVILLE, IND.

THE subject upon which I am about to enter is one of vast importance to every student and practitioner of medicine. I allude to general pathology. It is the only safe and proper foundation upon which to erect a superstructure of medical knowledge that will be available in all emergencies, and stand the criticisms of your adversaries, as well as the tests of time. No person can claim the honor of being a thoroughly educated and scientific physician without an acquaintance with the *science of disease*, however well he may be versed in all the collateral branches bearing upon his calling.

There are many who claim the honors and prerogatives of the doctorate, but without any regular systematic medical

education. Their knowledge comprises but little more than the names of diseases, and from the symptoms manifested they are taught to prescribe certain remedies; and though their efforts may be attended with a comparative degree of success as viewed from an allopathic stand-point, yet it must be confessed they do not render full justice to the system of practice they have adopted, and to the science of which they have assumed to be the avowed friends and practical exponents.

When you come to examine such practitioners in regard to the philosophy of their therapeutic efforts, or into the nature and morbid character of the organ or tissue involved, and of which the symptoms are nothing more than the voice of alarm from an invaded, wounded, endangered organism, you will be able to elicit but little definite information from them. They are ignorant alike of the rationale of disease and the *modus operandi* of medicinal agents. In many instances, they cannot distinguish between functional derangement and organic lesion of structure. They know not, in many instances, whether the symptoms by which their selection of a remedy is to be governed, and which is, consequently, of the utmost importance, originate from an organ primarily or secondarily affected, whether from actual disease or from sympathy alone. Being ignorant of the character of morbid processes going on in the system, they will be unable to predict with certainty the probable termination of such processes—whether they will result in a restoration to health or prove fatal. They are ignorant of the changes wrought in the fluids and solids of the body by disease, and of the nature of the secretions and excretions as they are exhibited in morbid states of the system, and the inferences to be drawn therefrom. In many instances, they fail to comprehend and distinguish what symptoms are to be taken as guides to the selection of a remedy—what are to be overlooked or disregarded. In a word, they fail to comprehend the true essence of diseased action, as contradistinguished from that of perfect health. They know nothing of the manner in which the life principle—that secret, myste-

rious, incomprehensible biotic force—operates upon the molecules of matter of which this human organism is composed, so as to form such a variety of tissues and organs, and allow of growth, repair, disintegration and atomical death to go on as ever-active, continuous processes. They are ignorant of the relation which the nerves, the cerebro-spinal and ganglionic systems, bear to the various parts of the body—how they operate upon and influence the various life processes as manifested in living organisms, and, through them, what relation the personality of man, the soul itself, sustains to its material residence, and the effect it is capable of exercising on that materiality. They are unable to appreciate the exquisite fineness of man's organization, which alone gives him the power to enjoy so many delightful impressions through the channels of the senses, as well as through the emotions and affections of the soul; and which delicacy of structure and organization makes him an easy prey to the incursions of disease. Yet reason should teach one the folly of using murderous agencies to restore that which is so easily disordered, though, alas! it does not always do it.

The educated physician, whose mind has been disciplined by rigorous study, and whose reasoning and perceptive faculties are kept brightened by continued action, knows that symptoms are but the *evidence* which an injured body is detailing to him—a body injured by the infraction of some law of the physical economy, and which must be redressed. He knows, I repeat, that the symptoms are the evidence of disease; and as it is an indispensable prerequisite of a good lawyer to be able to weigh testimony, to sift evidence, and to determine the facts in any given case, so that physician is most worthy of his vocation who, from habit and education, carefully weighs and sifts the frequently conflicting evidences of disease, and arrives at positive truth, as respects the organic or structural lesion. I wish to be clearly understood. I would have you know that the symptoms do not constitute a disease. The symptoms are but the manifestations—the evidences—of disease. Symptoms

are not natural and common to the body; and whenever they arise, it is because of some derangement which is beyond, and which I would have you know. Those physicians, as I have said, who, from their limited knowledge of what goes to make up a thoroughly qualified physician, and who wear the *toga medicinale* in consequence with so ill-befitting grace, are rather calculated to retard the onward march of our science to a position of supremacy in the affections and confidence of mankind. While they will be successful in combating many diseases, they will be unsuccessful in not a few which would have yielded to more scientific and skillful hands.

Before the discovery of the law of cure by Hahnemann, medicine was nothing but a system of doubts and uncertainties, clothed in the attractive garb of plausibility—a system grand and commanding as to size, but destitute of positive truth—while its history is emphatically the history of variations. Therapeutical agents were administered in poisonous doses—the so-called physicians being ignorant alike of the properties of the drugs and of the nature of disease, and medicine thus resolved itself into a mere conjectural art, possessing not one element of certainty or science. When we consider how difficult a matter it is for even the most learned and experienced physicians to arrive at a definite conclusion as to the actual seat and nature of a disease, and when we consider the differences among men in respect to idiosyncrasies, habit, temperament, and constitutional peculiarities—also, the variety of causes which give rise to diseases so nearly alike—well may Dr. Abercrombie say that “the difficulties and sources of uncertainty which meet us at every stage of such investigations are, in fact, so great and numerous, that those who have the most extensive opportunities of observation will be the first to acknowledge that our pretended *experience must, in general, sink into analogy, and our analogy, too often, into mere conjecture.*” Can a hap-hazard conjectural use of dangerous drugs be safe? Is it philosophy? is it science? You recollect Dr. Girtanner spoke of allopathy as follows: “Our *materia medica* is a mere collection of fallacies and

absurd observations." Hoffman, called the father of pathology, says: "Very few are the medicines whose virtues and operations are certain; but very many are those which are utterly false, suspicious and fictitious."

Among the many distinguished allopathic physicians who have candidly expressed their opinions in respect to the old system of medicine and of medical practice, I beg leave to read you a long quotation from Dr. Rush. And I do this the more willingly, because of the acknowledged distinction of its author, and because of the truth of the sentiments therein contained, in order that you may duly estimate the great revolution which the discovery of our therapeutic law has wrought in medical practice, and, in consequence, to encourage you in your professional studies. "It seems to be one of the rules of faith in our art," he says, speaking of the prevailing system of medicine, "that every truth must be helped into belief by some persuasive fiction of the schools; and I confess, so far as I know, the medical profession can scarcely produce a single volume in its practical department, from the works of Hippocrates down to the last-made text-book, which, by the requisitions of an exact philosophy, will not be found to contain as much fiction as truth. There are tests for all things. Now, a dangerous epidemic always shows the difference between the strong and the weak, the candid and the crafty, among physicians. It is equally true, that the same occasion displays, even to the common observer, the real condition of their art, whether its precepts are exact or indefinite, and its practice consistent or contradictory." Upon these points, and bearing in mind that we have now, in medicine, the recorded science and practice of more than two thousand years, let the reader refer to the proceedings of the medical profession during the prevalence of the Asiatic cholera; and he will find their history everywhere exhibiting an extraordinary picture of preparatory panic, vulgar wonder, doubt, ignorance, obtrusive vanity, plans for profit and popularity, fatal blunders, distracting contradictions, and egregious empiricism — of ten thousand books upon

the subject, with an unsatisfied demand for still more—of experience (so called) fairly frightened out of all his former convictions, and of costly missions after moonshine, returning only with the clouds. Now I do assert, that no art, having a sufficiency of truth, and the least logical precision, can ever wear a face so mournfully grotesque as this. In most of the transactions of men, there is something like mutual understanding and collective agreement, on some points, at least. But the history of cholera, summed up from the four quarters of the earth, presents only one tumultuous Babel of opinion, and one unavailing farrago of practice. This even the populace learned from the daily papers, and they hooted at us accordingly. But it is equally true, that if the inquisitive fears of the community were to bring the real state of professional medicine to the bar of public discussion, and thus array the vanity and interests of physicians in the contest of opinion, we should find the folly and confusion scarcely less remarkable on nearly all the other topics of our art. “Whence comes all this? Not from exact observation, which assimilates our minds to our consenting usefulness, but from fiction, which individualizes each of us to our solitary conceit, or herds us into sects, for idle or mischievous contention with each other—which leads to continual impositions on the public, inasmuch as fictions, for a time, always draw more listeners than truth—which so generally gives to the mediocrity of men, and sometimes even to the palpably weak, a leading influence in our profession, and which helps the impostures of the advertising quack, who, being the unavoidable product of the pretending theories of the schools, may be called a physician with the requisite amount of fiction, but without respectability.”

Such was the condition of medicine prior to the discovery of this therapeutical law, and even now among those whose ignorance or prejudice prevents them from adopting it as a basis of practice. The discovery of this law has effected a thorough change in medicine, the beneficial effects of which

will be felt and appreciated through all coming time. It has rendered what was uncertain, certain; what was doubtful, sure; what was dangerous and inefficacious, safe and practical. It has developed harmony out of discord, and order out of confusion. It has established a science of that which was but the grossest empiricism. This therapeutical law is a law of nature; and is as susceptible of demonstration as any other law of nature. It is demonstrated in the morbid effect which medicinal substances are capable of inducing in the healthy organism. It is demonstrated in the successful treatment of thousands of diseases, as thousands of practitioners are able to testify.

Medicine is to be looked upon and studied just as any other art or science is to be looked upon and studied; and if there be a science, it is resolvable into the following particulars: 1st, to ascertain the structure and action of the body in health, and the influences which sustain that structure and action; 2dly, the morbid changes of that structure and action, and their causes; 3dly, the means to neutralize or counterbalance morbid impressions, and their effects; and lastly, how to render those very forces which sometimes beget derangement, hereafter productive of heightened development and prolonged existence. All these are comprehended in homœopathy. It teaches that this organism is under the dominion of a vital force; and that when this vital force is misdirected, a pathological state supervenes. It teaches that there are agencies which can counteract this morbid tendency, and restore the part to a condition of health.

The human body is made up of various organs and tissues, of fluids and solids, each of which is designed to subserve some useful purpose, and has its appropriate work to perform in the living economy. When a house is to be built for the occupancy of man, it is necessary there should be a wall, a framework, in order to give stability to the superstructure. So, in the human body—this curiously-wrought tabernacle for the indwelling of the soul—we have, first, the osseous

system, the skeleton, composed for the most part of material drawn from the inorganic kingdom, and designed as a general support and framework to the organism. The muscular system, comprising in our view both the tendinous and ligamentous structures, forms the next tissue in rank of importance, in an ascending scale of general classification. This tissue contributes outline, form, and beauty to the body; subserves motion and locomotion; and, together with other minor though no less important uses, it serves as a protection for other and more important tissues and organs. The mucous and serous tissues serve as lining membranes to the various cavities of the human body; and, among other uses, afford a peculiar secretion to protect the surfaces they enclose from friction, and from irritating substances which might be brought in contact with them, and which would impede the easy and harmonious working of the parts. The mucous membrane, with but one exception, lines cavities which open externally—the serous, those which are entirely closed. The visceral system comprehends those various organs which are designed for the reception and elaboration of suitable pabulum for the nourishment of the organism in all its parts, and for the removal of effete and deleterious substances from the body. This pabulum, when duly elaborated, becomes blood; and as it is necessary that this fluid should be brought into contact with all parts of the body, in order that the materials of growth and repair may be furnished, we have, for this purpose, the arterial and venous systems, commencing at the heart, and including the arterial and venous capillaries. Before this fluid is properly fitted to nourish the system, it must be brought in contact with the atmosphere, in order that, by agency of the oxygen which it affords, carbonic acid gas may be disengaged, and other impurities carried off. For this purpose, we have the lungs and their appendages. There are other organs, such as the liver, kidneys, skin, &c., which contribute to purify the blood by eliminating from it the debris of worn-out tissue, and other effete and noxious materials.

The tissue occupying the highest position in the human organism, both as regards official rank and functional importance, is the nervous system, comprising the brain, spinal cord, and nervous radicals. Then, over and above all, and having its seat in the brain, and its influence and effectual operation through the nervous trunks, we have that immaterial entity denominated *Mind*.

Having now indicated, in a general and imperfect manner, some of the most important organs and tissues of the human body, with all of which it is presumed you are thoroughly conversant, we come to speak more particularly of the conditions and laws which govern their action in a physiological state; for it is only by properly understanding the manner in which the functions of the body are performed in health, that we can arrive at any satisfactory conclusion as to what must constitute a true pathological condition. It is only from such knowledge that we are enabled to judge of the nature and character of morbid processes. Although the human body is composed of a variety of organic elements, and these elements, being united in different forms, give us a multitude of tissues and organs, yet, when taken together as the property of the life-force by which alone they are incited to motion, they form a complete whole. The entire man is a unit. You cannot remove an organ without involving to a greater or less extent the integrity of them all; and likewise, if one organ becomes impaired in function, the consequences of such impairment will be felt throughout the entire organism, and this will be in exact proportion to the official rank which that organ holds in the economy. If a tissue be mutilated or destroyed—a tissue comparatively unimportant in itself, and located far from the centre of vitality—a sense of that injury will be immediately carried to the brain, and thence reflected to all parts of the system, producing effects more or less deleterious.

In order that the atoms needed in the processes of growth and repair shall be duly developed, arranged, and appropriated,

a certain agency is required, and this agency we denominate *life* or *vital force*. Of this life-principle we can know nothing, except from its manifestations. From an observance of the phenomena of life, both in health and disease, as well as from experiment and observation of the effects of material and immaterial agencies on this life-force, we arrive at the conclusion that there are *conditions* or *laws of vitality*, and that it is only by conforming to these laws that perfect physiological health can be maintained. This condition of vitality may be local as applied to a particular part or organ, or it may be general as affecting the entire economy. Thus, it is a condition of vitality as relating to the lungs, that the air which is to be inhaled shall contain a sufficient amount of oxygen, and be free from all noxious or foreign substances. But if we substitute carbonic acid gas for ordinary atmospheric air, the function of the lungs can no longer be carried on. In the process of disintegration, we find that carbon is incorporated with the blood, and it is the function of the lungs to eliminate it. This cannot be done through the lungs, except a sufficient amount of oxygen be afforded for that purpose. But this carbon of the blood is inimical to the operation of life-force, and if retained in the system will so misdirect that force as to bring about the condition which we call disease.

Only such substances must be taken into the stomach as are capable of being digested, and appropriated as the wants of the system may require. Now, if some foreign material finds entrance at the same time with the food, it may, by its physical presence or essential property, so operate on the vitality of the part as to cause irritation and vomiting. Thus, if a quantity of arsenic be swallowed, through mistake or by design, and disease and death result, it is because the arsenic is a material foreign to the body, and inimical to the operation of the life principle. Again, if an organ whose function is to eliminate certain unnecessary substances from the blood, should become deranged, and those substances be suffered to remain in the circulation, they would derange the life-changes and

motions, although they were once part of the system. The kidneys may afford an example of this. Now, it is just as necessary for the body that those substances which are the result of disintegration and decay should be removed, as that those substances only should be taken into the system which are required in the process of growth and repair.

A certain range of temperature is necessary to the operation of the life-force, and therefore, if the body is subjected to a severely cold climate, deprived of all artificial heat, as well as those substances which, as food, contribute to the generation of animal caloric, one of the laws of vitality will be violated; for molecular change, which constitutes life, cannot take place under those circumstances. We arrive, then, at the conclusion, that there are laws of vitality; that these laws are capable of being violated—violated by agencies generated in the system, as well as by those introduced from without; and, as we shall subsequently show, violated also by severe mental perturbations caused by sudden fright, excessive joy, or prolonged grief.

Now, whenever, from any cause, this rule of action of the biotic force is interfered with, a certain condition of a part or of the whole of the organism is superinduced, which, by common consent, we call *disease*. It is the province of pathology to explain and illustrate the nature and character of this morbid process in all its bearings and results. But before we can do this satisfactorily, it is necessary we should have some definite understanding of what is comprehended by the term *vitality*; and a consideration of this will have to be deferred to another article.



PUERPERAL FEVER.

BY W. WILLIAMSON, M.D., OF PHILADELPHIA.

(Continued from page 438.)

TREATMENT.

THE insidious approach of puerperal fever, in some cases, makes it necessary for the physician to be *always* on the watch, lest the disease engross the organism so far as to endanger the safety of the patient before he is aware of its presence. The most important time to insure success in the treatment, is at the very beginning. In fact, the life of the patient may depend on the promptness with which the appropriate remedy is administered at the outset, as the rapidity of the march of the disease, in many cases, admits of no delay in its treatment.

The course of the disease varies very considerably; but, perhaps in a majority of cases, the first local symptoms which attract attention are found in the mucous surfaces, and the portion of the organism immediately in contact with the mucous membranes—as, the urethra, the bladder, the vagina, the uterus, and the lower bowels. The lesions of the peritoneum and abdominal viscera generally take place subsequently to the attack on the mucous surfaces and pelvic viscera; and when the disease begins in the ordinary way, and progresses step by step from bad to worse, the brain and spinal marrow are the last, in point of time, in the series of organs implicated. But in some cases, the arachnoid and peritoneum are attacked simultaneously, and the disease runs its course in both membranes at the same time. Different tissues may be attacked at the same time, and, on account of difference in organization, the disease may terminate sooner in one than it does in another; and the attack upon every tissue will be manifested by symptoms that are peculiar to the tissue involved. For instance, when the mucous tissue is inflamed, the most prominent symptoms are: deep-seated aching, sometimes cutting,

burning, and occasionally throbbing pains; sensitiveness to the touch; soreness upon motion; with a strong tendency to ulceration, and the formation of fungi, excrescences, &c. When the serous tissue is inflamed, we witness sharp shooting pains and stitches, all of which are excited or aggravated by motion; and the tendency is to adhesions and effusions. When the blood-vessels are the seat of disease, the symptoms are similar to those of the mucous membranes, with a liability to terminate in hæmorrhage, congestion, the formation of pus, or in gangrene and sloughing. When the nervous tissue and gangliæ are diseased, the local suffering may be inconsiderable, but the consequences to other portions of the organism may be very important. The subject of the relation of the quality of symptoms to the tissue involved, might be pursued much further; but what has been said is sufficient for our present purpose.

Now, if we carefully study the type and the pathogenesis of most of our best-proved medicines, and the order in which the symptoms of a drug are manifested and succeed each other, and continue the examination through the pathological changes in tissues and organs induced by poisonous doses, we shall discover a remarkable coincidence between the totality of drug influences and the idiopathic phenomena of natural disease. And as it is well known that medicines do have an elective action on some tissues and organs in preference to others, it follows, if our great therapeutic law be true, that the remedy whose symptoms are most similar to the symptoms of a disease, and at the same time possesses the strongest elective affinity for the tissues and organs involved, will be the most efficient remedy in the treatment of that disease. If, during the course of treatment, translation from one tissue or organ to another takes place, a change of medicine will be required to meet the new indications induced by the change of the seat of disease.

Any of the processes of pregnancy, parturition and lactation are liable to be interrupted by accidental, and also by latent, causes. One latent and most strongly predisposing

cause of puerperal fever is psora, of whose hydra-headed form and mysterious power we have the best description in the writings of Hahnemann. Exciting causes only bring into notice the lurking mischief which lies concealed within the disquieted organism. Acting in accordance with this view, the practitioner may often counteract the dormant tendencies to mischief, by the administration of remedies to quiet down the turbulent elements that are striving to produce the open development of disease. And again, appropriate treatment of what may be called the incidental symptoms of confinement, connected with the secretion of milk, the condition of the bowels and of the lochial discharges, will often arrest the progress of diseased action and prevent the development of puerperal fever.

A few words on the attenuation and mode of administration of medicines used in the treatment of this disease. Here let every practitioner decide for himself: but, in doing so, let him look rather to the good of his patient, than follow his prepossessions and prejudices for or against the high or low dilutions. My usual prescription of the dilutions is, to put about five drops of the first, second or third decimal attenuation in an ordinary sized tumbler, three parts full of water, and of this give a teaspoonful every one, two, or three hours, &c., according to the urgency of the symptoms. Of the mineral substances used, I put two or three grains of the second or third decimal trituration in the same quantity of water, and administer in the same way. After the abatement of the more acute symptoms, the remedies may be given in the higher attenuations with great advantage, especially for the purpose of restoring the suspended secretion of milk, the lochial discharges, &c.

REMEDIES. — ACONITE, *apis mellifica*, *arnica*, *arsenicum*, BEL-LADONNA, *bryonia*, *cannabis*, *carbo vegetabilis*, *chamomilla*, *colocynthis*, *cuprum aceticum*, HYOSCYAMUS, *nux vomica*, *phosphorus*, *pulsatilla*, RHUS, STRAMONIUM, *sulphur*, and *veratrum vir.*; besides others that may be indicated.

The great point of centralization in the action of *aconite*, in inflammatory diseases, is on the erethism of the sentient extremities of the nerves, which precedes and controls the plethora, the congestion, and the inflammation of the terminal capillary system. The phenomena which may characterize this erethism and its consequences necessarily depends upon the structure, locality and functions of the organs involved. Hence, in the case of puerperal fever where *aconite* is indicated we might expect to find in the parts concerned in parturition a sense of fullness and weight in the beginning, and afterwards sensitiveness, heat, swelling, pain, and diminished secretion or cessation of the customary discharges. And clinical experience abundantly proves the efficiency of this remedy in the treatment of diseases of local origin which invade the general system by a chill, succeeded by a dry and hot skin, thirst, clean tongue, accelerated or hard and full pulse, and attended with anxiety, disposition to complain, and forebodings of evil: as we see in pneumonia, enteritis, puerperal fever, &c.

Retention of urine, or some pain on passing water, soon after difficult labors, especially with first children, are common occurrences, and need not excite alarm, as they generally yield to a few doses of *arnica*, *belladonna* or *aconite*; although the catheter sometimes has to be used for the retention. But if, a few days after delivery, these symptoms should make their appearance for the first time, and there should be heat and soreness of the parts, cutting pains in the urethra, extending upwards, with a sense of fullness and weight in the pelvis, sensitiveness and swelling in the hypogastric region, suppression or vitiation of the lochia, diminished secretion of milk, urine highly colored, scanty, and passed with pain, pulse full and hard, face flushed, skin hot and dry, and these ushered in by a chill, the practitioner should at once administer *aconite*, and repeat it every hour for ten or twelve hours, unless relief or change of symptoms should sooner make it expedient to lengthen the interval or

select another remedy. If the general symptoms are relieved by the *aconite*, and the local symptoms mostly remain, with pressure downwards, constipation with urging to stool, pressing desire to pass urine, with scanty emission, pain in the back, bitter eructations, with yellow coating on the tongue, &c., give *nux vomica*.

If we compare the symptoms which indicate the use of *arsenicum* with the symptoms of a similar character which indicate the use of other remedies, we find that the more intensified the symptoms are, the more strongly will *arsenicum* be called for. For instance: if a chill be the indication, the sensation of the patient will be, as if the current of life would become frozen in its course, although the external manifestation may not be stronger than a chill that would indicate another remedy. If it be fever, the heat is pungent and consuming in its character; and the debility that attends the perspiration often brings the patient almost to a state of syncope, and the thirst partakes of a similarly ultra character; and these references to intensity of the general symptoms apply equally well to the local symptoms which indicate the use of *arsenicum*, as, for instance, some forms of disease of the stomach and bowels—gastritis, dysentery, cholera morbus, and Asiatic cholera. The meteorism, the formation of petechiæ, and the sloughing that takes place in arsenical diseases, afford evidence of a tendency to decomposition of the tissues. The expression of the features is so characteristic that one familiar with them can easily detect the indication for *arsenicum*. The special indications for this very important remedy in puerperal fever, are great prostration; sunken eyes, with dulness of expression; contraction of the features of the countenance; restlessness, with exhaustion from motion; sleeplessness, with utter inability to keep quiet; oppression during sleep, followed by rousing up, with a sense of suffocation, and desire to have the windows opened; thirst, with great distress in the epigastrium; regurgitation of liquids, and vomiting of greenish and brownish fluids; nausea; cutting,

burning pains in the abdomen; meteorism, with great distension; rattling in the bowels, after drinking; hot, liquid, brown stools, which are sometimes preceded by sharp pains, and at other times pass unnoticed; vitiated lochia, with putrid odor, or no odor at all; frequent micturition, with cutting and burning in the urethra; urine pale, yellow, or turbid; skin dry; fever, with burning heat; delirium, with small, rapid, and feeble pulse; the pains are often felt during sleep; the extremities may be moist and hot, or cold and clammy; vibices and petechial spots also indicate *arsenicum*.

If *arsenicum* fails to give relief in cases to which it seems to be adapted, *secale cornutum* and *phosphorus* deserve to be tried.

Belladonna possesses undoubted controlling power over the cerebro-spinal axis, and exhibits equally striking effects in sanguineous engorgements of the tissues generally, and of some organs in particular, as the liver, the kidneys, the ovaries, and the uterus. The pathological condition of the serous membranes that seems particularly to demand the use of *belladonna*, appears to lie between the stages of inflammation and effusion; and the important service which this great remedy is capable of rendering in puerperal fever, will be found among the symptoms which arise from the sources just indicated. The special indications are, throbbing pains in the head, which are aggravated by light and noise; furious delirium, with the face at times flushed and full, and anon pale, with sunken features; glassy appearance of the eyes, with dilated or contracted pupils; redness of the sclerotica; impeded deglutition; oppression of the chest, with short cough; deep-seated pains in the abdomen, with dragging downwards; meteorism, with discharge of flatus; burning heat of the skin, with strong, quick, full pulse, and distress about the heart; redness of the lips and mouth, with hot, dry tongue; attempts to bite and strike; singing and laughter; hæmorrhage from the nose; spasmodic eructations, mostly bitter; constipation or tenesmus, with frequent passage of small green stools; retention of urine, or frequent

desire to micturate; bearing down, as if the uterus would be pressed out; soreness and hardness in the hypogastric region; drawing, dragging pains above the pubes, and about the hips, which are aggravated by pressure and motion; burning in the uterus and vagina; vitiated lochia, with fetid odor, &c. If similar symptoms obtain, accompanied with copious perspiration, without any relief being afforded, give *mercurius vivus* or *solub.*

If pains like labor, with soreness, extend from the pubis to the sacrum, with dark colored, rather copious discharges from the vagina, occurring at intervals; arrest of the secretion of milk; greenish, watery, or slimy stools, with cutting pains; restlessness and great nervous excitement; oppression of the chest; circumscribed redness of one or both cheeks; and internal heat, with shuddering, be present, give *chamomilla*. If the symptoms about the urethra and bladder predominate, give *apis mellifica*, *cannabis* or *cantharis*.

In cases after the more violent symptoms have been subdued, or that are mild in the beginning in patients of a gentle disposition; pressure downwards and an inclination to pass water frequently; suppression of the lochia; heat and sense of fullness in the vagina and uterus; tendency to diarrhoea; nocturnal aggravation of fever, with sleeplessness; palpitation of the heart; and disposition to weep—give *pulsatilla*.

We often meet with a train of symptoms in puerperal fever that partakes of the characteristics of both *aconite* and *pulsatilla*, but not sufficiently decided to indicate either of those remedies, which is very successfully treated with *bryonia*. The symptoms that decide the choice in favor of *bryonia*, are depression of spirits, apprehensions of the future, beating pains in the forehead, rheumatic pains in the joints, stitches in the abdomen and other parts of the system, and aggravation of all the symptoms from contact, motion, &c.

Colocynth is an important adjuvant remedy in the treatment of cases where flying, cutting, griping pains, with flatulency, hold a prominent place in the abdominal symptoms, and bitter

taste in the mouth obtains, with pains in the abdomen after taking food.

Cuprum aceticum, also, will be found to be an efficient remedy in cases with spasmodic pains in the abdomen, tenesmus and diarrhoeic stools; stitches in the bowels, with intolerance of pressure; cramps in the limbs; crying out from the pains, and especially in cases with symptoms of disease of the brain and meninges.

The action of the *hyoscyamus* in diseases of the asthenic type seems to be against that feebleness of the vital forces which prevents the current from reaching the physical organism in sufficient power to produce the full phenomena of life. The predominant mental symptoms of the remedy are ludicrous thoughts, disordered perceptions, and promptings to insane actions. The moral symptoms seem also to partake of a like abortive character; among which, mistrust, jealousy, and phantoms of poisoning predominate. And the symptoms of many of the organs of the body which indicate the use of *hyoscyamus* admit of a similar classification. And whether we compare the sthenic or the asthenic symptoms of puerperal fever with the corresponding symptoms of this drug, we cannot fail to discover a tolerably correct counterpart of the symptoms of the disease in the symptoms of the medicine.

Among the most remarkable indications of *hyoscyamus* are the following, viz.: Redness of the face and bloated appearance of the countenance, or paleness and shrinking of the features; perverted vision; illusions of sight; flashes of light before the eyes; dilatation of the pupils, and insensibility to light; pulse small and frequent, or intermittent; faintness from slight exertion; oppressed breathing, with over-action of the heart; sensitiveness and swelling of the hypogastric and iliac regions; distention of the abdomen, with pain from the least pressure; meteorism; nausea with vomiting of a bilious fluid, by a kind of regurgitation; gagging, with vertigo; hiccup; skin hot and moist; sour-smelling perspiration; tongue soft and slimy, clean, or covered with a brown coating,

and dry ; burning and dryness of the tongue and throat ; difficult deglutition ; trismus ; paralysis of the sphincters ; involuntary passages of fæces and urine ; cadaverous smelling stools ; weakness and coldness of the lower limbs ; deafness ; coma, with delirium ; grasping at flocks, with muttering talk ; jerking of the tendons at the wrist ; sudden startings ; mental derangement ; sleeplessness ; loquacity ; ludicrous behavior ; sardonic grinning ; tries to uncover herself ; thinks she is not at home, and wants to go away, &c. &c. In short, to name all the indications for *hyoscyamus* in puerperal fever would be like reciting all the symptoms of the disease in almost every case of a truly typhoid character. The wonderful effects of this remedy are chiefly displayed in typhoid cases ; either where this character is developed after the termination of the inflammatory symptoms, or where it obtains from the beginning. I once treated a case successfully, from beginning to end, with *hyoscyamus* alone. *Arnica*, *arsenicum*, *rhus* and *secale cornutum* are also very important remedies in the treatment of typhoid cases.

The genius of *rhus*, in relation to the moral and mental faculties, so far as it is revealed by the symptoms, is similar to that of *hyoscyamus*, and its dynamic action on the material tissues is depressing and paralyzing, with an evident tendency towards decomposition. Its favorable action is well known in every variety of typhoid disease, and especially in typhoid erysipelas. And, moreover, it possesses the power, to a greater degree than any other remedy of the materia medica now known, of restoring tone to parts that have been unduly stretched by mechanical means. Hence its service in sprains, &c. The chief applicability of *arnica* to cases of mechanical injury is to *bruises*, and *not to sprains*. I have been for several years in the habit of administering *rhus* after labor, with a view to its specific action on the parts concerned in parturition, and on the strained condition of other portions of the system ; and I believe that many cases of puerperal fever may have been prevented by the practice.

Among the special indications for the use of *rhus** will be recognized many symptoms of a typhoid character. Suppression of the lochia, or ichorous discharge from the vagina, with cutting pains as if a knife were being run into the genital organs; scanty discharge of hot, dark-colored urine; pains shooting *up* the rectum; burning heat through the system, with bursting head-ache; irritation of the nervous system; heavy aching pains in the small of the back, with severe shootings from motion; meteorism; general prostration; dulness of the intellect; redness and dulness of the eyes; slowness of hearing and deafness; dryness of the mouth and throat; collection of brown sordes on the teeth; *red* and *moist*, or *brown* and *dry* tongue, with decrease of all the secretions; tympanites, and loose, watery stools, which are attended with prostration. When a practitioner prescribes *rhus* in puerperal fever, and feels pretty *sure* that it is the right remedy, he should not stop giving it hastily, nor change it without good reasons; for it often requires thirty-six hours to manifest its salutary effects.

Stramonium is a very important remedy in puerperal fever, and is frequently indicated in cases where there is much cerebral disturbance, frightful fancies, and involuntary discharges.

Veratrum viride is said to possess astonishing power to reduce the frequency of the pulse in puerperal fever, besides being specifically adapted to many of the symptoms of the sensorium, the head, the stomach, the bowels, and the urinary organs.

There are several other remedies that deserve to be specially mentioned; but this paper is lengthened already so far beyond my original intention, that I will not occupy the space necessary to discuss their claims.

In regard to regimen, my experience goes against the general use of animal food and stimulants, even in typhoid cases; although I am willing to admit that particular cases may demand their employment.

* I shall not undertake to split the hair which divides indications of *rhus toxicodendron* from the indications of *rhus radicans*.

PUERPERAL PERITONITIS.

BY HENRY MINTON, M.D., OF BROOKLYN, L. I.

I HAVE just treated my fourth case of *puerperal fever*. The first two yielded promptly and kindly to the usual treatment. The third died from colliquative diarrhœa, induced during convalescence, on the fourteenth day, by eating a sour orange. The fourth, just treated, presents some interesting features, which induce me to report it in full.

May 8th, 9 P.M.—Was called to see Mrs. W., a young married lady, twenty-two years of age, of small stature, nervous-bilious temperament, pregnant for the first time, five months gone. Found her suffering from severe pain in the back, flashes of heat and cold, head-ache, aching in all her bones—symptoms of a recent cold—for which I prescribed, promising to call again in the morning, when I should expect to find her much improved. Two hours later, a message came, stating that Mrs. W. was worse, had had a violent chill, and was suffering from severe pain in her back and bowels, and that the nurse wished my immediate presence.

Called at half-past 11 P.M. Then learned that one week ago she had fallen down a short flight of steps, which jarred her considerably at the time; still she did not consider herself at all hurt, except a slight wrenching of the right hip, which lasted but a short time after the application of cold water. She was enabled to continue her household duties, as usual, the next day; in fact, cleaned and put to rights a small back room. But during the whole week, and, as near as I can ascertain, for a week previous, she had been suffering from severe mental excitement, which, in my opinion, had more to do with the miscarriage that followed than the fall did. However that may be, I found her suffering from severe labor pains, which continued for six hours after my arrival, when a partially decomposed fetus was expelled entire; in ten or fifteen minutes after which, another pain brought away the placenta. I then bandaged her up in the usual manner. The nervous shock was very severe, the countenance haggard and expressive of great anxiety as well as fatigue. The pulse, instead of sinking as it usually does, remained quick and somewhat full, which I always look upon as an ill-favored omen. In anticipation, therefore, of *some* trouble, I watched my patient closely. I remained with her a short time, observing no perceptible change. I prescribed *aconite* 3°, and *arnica* 3°, to be given in alternation every hour; at the same time enjoining strict quietude, and leaving instructions that if hæmorrhage came on, which I rather anticipated, that I should be immediately sent for.

May 9th, 11 A.M.—Passed an uncomfortable, sleepless night; complained, the nurse said, of considerable pain in the lower part of the abdomen. About half an hour previous to my calling, the nurse had changed her clothes and given her some nourishment; after which she had dropped off into a quiet sleep, in which state I found her—pulse fair, respiration good. I therefore did not disturb her. Left *chamomilla* and *aconite*, each 3°, to be given in alternation every two hours, promising to call again in the evening, as I did, at

9 P.M.—and found her in the following precarious condition: Pulse full and quick, skin hot and dry, lips parched, and tongue covered with a yellowish dry coat; excessive thirst; great restlessness and anxiety; tenderness of the abdomen, upon slight pressure; had to remove the bandage and lighten the bedclothes; lies upon her back, with the knees drawn up; has passed no water; the lochial discharge is but slight, and that dark and very offensive. Ordered hot fomentations to the abdomen, and gave her *belladonna* 3° and *nux* 3°, in alternation, every hour.

May 10th, 8 A.M.—Complains of acute pain in the right hypogastrium, attended with great degree of fever; pulse small, 140 in a minute; lochial discharge entirely suspended; urine scanty, high-colored, and voided with considerable pain; tongue dry and covered with a dark yellowish coat down the centre, while the edges are bright red; thirst intense; wants continually to be drinking cold water; bowels considerably distended; continual nausea; vomiting bilious matter. Continue the hot fomentations. Gave *belladonna* and *nux* as before, with an occasional dose of *mercurius*.

12 M.—No material change; great restlessness and dejection. Continue the same treatment.

4 P.M.—Tympanitis on the increase; bowels *very* much distended; pain not so severe, but occupying a larger part of the abdomen; velocity of the pulse somewhat diminished and intermittent; other symptoms remain about the same. The distension of the abdomen has become so great as to interfere with important functional movements; respiration is obstructed; instead of free expansion of the lungs, we have short jerking movements; the free play of the heart is also impeded. In view of removing this obstruction, I ordered a *large* injection of warm water. Continue the fomentations and the same remedies.

9 P.M.—Injection brought some fæcal matter and large quantities of gas; patient feels more comfortable; respiration less labored; pulse not much altered; nausea and vomiting continue, with constant eructations of gas. Ordered the injection to be repeated. Continue the same remedies.

May 11th, 7 A.M.—The disease is making rapid progress; pulse small and wiry, 160 in a minute; the distension of the abdomen is enormous; the parietes are tense like a drum-head, and highly sonorous on percussion; vomiting continues, but instead of green bilious matter, it now consists of dark catsup-like looking stuff. Diarrhœa set in about 4 A.M.; dejections at first green, but now dark, resembling that vomited, and very offensive—putrid-like;

urine scanty and high-colored; tongue dry and coated deep yellow, with dark stripe through the centre; pain extended all over the abdomen; countenance anxious; respiration short and hurried; violent eructations. Gave *ars.* 3° and *mercurius* 3°, in alternation, every hour.

10 A.M.—Patient in same condition. Continue same remedies, with an occasional dose of *carbo veg.*

12 M.—Evidently failing; skin shriveled and covered with a clammy sweat, resembling the collapsed stage of cholera; vomiting almost constant, with violent retching, which produces extreme agony; continued leakage from the bowels of some dark offensive matter; no diminution of the tympany—if possible, increased; urine scanty; intellect perfectly clear—wonders how long she must suffer so. Ordered beef tea and port wine. The wine appears to allay the gagging. Gave *ars.* 30°, *carbo* 12°, and *rhus* 6°, in rotation, every half hour.

2 P.M.—Found my patient more comfortable. Learned that, soon after I left, the pain from distension of the abdomen became so great, that in a fit of agony, she threw herself violently upon her stomach, when vomiting and purging set in, accompanied with such violent explosions of gas, that the nurse and all the attendants were frightened, thinking something had bursted; but the fact was, she had simply collapsed, and the abdomen was now quite flaccid and nearly its natural size. Undoubtedly, the actual force with which she threw herself upon her stomach produced the compression of the abdomen, which brought about this favorable change. In other respects, except the breathing, which is quite free, she continues the same as when I saw her at 12 M. Continue the wine at short intervals; remedies the same.

6 P.M.—Says she feels quite comfortable; has had a short nap; pain and tenderness continue, but not so severe as this morning; pulse 110, and more full; skin warm and moist; diarrhœa and vomiting of same dark matter continues; eructations subsided. Diminished the quantity and frequency of the wine; continue the same remedies.

10 P.M.—Complains of considerable pain and soreness; abdomen somewhat more distended than at my last visit; vomiting subsiding; diarrhœa the same; passed urine twice since 12 M. Gave *ars.* 30° and *merc.* 3°, in alternation, every hour. Ordered the fomentations to be re-applied.

May 12th, 9 A.M.—On visiting her this morning, I was happy to find that she had passed quite a comfortable night; had had several hours of quiet sleep; vomiting had entirely ceased, or rather given place to fits of gagging; diarrhœa still continues, though the dejections are not so dark, nor near as offensive; severe pain in the right hypogastrium, with considerable tympanitis.

1 P.M.—Pain in the right hypogastrium quite severe; diarrhœa continues, dark, watery, and quite offensive; skin feels more natural; countenance improves; considerable tingling pain in the breasts—had them drawn; urine passed quite frequently, but considerable pain when voiding it. Continue the same remedies, with an occasional dose of *china*.

7 P.M.—Has suffered a great deal with pain in the abdomen all the afternoon; diarrhœa less frequent and less offensive; mammary secretion setting in; nurse drew nearly half a teacupful of milky fluid from the breasts. Continue the same treatment.

May 13th, 9 A.M.—Decidedly better; had several hours of refreshing sleep; diarrhœa has disturbed her but four times since 9 o'clock last evening. The dejections are of more consistency and less offensive. Gave *merc.* and *china*; discontinue the wine, except occasionally.

2 P.M.—Much the same as this morning; passages more frequent. Continue the same remedies.

10 P.M.—Still improving. Continue as before.

May 14th, 10 A.M.—Pain in the abdomen very much better; tympanitis entirely gone; dejections have been less frequent and of more consistency; tongue cleaning off; natural taste and desire for food returning; secretion of milk quite free.

6 P.M.—Had a very comfortable day; can draw her knees up and straighten them out, without producing any great amount of pain. Continue the *merc.* and *china*, once in two hours.

May 15th, 10 A.M.—Improving in every respect. All the secretions are again well established.

Patient continued to improve until the 29th, when she had so far recovered as to be able to go to her mother's, in a distant part of the city.

Observations upon the employment of Belladonna in the treatment of
PASSIO ILIACA.

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J. A. CARMICHAEL, M.D., of New-York.*

IT may be well to consider the arguments for the employment of *belladonna* in this affection, before occupying ourselves with its special indications. The dilatation of the pupil under the influence of the agent under consideration, regarded as a relaxant of the annular muscle of the iris, has induced the supposition that it would produce an analogous action upon the other sphincters of the economy, upon the aponeurotic rings by which the coarctation in external strangulated hernia

is effected, and, finally, upon the muscular plane of the intestine, the spasm of which was supposed to occasion the strangulation of the internal parts. Flanius, one of the first who administered *belladonna* in *passio iliaca*, "knowing the action of this remedy in diminishing the contractile force of muscular fibre, thought that when applied directly to the intestinal surface, it would lessen and put a stop to the spasmodic constriction which occasioned the characteristic phenomena of this dangerous malady; and hence, from its direct influence upon the inertia of intestinal muscular fibre, it was administered in the affection under consideration, and was classed among the stupifying or narcotic agents." This explanation of its action was speedily contested. By the experimenters of the Italian school, the narcotic or antispasmodic action of *belladonna* was questioned and doubted. It was also demonstrated by other experimenters, that half a grain of the powder or extract of *belladonna*, administered to a healthy man, instead of producing sleep, occasioned watchfulness; and that if, to a person narcotised with *opium*, a certain quantity of *belladonna* was given, the narcotism was speedily dissipated. "The dilatation of the pupil," says Giacomini, "depends upon a shrinking of the entire vascular arrangement of the iris." The experiments of Borda and Tomasini, who employed *belladonna* instead of bleeding in acute inflammatory affections, resulted in their regarding it as a general and cephalic vascular hyposthenic. Brachet remarks of this hyposthenic property, "it seems to me to be as impossible to deny the primary axioms of physiology as to dispute this interpretation of its action." In *passio iliaca*, then, instead of producing a narcotic effect upon the intestine proper, it was supposed that the remedy, acting upon the vitality of the entire organism, caused a salutary shrinking of the intestinal vascular apparatus, by which the de-strangulation (so to speak) of the parts was effected. Here it is no longer a question of muscular relaxation, but a depletion of the intestinal vascular system. This was the second hypo-

thesis. In a third opinion, both the narcotic and hyposthenic action of *belladonna* were summarily rejected.

It was reasonably objected, that the dilatation of the pupil produced under its influence was not a phenomenon of passive relaxation, but of the active contraction of the muscular plane of the radiated fibres of the iris ; which view of it upset the explanations of Giacomini and the Italian school. It was added, that the effect of *belladonna* was not to abolish muscular contractility, but rather to provoke spasm and increased excitability ; and, instead of being a hyposthenic agent, "it occasioned a veritable vascular erethism, characterized by redness of the skin, by hardness and increased frequency of the pulse, and, in large doses, by the production of artificial fever." But this does not teach us the utility of the exciting action of *belladonna* in *passio iliaca*, nor why many remedies of the same class have not the same efficacy ; whilst others, (lead for example) are successfully employed. These hypotheses are invoked one after the other, according to the exigencies of the moment or the taste of the authors. In the diurnal and nocturnal incontinence of urine of children, M. Trousseau admits that this agent moderates the spasm of the musculus vesicalis, and the increased contractility of the bladder. M. Bercieux, on the contrary, declares that it overcomes the atony of the same musculus vesicalis by exciting the contraction of the urinary reservoir. The one relieves obstinate constipation by the same agent which, in the hands of the other, is effectual in controlling the involuntary and obstinate alvine evacuations of children. These contradictory solutions in reality cast no light upon the action of *belladonna* in the treatment of *passio iliaca*, and serve only to perplex the practitioner. Properly speaking, *belladonna* is neither a relaxant nor an excitant of muscular fibre ; nor is it an agent of depletion or erethism of the vascular system ; and it gives a very unsatisfactory idea of its properties to class it among hyposthenics, stupefacients, or excitants—in a word, to enrol it among any of the systematic categories that have done so

much injury to science; an injury for which MM. Trousseau and Pidoux are especially responsible, and in whose book the science of therapeutics has been reduced to a mere system of conventional or fanciful terms. Let us look, then, a little beyond these perpetually fluctuating systems, for a more comprehensible solution of the remedial action of the agent under consideration.

Dr. Debreyne, of La Grand Trappe, the author of undoubtedly one of the most interesting monographs upon *belladonna* that has been published, has inscribed upon the caption of his work the following words, "*Res non verba quero*;" and, faithful to this device, he has set aside idle hypotheses and speculations, and devoted himself to the consideration of the phenomena produced upon the healthy subject by *belladonna*, and by that means, without fear of error, to discover its therapeutic properties. M. Debreyne commences with this declaration. "In order to appreciate properly the therapeutic properties of *belladonna*, it is necessary to present a short history of its physiological and toxicological effects, and to give place to the application of the great principle, *similia similibus curantur*. We shall observe that mydriasic dilations of the pupil are cured, and speedily too, by the direct application of *belladonna*. We shall also see that a number of spasmodic and convulsive affections, (simple, epileptiform and hysteriform,) partial or general tremblings, unusual motions of the arms, hands, and fingers—in a word, the multifarious phenomena of epilepsy, hysteria, and chorea—are successfully treated by its use. These phenomena are all occasioned by the toxic effects of *belladonna*; and, upon the great homœopathic principle of *similia*, it is the suitable agent for the restoration of those laboring under these maladies." If this commendable declaration had found more imitators, science would no doubt have been in a more advanced state, and the art of healing less speculative. M. Trousseau, for example, writes, (I presume with some reflection apropos of the success of *belladonna* in the treatment of madness,) "analogy, our

surest guide in therapeutics, leads us to the use of this remedy in the treatment of certain forms of dementia, because *belladonna*, taken in large doses, produces slight madness; and because experience has proved that a multitude of diseases are cured by the therapeutic agents whose action is similar to the phenomena characterizing the affection." M. Trousseau, after having made this avowal, should not have written, a few lines further on in the same chapter, that the cures of paraplegia (a symptom to be found in the pathogenetic phenomena of *belladonna*), obtained by M. Bretonneau by means of this drug, were as unexpected as inexplicable; and he should have hesitated in claiming for his master the priority in employing this remedy for the relief of the obstinate constipation in hypochondriacal and nervous women which it produces in the healthy man. Reasoning more logically, M. Debreyne has found, in the physiological and pathogenetic phenomena of *belladonna*, the adaptability, by the law of similitude, of this agent to a great number of diseases, among which are enumerated strangulated hernia, and what is denominated ileus. In a general tableau of the toxical effects of this solaneum, he enumerates nausea, vomiting, anxiety, hypothyria, cardialgia, colic, and constipation, all of which belong to the affections named.

But this simple announcement is not sufficient; and instead of referring to the *Materia Medica Pura* of Hahnemann, we will cite in the following table the pathogenetic phenomena which have been taken from various authors: 1. Frequent and abundant vomiting—*Schuster*. 2. Epigastrium sensitive to the touch—*Schumazer*; *Finck*. 3. Sharp pains in the stomach and lower belly—*Delaunay d'Herment*. 4. Extreme distention of the stomach and intestines—*J. Moibanus*. 5. Lancinating, cutting pain in the pit of the stomach, obliging him to bend the trunk and hold the breath—*Hahnemann*. 6. Pressure in the stomach as from a stone—*Greding*. 7. Ballooning of the belly—*Schueller*. 8. Ballooning of the belly, with borborygmus of the intestines of the left side—*Lehmann*. 9. Inflation of the

belly—*Kock*. 10. Belly much inflated—*Bodenmuller*. 11. Tumefaction of the abdomen, and very sensitive to the touch—*Munniks*. 12. Noisy borborygmus in the abdomen, with a sensation of a general mixture in it—*Wislicenus*. 13. Steady borborygmus, with blinding head-ache—*Delaunay d'Hermoni*. 14. Sensation of heat which mounts upwards within the abdomen, with sweating—*Kummer*. 15. Painful contraction within the abdomen, obliging him to bend the trunk forwards—*Hahnemann*. 16. Extreme distention of the stomach and intestines—*Wade*. 17. Retraction of the belly, with pressive pain on lying down—*Hornburg*. 18. Abdomen retracted—*Erhardt*. 19. Pain in the abdomen, lasting a long time—*Stapft*. 20. Colic and borborygmus—*Lehmann*. 21. He is awakened by colic, inflation of the belly, and nausea—*Franck*. 22. Pinching colic; he is obliged to sit with the body thrown forward; desire to go to stool, without result, and followed by vomiting—*Hahnemann*. 23. Pinching sensation in the intestines—*Hartmann*. 24. Pinching, which seems to be in the ascending and transverse colon—*Mæckel*. 25. Violent pinching, deep-seated, in the abdomen; pain increased by retraction of the integuments, and by throwing the trunk forward and to the left side—*Hartmann*. 26. Spasmodic tension in the abdomen from the chest to the bottom of the belly, preventing the least movement—*Hahnemann*. 27. Drawing pain in the abdomen—*Buckner*. 28. Pain as if a part of the intestines had been seized by pincers; violent colic below the umbilicus—*Hartmann*. 29. During the inflation of the abdomen, constrictive pain below the umbilicus, which returns periodically and obliges him to throw the trunk forward—*Hahnemann*. 30. Painful contraction in umbilical region, commencing in the flank and ascending to the sternum—*Stapft*. 31. Immediately under the umbilicus a sensation as if the viscera were making an effort to escape, particularly when in the erect position—*Wislicenus*. 32. Contraction and pinching pain in the umbilical region, obliging him to stoop forward—*Hornburg*. 33. Sharp and quick drawing sensation in the lower

belly from time to time—*Kästler*. 34. Alvine evacuations retarded—*Purkinje*. 35. Frequent desire to stool, without relief—*Hermann*. 36. Constipation—*Elfes*; *Munniks*; *Greiding*; *Erhardt*; *Schuster*; *Gaultier de Claubry*. 37. Absence of stool and urine—*Kock*. 38. Constipation and retention of urine—*Baldinger*. It will be seen that we have here put under contribution the works of observers, many of whom do not belong to the school of Hahnemann. Hear MM. Trousseau and Pidoux with regard to these pathogenetic phenomena: "Constipation and meteorism of the abdomen frequently occur." In the case of Munniks, these two symptoms, whose disappearance was followed by amelioration, again exhibited themselves, accompanied by delirium. Vomiting, abdominal pains, meteorism, constipation and intestinal paralysis are then physiological phenomena inseparably connected with the action of *belladonna*. Whether this agent be stupeficient, hyposthenic or counter-stimulant, is an unimportant systematic distinction. This fact is acknowledged by all the authors whom we have quoted.

Again, it has been seen that *belladonna*, administered to a healthy man, will produce painful constipation. That being the case, would it not have been better (if the question may be asked without indiscretion) for M. Trousseau to declare by virtue of what inspiration his preceptor, M. Bretonneau, employed this remedy in minute doses in enteralgia with constipation, and by virtue of what law he obtained his success? There is no other response to the above inquiry but the law of similitude indicated by Stahl, formulized by Hahnemann, and which is for us, as for M. Debreyne, the beacon lighting to the application of *belladonna* to a variety of morbid conditions, and particularly to the malady under consideration. Here is the key to the numerous instances of success obtained recently in the management of an affection which has hitherto been most rebellious, and resisting the most time-honored systems of treatment: in fine, here is the perennial spring which yields to us, not only in *belladonna*, but in *opium*, *nux vomica*, *plumb.*, *ergot*, &c.—auxiliaries as potent as they are varied. It

would be easy, but perhaps tedious, to point out for each of these substances the pathogenetic properties which would indicate their application to the *passio iliaca*, and to exhibit the relative efficacy of each one of these different agents by reason of the similitude of their phenomena to the symptoms of the disease. This has been already done by the hand of the master, Hahnemann, in the consideration of *opium* and *lead*. We refer the reader to it. It will be readily seen, from the foregoing observations upon the action of *belladonna*, that this remedy is useful in such affections, in which the symptoms seem to indicate that there is a complication of peritoneal inflammation; and, indeed, of its being the predominant feature, independently of the hiccough, vomiting, constipation, &c. In a patient of Wagner's, the abdomen was not only tense, hard, and meteorismic, but the slightest pressure increased the pain and caused him to cry out. There were, besides, twitchings, syncope, and convulsions, accompanied with insupportable anxiety. In this case, according to the declaration of the author, the result of the administration of *belladonna* was surprising.

In a young girl, whose disease was spasmodic ileus, M. Sollier, fils, found fever, great thirst, belly painful, inflated to an enormous degree, and attended with occasional loss of consciousness. The case of a woman named Frinner, observed by Dr. Fiessinger, exhibited the abdomen enormously distended, very painful to the touch, and covered with phlyctenæ around the umbilicus; features greatly altered, eyes fixed, body bent, extremities cold. In the patient mentioned by M. Brunet, pressure gave no pain; but there was great agitation, and he complained of burning heat, while the body was cold and pulse feeble. Re-action commenced immediately after the exhibition of *belladonna*; skin became warm, pulse developed, &c. M. Thibaud reports a case in which there was intense cold, alternating with vomiting, belly distended, sensitive to pressure, considerable meteorism, face pinched, &c. M. Bartolomeo de Renaldi has observed the pulse accelerated, contracted, febrile; belly very hard, meteorismic, and very

sensitive, accompanied with anxiety, burning thirst, dry and very red tongue, &c., &c. In the case of young L., the eyes were haggard, features pinched, belly extremely painful to the touch, pulse strong, and agitation alternating with exhaustion. Upon an exacerbation of the symptoms, the face became suffused, eyes injected and haggard, febrile manifestations, delirious night and day, confusion of ideas, fainting and unconsciousness. It was easy, from the appearance of the face and the extreme tenderness of the abdomen, to diagnose peritonitis. This observation agrees perfectly with the opinion M. Frédault apropos of the indications for the use of *belladonna* in strangulated hernia. Our distinguished confrère has called attention to two characteristic symptoms which, by analogy, we observe in the above cited cases: 1st, a sort of nervous erethism manifesting itself in extreme sensitiveness of the abdomen; great agitation; features rapidly and profoundly altered—2d, inflammation in the hernial tumor. The preceding facts sustain the opinion that peritoneal inflammation plays an important part in *passio iliaca*. No homœopathic practitioner will be surprised when I add, that one of the most important and certain modifiers of peritonitis is *belladonna*—a fact which has not escaped the physicians of the Italian school, Rasori, Borda, Gaglia, and particularly Meola.

Blinded by their favorite hypothesis of the hyposthenic action of *belladonna*, the practitioners of this last school have mistaken the traces of inflammation observed in the autopsy of individuals poisoned with this drug. “The bodies of the victims of *belladonna*,” says Giacomini, “present a blueish and blackish appearance of the body; all the tissues pass rapidly into a state of decomposition; the slight traces of a phlogosis which some pretend to have observed, are nothing more than the coloration dependent upon the passive stasis of the blood; the intestines are usually distended with gas, but there is neither inflammation nor any appreciable lesion.” In a necroscopy, however, reported by Faber, the belly was distended, and the stomach filled with gangrenous patches. Be

this as it may, we have elsewhere demonstrated that peritoneal inflammation, in many cases, is a prominent symptom in the disease we are considering—paralyzing, through the medium of its serous envelope, the subjacent muscular plane of the intestine. And, on the other hand, we have seen that *belladonna* exhibits an analogous action of inflammation and paralysis of the intestine, and is more capable of remedying this morbid condition than other agents previously employed: and hence the conclusion is readily reached, that the specific applicability of this remedy to the *passio iliaca* is due to its own peculiar characteristics, and to the nature of the affection.

A word more to show that the employment of *belladonna* in the disease under consideration is purely Hahnemannian or homœopathic. Although the therapeutic use of this agent has been in vogue for some time, its introduction in the treatment of *passio iliaca* is (so to speak) contemporary. Hufeland is the first who seems to have prescribed it in strangulated hernia. It would appear, however, that he did not attach much importance to it, inasmuch as he makes no mention of it in subsequent writings, and particularly in his "Treatise upon Practical Medicine." It is well known that it was about the same period that the celebrated founder of homœopathy, as soon as he was convinced of the truth of the facts upon which his doctrine was based, published his observations in Hufeland's journal, and reported several cures obtained by his new method. It is known, too, that it was to Hufeland himself that Hahnemann wrote the celebrated letter, in 1808, entitled "A Letter to a Physician of high rank, upon the Urgent Necessity for a Reform in Medicine," and which commenced with these words: "I cannot resist the desire I feel, my dear friend, to unveil to the public the convictions that now possess me. For eighteen years, I have wandered from the beaten track of medicine. It was a punishment to me to grope always in obscurity when called to wrestle with disease, and to prescribe medicinal agents which had at least an arbitrary place in the *materia medica*." It is also well known that the

“physician of high rank,” to whom this letter was addressed, had taken into serious consideration the works of Hahnemann, and had felt it his duty to repeat the discovery of the latter to the prophylactic virtues of *belladonna* in scarlatina, already published in 1801. Thus, the modern therapeutic reform, of which Storck and his school were the precursors, was introduced to the scientific world under the patronage of the venerable Hufeland, and from this period its growth may be dated. Already, in 1797, Hahnemann had revealed a new principle for the discovery of the curative virtues of medicinal substances. In 1805, the first experimental applications of this principle were published in his “Fragments upon the Positive Properties of Remedies as observed in their Action upon the Healthy Man;” and before 1810, he had published the first edition of the organon of the healing art, under the title of “The Organon of Rational Medicine.” From the impulse given by these views, and the force of the experimental therapeutics resulting from them, a new era dawned upon the study of medicine; and when Van Looth, in 1804, and Kohler, in 1810, &c., &c., published in Hufeland’s journal their first observations touching the application of *belladonna* to the treatment of strangulated hernia, they only obeyed the uniform movement of therapeutic resuscitation which was so cordially received, and which now engrossed the public mind. It is at least difficult to believe but that when Hanius, Wagner, and others, in 1836, produced facts relative to the employment of *belladonna* in *passio iliaca*, the new application was inspired, at least in many respects, by the illustrations of the method of Hahnemann; in other words, by the “*Materia Medica Pura*,” “from which source (MM. Trousseau and Pideaux declare) spring many very valuable suggestions upon the dynamic properties of medicines, and upon a number of their peculiarities of action.”

As regards the physicians of the Italian school, particularly the Neapolitan (Rosati, Meola, Perone, Spenzieri, Verduci, Damiani, Pacuri, Moldacea, Lussana), who have employed

belladonna since 1827, according to the recommendations of Magliari, in strangulated hernia and passio iliaca, the new therapeutic reform was not only well known, but, at the time of which we speak, there is reason to believe that they in a measure recognized its truth, and the utility of its principles. "Naples," says Dr. Auguste Rapou, "is to Italy what Leipsic is to Germany. It was the first of Italian cities into which the new method was introduced. It was in its bosom it first took root, and from it was propagated to the surrounding countries. Its zealous practitioners have vigorously seconded the impulse given by these circumstances," &c. At what period did this therapeutic reform penetrate into this part of Europe? Let us hear our young and learned confrère at Lyons: "From the invasion of the kingdom of Naples by the Austrian army, in 1821, dates the introduction of homœopathy into this country. The German bayonets established, as it were, by compulsion, a medical reform, at the same time that they effected a political *statu quo*." It is, then, certain that the first application of *belladonna* to strangulated hernia by Magliari, Rosati and other Italian physicians followed the introduction of the Hahnemannian method into Italy. In the French school, its application to the cases under our consideration commenced with Dupuytren (1829), who got it from Magliari, and M. Sollier, fils, is one of the first who seems (in 1842) to have employed it in the iliac passion. Abandoned to empiricism, the progress of this system of treatment has been very slow; and if to Dr. Debreyne is due the credit of having been the first to throw light upon this point, it is because this honorable and trustworthy observer has discovered the true light in the midst of the surrounding night of hypothesis and speculation.

To recapitulate: *Belladonna* is a remedy whose established efficacy in the treatment of passio iliaca is founded, not upon any speculations as to its stupefying, hyposthenic, or exciting agency, but upon the indications presented by the resemblance of the phenomena which it produces upon the healthy subject

and those observed in disease. This remedy should not be considered specific in passio iliaca; others, such as *nux vomica*, *plumb.*, and *tobacco*, may have, according to particular indications, their special utility. It would seem that the preference is to be given to *belladonna*, independently of other symptoms, when there is a predominance of the symptoms of inflammation of the peritoneum, joined to a general condition of erethism of the malady. The form (the extract, powder, or tincture), or the mode of administration (by the skin, stomach, or rectum), is of but little importance, so far as the object in view is concerned. The only important restriction relates to the dose employed. The facts cited in the course of this article, demonstrate that the infinitesimal doses are no less efficacious than the larger; and that the latter, on the contrary, have the disadvantage of producing toxic effects, more or less grave, and in some instances fatal. Lastly, the formula of its indications, the superiority of the infinitesimal posology, and the date of its introduction into the treatment of passio iliaca, go to prove that, in the salutary influences of *belladonna* in this affection, we owe a debt of obligation to the therapeutic reform of Hahnemann, which is its true source and complete justification.—J. DAVASSE.

The following additional facts upon the employment of *belladonna* in ileus, came to hand soon after completing the cases above cited:

First Case.—A painter, aged 36 years, having twice had attacks of saturnine colic, was seized in June, 1859, with violent pain in the abdomen and vomiting. Believing that he had lead colic, he purged himself, and afterwards took pills of three or four grains of the extract of opium daily. Forty-eight hours passed without relief. Warm baths and injections were administered. On the morning of the third day, leeches were applied to the most painful spot. No relief ensuing, I was called to see him. I found him in great agony; the abdomen greatly distended, the circumvolutions of the intes-

tines visible, and the most particularly sensitive point to the left of the umbilicus; urine scanty, features pinched, pulse feeble, and incessant moaning. He could not swallow a drop of water without vomiting. 200 grammes of water, with five drops *tinct. belladonna*—one spoonful every half hour—were immediately ordered, and frictions upon the abdomen every two hours with the following ointment:

Extract Belladonna..... 8 grammes.
Axungia..... 15 “

Eight hours afterwards, the pain had diminished; he ceased to complain, and retained ice and seltzer water; took tea; belly less swollen; no stool as yet; urine more abundant. The next day, the fourth of the disease, and twenty-four hours after the commencement of the treatment, he slept, and had also three liquid sanguinolent stools; more vomiting. In the evening, more stools; a little more pain; belly, though sensitive, not disturbed. Continue treatment.

Fifth day.—Convalescence was established; *belladonna* discontinued, because it occasioned agitation and wakefulness; patient rapidly improved, and was out on the eighth day. Besides the lead colic, he had frequent attacks of gastralgia, which *nux* removed.

Second Case.—On the 3d of March, I was called to a young man of 17 years. His usual health was good. All night, previous to my visit, he had suffered with pains in the bowels and with vomiting. I found the abdomen tense; he had fever; skin hot; face perspiring. His parents thought it an attack of indigestion. Prescribed simple injections: *ipecac.*, 6 globules, 12th dilution, in a glass of water. Next day, I was summoned at an early hour to see him. He had had no stool; urine scanty; pain violent, and located at a certain fixed point. Simple injections, cataplasm, and *belladonna* 6°, 6 globules in a glass of water, tablespoonful every half hour.

5th.—Pains diminished; two slight stools; more vomiting; slept a little; pulse 95; feeble, and suffering much still.

Continue treatment; added frictions with ointment of *extract belladonna*, 4 grains to 15 of *axungia*.

Third Case.—A young girl of 15 years. Had never menstruated, but was otherwise healthy. Called to her on 5th March. She had violent pains in the abdomen; excessive bilious vomiting; no stool; urine scanty; pulse quick; face perspiring. Her parents supposed it was caused by the coming on of her menstruation, and that she had taken cold. Ordered sitting bath; *nux* 6ʳ, 6 globules; cataplasms. On 6th, pain increased; frequent bilious vomiting; no stool: *Belladonna*, 200 grammes of extract, and 5 drops of tincture. In the evening, less pain; vomiting ceased; an injection produced stool and diarrhoea. 7th. Has had sleep; belly still sensitive; more vomiting. Continue same treatment. 8th. Abdomen a little distended and painful to touch, particularly at the point which had been most sensitive; four stools during the day; more vomiting. Continue same treatment. 9th. Convalescent; took soup; abdomen slightly sensitive, 10th. Convalescence established.—DUFRESNE, of Geneva.

DOSES.

BY JAMES T. ALLEY, M.D., OF NEW YORK.

To the student who has just commenced the study of homœopathy, it is a matter of great surprise that no directions are given in our text-books of practice as to how much is required for a dose.

If he be a graduate of an allopathic college, the number of grains and drachms allowable for each draught is necessarily remembered, as the rule of administration there too often is to give as much as the patient will bear, without questioning how little may cure.

It is natural, therefore, for him to be somewhat astonished, and perhaps at first disgusted, at seeing no mention made of the quantity to be employed.

This, however strange it may appear to those who are uninitiated, becomes more and more reasonable and proper as the truth of our law becomes more plainly revealed. The latitude which prevails with most homœopathic physicians, of ranging their doses from the first to the thirtieth, is abundant evidence of the truth of the dynamic theory; for on no other hypothesis could this vast difference be made, without being ridiculous to the observer, and inefficient to the patient. Yet, whilst allowing the truth of the basis of such action, we must acknowledge and guard against the unfortunate extremes which find apology in the perfection of this law of dynamics; for the *liberty* of this vast range is our *privilege*, only so long as we keep in view the *whole* truth, instead of worshipping its segment.

Notwithstanding the undeniable truth that the lower dilutions are often surely and quickly curative, there yet remain some few willing to repudiate all medication, except it be accomplished by "invisible" means. On the other hand, and alike in the extreme, are those who regard the "potencies" as nothing, and are only content to administer that which is perceptible to the sight or taste. Exclusive advocates of either practice are blind, either through prejudice or ignorance; and their hot discussions serve rather to hide the truth, than to evoke anything of importance to the profession.

Though factionists endeavor to divide, and though partisans class themselves as "high" and "low," "dynamic" and "material," yet the principle which underlies the action of both is *indivisible*, and no superficial speculation can rend it in twain. Lightning is lightning, whether it rests in the clouds or is transmitted into its more solid receptacle, the earth.

So the dynamic property or principle of the drug is ever the efficient agent, no matter whether it is conveyed into the system by its natural body, the drug, or by an artificial one,

such as sugar of milk, &c. The naturally combined particles of the drug, the sugar of milk, or the alcohol, are nothing more than a vehicle in which is carried the *spirit* that restores. As far as any *law* of healing is concerned, one may be used as well as the other. Champions of either the *high* or the *low* have not the right to assume that they are more evangelical than others.

Though we are willing to admit and proud to endorse the truth, that certain cases of disease are more quickly relieved, and probably can *only be* relieved, by medicines from the 30th to the 200th attenuation, yet these cases are comparatively few, and furnish us with no sufficient reason for altogether leaving the more tangible and sometimes more reliable doses, and accepting those which are seldom more efficient, and, too often partly because of our ignorance, and largely from other legitimate reasons, entirely inert.

True, some will maintain that by being carried higher than these, they really gain power; that is, they are potentized. With all respect for Hahnemann, and for many of his talented followers, we must entirely dissent from accepting this doctrine. "Potentization" and "transmutation" were the "great mistakes" of a great man.

They are unworthy disciples who suppose that, to honor *his* name, they must endorse even his transient ideas.

Undoubtedly, medicines, by dilution and succussion, are brought to such a state that they promptly act where they else would not. Undoubtedly, also, the dynamic part is communicative, and may be carried or perpetuated from the natural to an artificial medium; but as for gaining or accumulating power, but little evidence yet proves it, and its support is not needed to sustain any one of the tenets of homœopathy.

Perpetuation appears to be true; potentization droops for want of evidence. The first is far more reasonable in theory, is supported by good analogy, and serves every office in science more faithfully than the last.

If it be said that, in certain particular cases, the first or second dilutions fail to cure, and the 30th or 200th succeed, therefore it must have *gained* power, we reply, the argument, if such it be, confounds the doctrine. Every one knows that at least in some instances preparations above the 12th or 30th fail, when the first or second quickly cure; yet, according to the theory of "potentization," the last has far less curative power than the first, and each remove from the crude increases the efficiency.

In a future article, we shall contend for "perpetuation" against "potentization," asserting and proving the former by at least *as much* evidence as sustains the latter. Briefly stated, it is this: The electricity, magnetism, spirit, dynamic influence, or whatever you choose to call that power, property, or part of the drug which cures, is, like electricity, magnetism, &c., capable of being conveyed, perpetuated, communicated — continued through successive mediums, regardless of the amount of the original material. The conditions of this movement seem to be, first, a certain process of emancipation, and, secondly, quality or capacity in the artificial body or vehicle.

The word "potency" is objectionable, as not conveying the true idea; and even "attenuation" can only be tolerated because it is true in a certain sense. *Perpetuation* or *continuation*, though less elegant, are far more expressive than either.

According to the position we have taken, curative action depends rather upon *state* or *condition* than upon *quantity* or *power*.

We have neither space nor occasion to say more upon "potentization;" and have only said thus much, because the theory seemed to militate against what we maintain.

In spite of whatever argument that may seem to interfere, the fact is demonstrable by abundant evidence that **THERE IS A UNITY AND UNIVERSALITY IN THE ACTION OF DOSES.**

What we mean is this, that one grain of the first or third cures in the identical *manner* that the 200th or 2000th cures;

that high and low dilutions obey the same law; that the influence of the medicinal spirit, whether its vehicle be a natural or an artificial body, is the same in *kind*, though it may be different in degree.

This is sufficiently evident when we think of the fact that the identical symptoms which are caused by crude doses of drugs, are promptly removed by the 12th, 30th, or 200th attenuation of the same drug.

It is a well-known truth that most of the reliable symptoms found in our *materia medica* are those which have been produced from appreciable, and very many of them from toxic, doses.

The symptoms for which *arsenic* is most often prescribed are largely those which may be noticed from slow arsenical poisoning. Yet, though these symptoms of poisoning may have been produced by not only grains but drachms, they may with much certainty be removed by almost any reasonable attenuation you choose to give.

On taking ponderous doses of crude *sulphur* for days or weeks, we observe evidences of diseased action which may often be eradicated by a few pellets of the 200th homœopathic remedy.

These preparations, we believe, are higher than should be often used; but, even though they act thus only in a *few instances*, they demonstrate the truth that, whether or not there be any molecular particle of the drug present, if there be only a medium for perpetuation, the dynamic force still abides, and will assert itself in obedience to the same circumstances which govern a ponderable dose. I have frequently, as a matter of experiment, used the first of *nux*, *pulsatilla* and others, where these remedies were indicated, and their success has been such as to recommend their employment; yet, in cases exactly similar, where the indications seemed to be as unanimous for the remedy, I have used the higher attenuations, and in several instances they were quite as successful as the first.

If the question is asked, how far the "attenuations" can be carried, and what is the law of perpetuation, it is at present wisdom to answer, we do not know.

For myself, I have used nothing higher than the 200th, and that comparatively seldom.

The most brilliant cures I have ever seen with any dose, or any system of medicine, have been from this "attenuation;" and that too in persistent chronic disease, where all systems and doses had been uselessly tried.

There are a few physicians who frequently use the 2000th or 6000th, and affirm their superior action. All these, though they are objectionably high for general practical use, serve a most important purpose in giving us hints in regard to the law of dynamics—the very point on which we are thirsting for light in the further development of medical science.

Since, then, we cure in prescribing the third, and also cure in using the 30th or 200th, and that too with the same indications, relying upon the same provings, the conclusion is inevitable that *the molecular particles of the drug, when in a proper state, neither often interfere with nor are indispensable to the curative action.*

Let not these remarks be understood as advising against the occasional use of even the highest preparations; for, as there is most convincing evidence of their efficiency in spite of what has been said against them, they *belong* to homœopathy, and should never be sacrificed because of the ravings of a few. On the other hand, both humanity and science protest against the shutting out of our consideration the use of even the lowest dilutions in cases where their greater efficiency is fully established.

Two principal dangers are to be guarded against in the future of homœopathy; not for fear of its destruction, but as impeding its progress. One is, that it fall not into the degradation of utter materialism; and the other, not less to be dreaded, that it float not away in the misunderstood phases of spiritualism. Though revelation teaches us that in the life to come we are to deal with things spiritual and not carnal,

yet the fact is plain, that whilst we remain on the earth, we have to deal with *both*; and the two are bound together by such a mystic tie that no man can tell where one ends and the other begins.

Whatever may be *hereafter*, it is *now* matter *and* mind, body *and* soul, material *and* spirit. It is thus perfect folly for us to believe (considering our ignorance of the laws of dynamics) that in medicine we are ready to emancipate the spirit and disregard the material. This is getting to heaven before our time.

It is the natural tendency of that brilliant success which follows the use of some of the higher attenuations, to make us dizzy in the ecstasy of so marvellous an achievement; and the inclination immediately is, to drop every other preparation, and, life or death, to ride this hobby. It is very hard work to get back to earth again, after having seen visions so heavenly as these.

It has been our aim to show that the same force which cures in these high attenuations dwells also *and acts* in the lower; and though, in certain diseases and in certain conditions, attenuation is indispensable to action, yet this is only a part of the truth, and renders the other no less true. Not as any bounden duty to homœopathy, not as any formal honor to our cause, but as acting upon the whole truth, we urge all to use the whole range, from the first to as high as is necessary to complete a cure. It is the eternal *law of universality alone* which can shut the mouths of contending factions, and keep the banner of truth both from being trailed in the dust and from flying into the heavens so high as to be beyond our reach.

The question may perhaps be asked, if what has been said be true, is there a necessity for using attenuations in proving drugs?

We answer, undoubtedly there is; 1st, because there are persons of idiosyncrasies or susceptibilities so acute as to reflect even the slightest impressions of the higher prepara-

tions ; and by reason of the gentle and orderly touch of the remedy, such symptoms will be far more legitimate and reliable than if the organism was assaulted by crude doses, which are too apt to instigate a general riot rather than cause a discernible organic response.

2d, the *state* of the *spirit* of the attenuated drug will, in one who is *very* susceptible, exhibit symptoms which, though they may be produced in the latter stages of provings with larger doses, are *sometimes* more quickly and fully observed under the influence of the former.

The organisms necessary for such provings are truly exceptional ; yet, as there are no new created receiving organs, and nothing more than increased susceptibility of natural parts, this affects not in the least the value of the symptoms obtained.

Through imagination, pride, and dishonesty, such provings have really been a curse to homœopathy ; that is, the evil has overbalanced the good. Yet, this is no reason for discarding them from our books, but rather an additional one for having them conducted with judgment and discrimination. For a perfect *materia medica*, drugs should be proved, 1st in importance, with the low, 2d, with the high, and 3d, with the medium preparations.

We come now again to the question of doses. Though we have shown that, according to the law governing the action of our remedies, a comparatively boundless liberty is allowed in the selection of a dose, we must now say, without contradicting what has thus far been said, that the careful and judicious choice of the appropriate preparation is most important for the welfare of the patient.

If we understood the law in its *perfection*, we should have no reason to quibble in regard to doses ; but we are compelled to act from present human knowledge, rather than from *inconceivably perfect divine arrangements*.

We have the provings of several drugs, a majority of the symptoms of which, as far as yet ascertained, when found in

disease, are removed only by the use of the lower preparations. These, whether they be in the first or sixth, are as reliable and scientific as any cures made by the high *continuations* of our best known drugs.

In nearly all cases of acute disease, remedies should at present be used not higher than the 12th, and for the most part not higher than the 6th. By agreeing to this, we have the vast advantage that we are positive of a reliable and demonstrable vehicle, whilst at the same time, with many drugs, we obtain nearly all the advantages of succussion, and the like. In chronic disease, more allowance may be made. First, because we are able to follow the more exact, and oftentimes reliable, though unconfirmed indications, without danger to life. Second, there appears to be a law, "casting its shadow before," which is, to assert that *chronic drug symptoms are adaptable to chronic disease symptoms*. These, as they act upon the same plane, and as the morbid cause has spent its force, and there remains nothing to overcome but a passive vital derangement, most *wonderfully* cure in such doses as infidels are yet pleased to call "crazy" and "delusive."

Let us, in a few words, illustrate such treatment of acute and chronic disease.

Take, for example, *mercurius*. A large dose of this, soon after being taken, will produce diarrhœa, with pain and tenesmus—stools slimy, green, and excoriating; excessive thirst; dragging and burning sensation in the stomach; pain wholly or partially relieved when lying down; weak and empty feeling in the abdomen; nausea, with sweetish taste in the throat; uneasiness in the limbs; dark-red fetid urine, &c. These symptoms, when met with in disease, though they may often be cured by the high, are more surely removed by the lower preparations. They are the acute manifestations of a morbid cause, and whilst in this state, are most reasonably and quickly overtaken by a second or medicinal cause acting upon the same plane and in the same manner as the first.

The subacute symptoms, or those which are similar to the

effects produced after *mercurius* has been taken for one or two weeks, are best treated by medium preparations ; whilst the actually chronic symptoms, or those which occur after a proving of several weeks, such as rheumatic pains, arthritic swellings, jaundice, caries, passive dysentery, meningitis, falling of the hair, chronic ophthalmia, ptyalism, aphonia, bloody urine, dry cough, palpitation, stitches in the chest, herpes, &c., &c., though they may *occasionally* be removed by the low, are most surely cured by high *continuations* of a drug which produces these symptoms *as late* as the morbid agent.

In other words, symptoms analogous to those caused by the low, are *best* treated by the *comparatively* low ; whilst such as are analogous to those caused by the high or by the chronic effect of a drug, are *best* treated by the *comparatively* high continuations.

In each event, the second or medicinal cause must needs be vastly modified from the first, but the field and kind of action are the same.

After what has been said, two propositions we may state to be true :

First. Drug and disease symptoms are similar, not only in form, but in time of appearance. This is nothing more than fully expressing the doctrines of *similia*. If manifestations are similar, so in all probability will causes be similar.

A certain disease, arising from a specific cause, manifests certain symptoms on the sixth day from its incitement. The *elective drug*—not, perhaps, yet discovered by man—*meant* for this disease, is capable of producing not only *similar symptoms*, but at a *similar time*, from the commencement of its action. The apparent exceptions to this rule arise from our ignorance of many virtues of even well-known drugs, and also from our imputing to them actions which they do not really have.

According to this, every drug, when proved, should also have the time of the occurrence of each symptom carefully

noted; for this, when our provings are more perfect, will be also *one* of the governing indications.

Second. The later symptoms manifest themselves in disease, the higher may be the medicinal preparation.

The ratio may be stated as follows :

As the time of the *disease symptoms* is removed from the time of the *morbific cause*, so may the *medicinal continuation* be removed from the *original drug*.

We have not space, and it can hardly be necessary, to quote examples sustaining this proposition. It is not necessarily affected by the fact that some acute diseases are cured by the high, and some chronic by the low preparations. This rather is evidence of the truth of that universality of action for which we contend. Such universality, however, cannot justify flying from one to the other, having no settled ideas of propriety, but as showing the possible and, *when necessary*, the allowable liberty of the widest range.

Our aim in advancing this doctrine has been rather to shake loose the *illegitimate* trammels by which *men* endeavor to bind us, and merely point to higher authority— a reverence for and obedience to the laws of *science*.

The general considerations here offered in regard to doses are all that may properly be advised. No rules or regulations can dictate a given preparation. It is only by the discerning judgment of each physician, as the patient is placed before him, keeping in view the laws of disease and of medicinal action, that he is able discreetly to select the appropriate remedy and dose.



PRINCIPLES OF PHYSICAL CULTURE.

(Continued from page 467.)

BY CHARLES F. TAYLOR, M.D.

MANAGEMENT OF CHILDREN.

IN the management of children up to the age of twelve years, there is required more real wisdom and judgment, if we would make them honorable specimens of the race, than at any other period of life. It is during a very early period that biases are formed that make it easy to be good or bad, strong or feeble, in after life. But what shall we *do* to make our children strong and healthy in body and mind? asks a conscientious parent. First, there are many things that you should *not* do. You should not adopt a formulary, be it never so good, and then endeavor to make your child walk by rule. Such a course is a very cheap way of not doing your duty and satisfying conscience at the same time. Possess correct *principles* of action towards children, but discard *rules*. Do the young birds fly by a rule which the mother-bird has laid down for them, the execution of which she entrusts to some feathered "Bridget" of the orchard? No. The responsibility of the right training, especially the right *physical* training of our children, rests upon us, their parents. What shall we do? Do everything and see that everything is done to occupy, amuse and instruct them. I once visited a physician's family in England. There were four children, the eldest not six years old. A great tax upon the mother, you say, if she did her whole duty by them. Not a bit of it. On the contrary, they were an unfailing source of unalloyed enjoyment for her. I arrived at nearly eleven o'clock at night, and after the first greetings, although I had never seen her before, she asked if I would not like to see the children that night. Leading the way to the nursery—in which the mother herself always slept—no artist ever lifted the veil from before the work of years

with more pride than she removed the covering from her sleeping offspring, and pointed out their symmetrical limbs and bodies. And all day long she was with her children, as a hen is with her chickens—not as a duty alone, but as a pleasure. *She taught them how to play.* If they were fretful, she diverted them to something else. She entered into all their games and sports, alternating between the open air and the house; and when they were weary, she laid them away to sleep. Thus, she had no “naughty” child: they *had no time* to be naughty. To you, for whom such a life would be irksome; who think children “are *so* troublesome;” who “wish you had never had any,” &c., and who send little Charlie and Ada away to Bridget in the nursery, where they cannot muss mamma’s dress—to *you*, I have nothing to say. It is a pity you were ever married—and what right had you to marry, if you repudiate the duties of mother?—and I pity your children. “What shall we *do*?” the conscientious parent asks. Don’t wait for Frank and Ella to “tease” you a fortnight for a hoop, and then get one because you cannot hold out any longer. Don’t think your duty then is ended, in warning them not to roll it in dangerous places. Perhaps the apparent danger to them even practically precludes their enjoying their hoops after they are bought. It is *you*, father and mother, who must attend to this matter. Get the hoops before your children are soured by neglect and delay; find some safe place where they can enjoy them; take an interest in the sport, and show that interest by going out to see them roll; and it will be very long before the hoops are “played out.” So of the velocipede, marbles, and kite. If it is winter, be the first to find a safe little hill or slope, and take them out to it, and introduce them to the delights of coasting. Jack Frost has been abroad at night: you see from your window a nice patch of glare ice in your yard. Now, what is the use of keeping Johnny and Susan in ignorance of that glassy spot till the noonday sun has covered it with water, and you are out “shopping?” When the ice on the window-panes has

melted, they discover it; Bridget's authority is of no avail; and you return home to find their feet wet, dresses drabbled, and scoldings, peevishness, colds and doctors in prospect. Do better than all this, which is neither politic nor right. Whisper the good news in Johnny's ear as soon as he has got his breakfast—not before, for there would be danger, if that important service were dispensed with; put on thick shoes and warm stockings, bundle him and Susey up, and send them out to slide and be happy. No; go out yourself, and slide with them, if you would make their happiness perfect.

But the school? and the lessons? Pay your governess double, if need be, and send her home. What will lessons amount to, with a clean patch of glare ice under the window? And do you think children have no gratitude? Have you no faith in human nature? If you cannot appreciate bright eyes and rosy cheeks, and legs made stout by the inspiring, invigorating exercise; if they *have* missed a lesson (if *lesson* it *must* be), see how much better they will try to understand it when they do study.

And so, by a little thought and care—thought that cannot be helped, and care that is not a care to those who love it—the physical education of children may be secured in the completest manner; as their food and raiment are secured as a matter of daily habit of life in the family.

And thus, at ten or twelve years old, we will have sinewy, round-legged boys and girls; rather ignorant as to books, but strong as to lungs and digestion; impetuous, but controllable; a little “coarse” and “tanned,” perhaps, according to Mrs. Grundy, but excellent material from which to grow real MEN and WOMEN! And thus we arrive at the consideration of the

PHYSICAL CULTURE OF YOUTH.

By YOUTH, I mean that period between childhood and manhood—measured by years simply, we should say from ten or twelve to fourteen or sixteen, and sometimes much later—when the individual is accustoming himself to the

consideration of abstract ideas, but before there is sufficient compactness of mind or body to give that peculiar *force* of character necessary for sustained effort and execution of purpose belonging to manhood. As a child, the individual has formed more or less acquaintance with *things*; he has come into contact with the external world; he has ever constantly associated ideas with objects, but these have been simple ideas with simple objects, and all his mental and bodily exercises have been in immediate connection with one another. In short, he *thinks* principally *about* what he sees, hears, tastes and handles.

But, gradually, he comes to disassociate his mental and bodily activities. He begins to think while his body is in repose, and to use his body without thinking about what he is doing. Hence his mental and bodily efforts become more and more periodical. He can exercise his mind, to a certain extent, at one time, and his body at another. This is necessary to the exigencies of an intellectual, progressive being. But neither the mental or physical part is ignored—the one is as necessary as the other; but as a *reasoning* being, the possibility of abstract thought is provided for. And so we begin to have, in youth, an association of ideas connected with his amusements. Amusements are in a great measure instinctive and spontaneous, and are therefore the best and truest interpreters of individual and national characteristics. In traveling from one country to another, the language and dress of the people, the forms of their houses, the appearance of their towns and cities, reveal not more truly that one people are left behind and we are among another, than the plays of the children by the wayside. National characteristics are more constitutional than conventional, and the youth of a people will exhibit the traits of a nation quite as well as its manhood.

SPORTS AND GAMES.

Among the English boys, their sports are particularly rough, and are such as require physical strength, as leap-frog,

wrestling, tag, knocking off hats, besides the well-known systematic games of cricket, ball, &c. French boys require games that call out dexterity, such as marbles. They are apt to follow some leader, and perform military evolutions, fencing* with sticks, &c.

The Germans are fond of systematic exercises, and take readily and early to gymnastics. Among the Spaniards, dog-fighting on the one hand, and processions, mock burials, &c. on the other, are characteristic.

Italian children have less attraction for rude, boisterous games and exercises, but are very fond of theatrical imitations. They have toy theatres, with paper figures moved by wires. Their great toy is the "fantoleino," which is a figure fixed on a slack rope and made to imitate the motions of a man by means of strings. Ventriloquism is employed in connection with this: showing their remarkable flexibility of voice, which has made them a nation of singers. Their religious turn is shown in mock religious processions, which are a favorite amusement. They are extravagantly fond of making paper churches, the altars of which they construct with the greatest care. Their mothers give them silk for robes of priests; and they will amuse themselves day after day in this way, without loss of interest.

The Yankee amusement for girls and boys is to "play school"—showing an early fondness for science and intellectual employment exhibited by no other people; while the national Yankee toy is the ever-present *jack-knife*. Armed with this talisman, American boys cover the roadside water-pools with ships of various rigs; the water-courses are dammed to afford a fall to turn water-wheels—often with ingenious machinery attached to it; they make bows and arrows, cross-guns and traps, and at the earlier stage exhibit the nautical, inventive, progressive and aggressive spirit of the "Universal Yankee Nation."

It is the foolishlest thing imaginable to attempt to suppress

* Teachers of fencing, everywhere, are mostly French.

this mirroring of the man in youth. We have only to direct it into proper channels and guide it to healthful action. Give our Yankee boys a chance to "whittle." As it is, we work out more inventions every year than all the rest of the world together. Give the boys and girls scope; when they are men and women, they will see the benefit. Guide and assist, but throw no obstacles in their way.

STUDY AND OTHER DUTIES.

But this spontaneous exhibition of the future man can occupy only a portion of the time during the waking hours. The rest of the day is to be devoted to alternate mental and physical exercise, and development of a different kind. The other serves as a sort of connecting link between the two, and blends with both. As to study, there are several things to be remembered. First, an over-worked brain, no more than an over-worked muscle, can be strong. The object of study is DISCIPLINE: the acquisition of facts is entirely incidental. Study is a sort of mental gymnastics, by which the mind is strengthened, the same as the body is strengthened by using it. But our youth are obliged to study too much. The advantage first and foremost to be obtained by the introduction of gymnastics and amusements into schools, would be the fact, that while engaged in these they would have less time for study. And the good of such an introduction of exercises will be owing to the diminution of the hours of study, quite as much as to the invigoration of the exercises themselves. There is a vast deal of hard study and lessons recited that had better have been left unlearned. The object of the lesson is not to recite it, but to *know* it—to make it a part of the mental organism, as food is made a part of the bodily organism. If we take food on a tired, dyspeptic stomach, we get no strength from it. Dancing is a healthy, invigorating exercise: but to drag weary limbs and aching back through the figure would not be to invigorate, although the motions would have been gone through with. So the

mind should always be clear and elastic, when it essays to accomplish any labor, if that labor is to be easy and profitable.

Except the acquisition of languages, which resemble the mechanic arts in requiring time and practice to acquire the necessary facility of handling, it does not take so very long to learn all the branches usually taught in our schools. To a well-disciplined mind, the facts of science are easily and speedily learned: a weak mind may *remember* all these, and still practically *know* nothing about them. Good people are constantly puzzled to explain why Frederick, the clever scholar, who was sent to college, turns out a fourth rate country court lawyer, while John, kept at the plow, turns up in Congress. There is no mystery in the matter. *John was the best educated.* Frederick might have been, under a better system; but as it is, John *thinks* better, and therefore succeeds better. As in gymnastics, a few exercises well done will develop a strong body, so a few facts of science well used may secure good reasoning powers, which is the ultimate aim of all education. Far be it from me to disparage the usual educational course. My only object is to show why it ever fails. It is because the usual course, by adopting a system the only object of which is to excite the mental activities, endeavors to cultivate only half the man. The utter impossibility of doing what it attempts, is the conservative element which secures a moderate degree of success in a majority of cases. Notwithstanding the palpable facts before our eyes, parents seem possessed of the insane idea that an hour from school—where the poor victim has been confined six hours a day, besides lessons to be learned at home, month after month, and year after year—is so much lost of their children's education! You might as well talk of a little rest to the Manchester mill-boy being so much lost of his bodily growth. True, as the lessons in the one case, and the spindles in the other, would stop but to the over-worked brain of the one, and the tired body of the other, the rest could not but be gain to both.

A girl, thirteen or fourteen years old, is brought to the doctor. Her mother says she has not been well *for a year or two*. She knows that "country air and exercise would be good for her;" but, then, she "dislikes to take her from school." She appears to consider the six months in the country, which will be necessary to restore her daughter to health, would be sufficient to leave her in mental darkness. Just as though the mind had no connection with the muscles, and that it was possible to properly educate the head with the body crumbling away from it. What insanity is this!*

GYMNASTICS.

"But," says one, "we are going to have a gymnasium connected with the schools we patronise. It is exercise our children require. Introduce gymnastics, and that will enable the hours of study to be increased rather than diminished. At any rate, they will counteract the ill effects of too close study." Something may be done in this way for the majority, but there still will be the large minority—the best scholars and hardest workers—for whom gymnastics will be entirely inadequate. The fact is, systematic gymnastics; like law, medicine, theology, and the arts, belong properly only to adult maturity; the adolescent being has only arrived at the period where he can grapple with the rudiments. But it is beginning at the wrong end, to attempt to cure *over-work* by adding *extra* work. One of the great advantages of gymnastics is to *prevent* over-work, by affording less time in which the mind can be kept on the stretch. The failure to recognize this principle has been the cause of the general disappointment following the adoption of systems of exercise in primary schools. Children should certainly exercise more. There is no doubt about that. But *first*, they should study less. The

* I once had a little girl of thirteen brought to me for disease of the spine. She had been confined to the bed for *three years*. She was then attending school, and had *thirteen* different studies! She might have had the thirteen, but *ten* should have been studies for the muscles, and only about three for the head.

best system of bodily exercise *added* to too much mental already laid upon the scholar, cannot but fail, as it always has. And be sure that they do not exercise too much. It is a rule from which there should be no departure: *never allow a youth habitually to tax his powers, mental or physical, to their full extent.* Adult maturity alone can subject itself to continuous pressure. Between youth and manhood there is all the difference between the tender sapling and the hard old oak. In the training of youth, the particular things which we should do are not of so much consequence as the principle upon which it is done. Be sure that they have neither too much or too little stated occupation; keep them, in all their relations, as happy as possible—the happiness of pleasant, interesting, instructive occupation for mind and body, having due regard for each, and be assured you will not go far wrong.

ANATOMY.

BY WILLIAM TOD HELMUTH, M.D.

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CRANIOSCOPY.

PERHAPS there is no portion of the study of medicine which so soon escapes the recollection of the practitioner as descriptive anatomy. By this remark, it is not to be understood that the labor of the dissecting room, and the lectures on the muscles, bones, nerves, and other component parts of man's economy, are not in a degree retained by the memory, but that the *minutiæ* of anatomy, the *names, origin, and insertions* of muscles, the *peculiarities* of bone, and the *course* of the smaller vessels and nerves, are frequently absolutely forgotten by the physician, and are only in part recalled to mind,

perhaps, by an interesting case of disease that may require pathological investigation or anatomical research. And on such occasions, alas! how much accumulated dust is blown from the leaves of the old anatomical text-book of student-ship—too sure an evidence of the neglect of that study which may have been, in days gone by, the preferred of all the teachings in medicine. This is not as it should be. There are daily advancements being made in every field of inquiry; and the science of anatomy may boast for itself at least as much importance as other of the collateral branches of medical investigation.

To one of the more important and recent additions to anatomical study, it is proposed to direct attention in this paper; giving a short history of its origin and progress, the important advantages accruing from its investigation, and the facilities—lines, angles, measurements, &c.—used for its better demonstration and appreciation.

Cranioscopy may be considered as a branch of osteology. It is that science which treats of skulls and cranial characteristics; and, beginning with Blumenbach, is as yet scarcely seventy years old. The number of those who have particularly directed their attention thereto is very limited. Blumenbach, Pritchard, Lawrence, Retzius, Davis, and Samuel George Morton, are the illustrious names that are associated with this important field of inquiry. Nor have the steps of its advance been remarkably rapid, owing to the peculiar difficulties attendant upon the collection of crania from the different races inhabiting the globe, and also from the few scientific men who have as yet allowed their attention to be directed to the subject.

“It is truly surprising,” writes Davis, “how great the destruction of human crania, all-important to our design, has been, and how rapidly all such genuine remains of the Britons, Romans and Anglo-Saxons are now escaping from the grasp of science. The progressive enclosure of our wild tracts, the extension of cultivation, and the introduction of a more perfect

system of agriculture, have, in modern times, destroyed multitudes of the oldest sepulchres, and all that they contained; and it is unfortunate that the researches of antiquaries, who have opened barrows and excavated cemeteries with inquiring eyes, have been almost equally fatal to the cranial remains of their occupants. Arms, personal ornaments, and other relics deposited with the dead, have generally engrossed attention to the exclusion of the tender and fragile bones of their possessors." The truth embodied in this quotation will be perceived immediately; and many readers will recollect, within their own spheres of life and action, when whole cemeteries have been removed without the examination of a single bone; streets being opened, and piles of massive buildings erected, in localities once the quiet abodes of the dead—the necessary exhumations being conducted with as much privacy as possible; the chief object being to prevent the examination of those remains, the removal of which either the advancement of civilization or the energy of enterprise, or perhaps both, peremptorily demanded.

The celebrated Blumenbachian collection of skulls numbered, in 1847, only sixty-five crania; and Dr. Morton, a short time thereafter, concluded a lecture upon the different forms of the skull, as exhibited in the five races of men, without being able to present to the audience the cranium of a Mongolian or Malay.

To this gentleman, and to this scholar, Dr. Samuel George Morton, of Philadelphia, the science of cranioscopy is greatly indebted. For years, he was investigating the subject with peculiar talent and energy. His researches in the field of ethnology, so patiently and perseveringly carried out, have produced many brilliant results, and have materially assisted in opening unexplored regions to the faithful student—regions which embrace ethnology in its physiological and archæological aspects. He has left behind him, not only a treatise on human anatomy, which is, perhaps, the most pleasantly written and easily intelligible work that can be placed in the

hands of the young anatomist, but in his *Crania Americana*, or “A Comparative View of the Skulls of the various Aboriginal Nations of North and South America,” and in his *Crania Ægyptica*, or “Observations on Egyptian Craniology,” besides embodying all that was previously known upon the subject, he announced to the scientific world sound philosophical deductions, the result of profound thought and cautious experimentation. His great collection of skulls is now the wonder and ornament of the Academy of Natural Sciences in Philadelphia, and numbers about one thousand and thirty-four crania from different nations of the earth. It may not be uninteresting in this place, in order to demonstrate the extent to which this patient and modest lover of science carried his investigations, and also to reveal the different classification of skull forms, to enumerate the chief races from which crania have been collected. They are briefly as follows :

I. CAUCASIAN GROUP :

a. Scandinavian race.....	21 skulls.
b. Finnish “	10 “
c. Suévic “	17 “
d. Anglo-Saxon “	4 “
e. Anglo-American “	8 “
f. Celtic “	13 “
g. Slavonian “	2 “
h. Pelasgic “	39 “
i. Semitic “	14 “
k. Berber race (?) “	1 “
l. Milotic “	107 “
m. Hindostanic “	43 “
n. Indio-Chinese “	2 “

II. MONGOLIAN :

a. Chinese “	12 “
b. Hyperborean “	14 “

III. MALAY :

a. Malayan “	26 “
b. Polynesian “	12 “

IV. AMERICAN :			
1st.	a.	North American race.....	126 skulls.
	b.	Central “ “	3 “
	c.	South “ “	27 “
2d. Toltecan :			
	a.	Peruvian “	221 “
	b.	Mexican “	35 “
V. NEGRO :			
	a.	American born “	16 “
	b.	Native African “	88 “
	c.	Hovas “	2 “
	d.	Alfornian “	13 “
VI. MIXED RACES.....			30 “
VII. Lunatics and Idiots.....			18 “
		Skulls illustrating growth.....	7 “
		Phrenological	2 “
		Nations uncertain.....	11 “

It may be here stated that the above embraces only the *great* divisions and the *more immediate* subdivisions of the classification, space not allowing a more precise detail. A much more extended and minute enumeration will be found possessed of much interest, and can be seen by referring to the recent catalogue of the scientific institution wherein the skulls are deposited, or to a very interesting and elaborate treatise on the cranial characteristics of the different races of men, written by Dr. J. A. Meigs, M.D., and published in a work entitled “The Indigenous Races of the Earth.”

These interesting particulars are briefly alluded to, not only to call the mind of the profession to the extent of cranioscopic revelations, but also to direct attention to the great labor of one of our own countrymen, whose severe study and self-denying energy, from the very depth and obscurity of the subjects upon which they were employed, are unknown, save to the very few, who, having similar tastes, have been led to like investigations.

But the inquiry may here be made, of what import is all this study, and of both pecuniary and mental outlay? What advantage will accrue from the comparison of crania from

different races of the earth? Those who are familiar with the scientific questions of the day, and the readers of this journal from a review that appeared in the May number on Dr. Darwin's "Origin of Species," are aware that there is, at the present period, a problem concerning the unity or diversity of human origin, which is causing much argument among scientific men, and which occupies the highest philosophical position in the entire field of ethnographic inquiry. It will appear, upon reflection, that the whole question is, to a great extent, founded upon cranioscopic revelations. If it can be proven that the cranial characteristics of the different races of mankind remain the same, that is to say, *in their type*, (of course there may be variation in species); if it can be proven that the cranial characteristics of the different races of men remain the same in their type for ages; if the permanency of skull form from generation to generation can be established, then a great point will be gained in this fiercely contested question.

Certainly we should be disposed to regard any proofs arising from anatomical comparison as of greater importance than those deductions which have sometimes been introduced by the philologists, who endeavor, by the comparison of languages and the derivation of words, to throw much light upon the discussion; and simply for the reason that language will be found to be constantly changing, and that from facts lately elicited, we are led to the belief that crania may remain the same in their type throughout many hundred generations.

The mutability and destructibility of language is established beyond the shadow of cavil. According to Morton and Meigs, who have had opportunities for examining, and talent and taste for such investigations, we find that the Etruscan dialect has been obliterated by the Roman-Latin, the Syriac by the Arabic, the Celtic by the Latin and French, the Celtic of Britain by the Saxon and English. When we reflect how the Epirots and Siculi changed their language without con-

quest or colonization into Greek, and how the ancient Pelasgi, all the primitive inhabitants of the Peloponessus, and many of those of Arcadia and Attica, changed their own language and adopted that of the Hellenes; when we behold the negroes of St. Domingo speaking the French tongue, the Baskirs, of Finnish origin, speaking the Turkish; and, finally, when we remember how the Cardians, in consequence of certain linguistic analogies, have been classed with the Fins, though descended from an entirely different race, we cannot with any show of reason, place confidence in the arguments of the philologist, and may only have recourse to them so far as we can trace the peculiar derivation of words through different languages spoken by the same people at different times.

But let us look at the subject from the other point of view, bringing anatomical science to bear upon the question, and let us ascertain if the aforesaid permanency of skull forms can be established. Let us examine calvaria, and the facial skeleton of the different races of men, and conclusions may result which will be satisfactory to the mind from the soundness of the arguments adduced. Some of the most clearly demonstrable proofs in relation to the permanency of skull forms, and those possessed of high interest, are those which result from the late discoveries and exhumations made about six years since (1854) at Memphis, by M. Auguste Mariette (now one of the conservateurs of the Louvre museum, Paris), and published lately to the world.

These discoveries are many pieces of statuary, executed in the highest style of Egyptian art, and belonging to the earlier days of the pyramids. They were removed with great care and expense to the vast museum of the Louvre, and there remain as permanent monuments of Egyptian art as it appeared THIRTY-FIVE CENTURIES BEFORE THE CHRISTIAN ERA, and continuing in an unbroken series to the present day.

That the reader may have some idea of the interest with which these venerable mementos of antiquity are regarded,

as bearing powerfully upon the question of *permanency of type* in Egypt during five thousand years, we will quote a passage from Pulski's "General Remarks on Iconography." He says, "but the crouching statuette of a scribe, celebrated at the Louvre as '*le petit bonhomme*,' is the crowning masterpiece of primitive art revealed through Mariette's exhumations. It is from the venerable tomb of the Vth dynasty, five thousand years old, which the late constructors (above two thousand years ago) of the ancient avenue of sphinxes leading to the Mephite Serapeum had cut through and walled up again. The material is white sandstone, colored red. The profile view exhibits the excellence of its workmanship, no less than the *purest type* of an ancient Egyptian. Beneath it, Mr. Gliddon has repeated the *same head*, with the sole addition of the moustache and short beard, and the mutation of the head-dress into the quilted cotton skull-cap of the modern peasantry; and thus we behold the *perfect preservation of a typical form of man, through five thousand years of time*, in the familiar effigy of a living Fellah." It has been argued by some that, however perfect may be the resemblance between the heads of many of the statues and the physiognomy and skull form of the modern Egyptians, it is quite impossible to decide with certainty the real age of those sculptured remains to which so much interest has been attached. Without entering into any disquisition on this far-fetched point, it need only be mentioned that late researches have fully established this important question; and that the name of the tomb from whence they were taken, the draperies, grouping, &c., bear witness to the great age of these monuments of ancient Egyptian art.

What more conclusive proof is requisite to establish the question of permanency of the Egyptian type of skull forms and facial skeletons? And why should one nation differ from another in this peculiar permanency of cranial conformation? It is my belief that, if opportunities offer for similar inves-

tigations in reference to other inhabitants of the globe, like results will be the consequence.

The portraits alluded to as exhibiting this peculiar trait of similarity are in themselves so striking, that it is much to be regretted that profiles of the same cannot be exhibited to the readers of this journal; but to show them as they should be—very accurately represented—the ordinary wood-cut would be insufficient to delineate their exact resemblance. The copies in my possession are from a subscription work, and were drawn from accurate photographs taken at the Louvre museum.

But cranioscopy is interesting in other points of view; and although it would be useless in a paper like the present to enter upon the question of the primary development and ultimate growth of brain matter and calvaria, it may be asserted that the configuration of the brain is expressed to a great extent by the outer covering of bone; and as in different nations differently shaped crania and facial skeletons are discovered, by comparing the mutual relations of these, we may be enabled to ascertain at least the indications of those distinguishing marks which may be termed characteristic of the habits and peculiarities of whole races of mankind. Some writers, and those too of considerable eminence, have endeavored to base the vast structure of political economy upon that science which we are now considering. Indeed, the wonderful transmutations in society, the sudden revolutions of governments, the peculiar customs manifested by rude and barbarous tribes, and the manners, habits, and social relations of the civilized world, may also, in time, be indicated and explained by cranioscopy.

If the brain be expressed by the configuration of the skull—if the brain be the seat of the mental faculties—then, as the actions of the body are caused by volitions of the mind, and as the acts of a community are composed by the individual action of each separate member of that community,

then is not the history of a nation, both civil, religious, political, and artistic, dependent upon the natural and physical characteristics of its citizens? And may not these be judged by the comparison of those bony casements which even express the *convolutions* of the encephalon on their internal surfaces, and which expand and grow with that mighty anatomical and physical and mental mystery?

But the cranioscopist can also study with advantage the peculiarities of skull forms as they are found in man, and the relations held by them to the lower orders of creation. He may commence with the inferior animals, and gradually ascend to the perfect creature—man; and as the most wonderful portion of that crowning work of creation, he will view the human cranium, and may well exclaim—

“ This is a temple where a god may dwell !
 Look on its broken arch—its ruined wall—
 Its chambers desolate—its portals foul.
 Yes ; this was once ambition’s lofty hall,
 The dome of thought, the palace of the soul.”

An important feature in craniological science is the manner of comparing skulls, and the results arrived at from the different measurements.

The first of these, or the vertical method, was invented and employed by Blumenbach, and was called by him the *norma verticalis*. It consists in supporting the head on the occiput and lower jaw, and viewing it from above. With reference to this manner of ascertaining cranial characteristics, Dr. Morton advises that, if several skulls are to be compared, they should be stood each one upon its occiput, the jaw being vertical and supported against any plane surface; and that to make the comparison complete, the occipital bones should be so elevated as to bring the cheek-bones upon a line. To explain this, Morton, from Blumenbach, represents three heads.

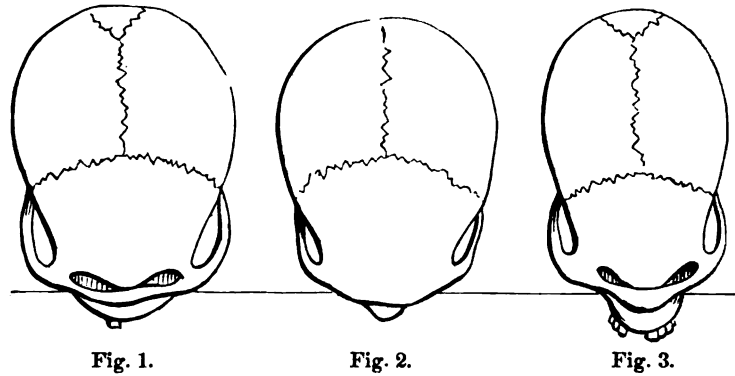


Fig. 1 is a Negro head, elongated and narrow in front, with expanded zygomatic arches, projecting cheek-bones, and protruding maxillæ.

Fig. 2 is the outline of a Caucasian skull, in which the facial region is nearly concealed by the more symmetrical outline of the whole head, and especially by the full development of the frontal bone.

Fig. 3 represents a Mongolian head, in which the orbits and cheek bones are exposed, as in the Negro, and the zygomæ arched and expanded; but the forehead is broader, the face more retracted, and the cranium larger.

These three examples are sufficient to illustrate the *norma verticalis*; and it will be observed how much of the cranium can be seen by this method of comparison, and also how well adapted it is to represent the relation of the facial skeleton to the skull, the width of the head, the expansion of the zygomæ, and the projection of the frontal protuberances.

To professor Camper, we are indebted for another measurement, which is as follows: A line, called the *facial line*, is drawn from the anterior margin of the upper jaw or teeth to the most prominent part of the forehead; and a second or horizontal line is drawn through the middle of the external meatus of the ear, until it touches the lower edge of the nasal fossa at the nasal spine, from which point it is projected until it meets the facial line. The angle thus formed is at or near the nasal spine, and is called the *facial angle*. I here annex two illustrations, which are also from Morton.

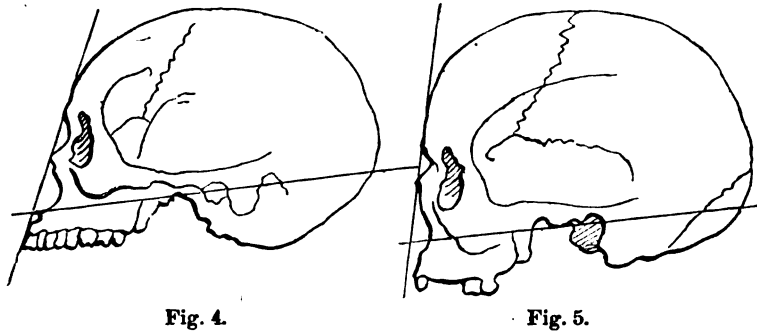


Fig. 4.

Fig. 5.

Fig. 4 represents the skull of a woman of a tribe of the Shoshonees, or root-diggers, who inhabit the western slope of the Rocky Mountains. These people constitute one of the lowest castes of the aboriginal race of this country. The configuration of the head is in remarkable keeping with the low grade of intelligence; and the facial angle, as formed between the facial and horizontal lines, is but 70° .

Fig. 5. Dr. Morton says, "It is that of an embalmed Egyptian woman, taken from the tombs of Memphis by Mr. Geo. R. Gliddon. Among the eight hundred human skulls in my possession, I regard this as the most beautiful in outline and the most harmonious in its proportions." The facial angle measures nearly 80° .

By this measurement, the exact relative position between the facial skeleton and the remaining portions of the cranium is indicated; and although a full angle is not considered as a direct proof of superior intelligence, yet the converse has been found by those who have had opportunity for comparing many skulls, to be generally true.

The method found most reliable in taking the facial angle is to obtain an accurate photographic outline of the skull to be measured, and, having drawn the lines already mentioned, to measure the angle formed by their junction with an accurately graduated protractor.

Upon reflection, it would appear, however, that a measurement of the facial angle, particularly with reference to the exhibition of the projection of the face in relation to the head, could be better attained by allowing the inferior maxillary bone to remain in its normal position, and by drawing the facial line from the most prominent portion of the forehead

to the symphysis of the lower jaw. For it will be seen, in the measurements employed by Camper and Morton that a most important bone in the facial skeleton has been omitted, thereby necessarily rendering the skull imperfect. This addition of a large and important bone appears to be the more requisite when we consider that this very prominence of the jaw constitutes a great characteristic mark among the animals nearly allied to man, and indeed in the latter creature himself, particularly when in a savage or barbarous condition. This feature, viz. prominence of the chin, has been used by some as a distinctive mark in the classification of skulls. It will be seen that a difference of several degrees in an angle would be made by the protruding symphysis of the inferior maxillary, a projection which would also vary to a considerable extent by the relative direction of the rami of the bone. Again, to draw precise conclusions in comparing facial angles, it would be requisite to ascertain the period of life at which the angle was taken; for we are all aware of the changes that are noticed in the alveoli as life advances, and that periodical changes in the form of the head are ever observable.

In childhood, the skull is remarkably wide between the parietal protuberances, and very prominent in the frontal region; as life advances, the latter recede, and the longitudinal diameter encroaches on a part of the transverse, the occiput becomes elongated, and the distance between the parietal protuberances becomes shortened. Again, the arching forehead of the child recedes as adolescence approaches, and the facial skeleton becomes rather more prominent.

The results obtained by Professor Camper are as follows:

The Caucasian race has an angle of 80°.

“ Mongolian “ 75°.

“ Negro “ 70°.

Dr. Morton, from an extensive series of measurements, states that all of these measurements are too low. He says,

“the negro will fully average 75° , as proved by my observations upon upwards of forty crania of native Africans: the angle in this race rarely sinks to 70° or rises to 80° . In the Caucasian, it may be assumed at 80° as a mean; but it rarely falls to 75° , and often rises to 83° , and even to 85° . The Mongolian is about 77° ; but the Indian and the Malay give no larger angle than the Negro. The average of nearly two hundred skulls measured by me gives but 75.5° for the aboriginal race of America.”

The internal capacity of crania is also a question possessed of interest and importance. From measurements and comparison, it has been found that the Caucasian brain gives the largest average of all the races of mankind, the Anglo-Saxon yielding a mean of ninety cubic inches, and a maximum of one hundred and thirteen. The Negro brain presents, in the aggregate, the other extreme: the measurement of forty-six skulls of native Africans, of many different and distant tribes, giving a mean of eighty-five cubic inches; nor does the size in any instance augment to one hundred cubic inches. Dr. Morton says that the smallest brain that he has ever had an opportunity of examining (of course not bringing into the catalogue either those of dwarfs or idiots), was that of a negress, it giving only sixty-five cubic inches.

In point of size, the next brain above the Negro is the Indian, the Malay appearing next in the scale, above which is the Mongolian, and the highest the Caucasian.

It is a curious study to examine into the somewhat large size of the encephalon of certain African races; and it has been found that these half-civilized and almost barbarous tribes possess a brain almost five cubic inches larger than the ancient Egyptians—a people renowned for their high state of civilization, and the elevated position to which the arts of life had attained; these and their lineal descendents, inhabiting about the same latitudes, including the Fellahs of the Nile, the Hindoos, and the old Peruvians, possessing crania of about

the same internal capacity. But the preponderance of brain matter must be judged in connexion with the facial angle; and, by such comparison, it will be remarked that the large development is in the posterior portion of the skull, a position indicating an increase of the animal, and rather a deficiency of the mental powers.

It may be also interesting to observe the form of the head, as exhibited in the different races. In the Negro, the forehead and coronal regions are contracted, the occiput projecting, and the nasal bones flat. The maxillæ are strong and protuberant, the teeth strong and white, and the facial skeleton projecting.

The American has a prominent face and a receding forehead, straight occiput, large nasal bones, salient jaw, with considerable space between the parietal protuberances.

The Malaysians have a very broad face and a low forehead, the nasal bones being rather flattened, and generally, projecting teeth.

The Mongolian head is characterized by a prominent face and broad and depressed nasal bones. The superior maxillæ are rather flat and broad, the jaws being large, with expanding zygomatic arches. The skull is an oblong oval, flattened at the sides.

The Caucasian race is conspicuous for the harmonious proportion of the cranial structure. The skull is a more perfect oval, with beautifully arched zygoma and nasal bones. The teeth are vertical, and the chin even and full.

These are, very briefly, the most marked peculiarities in the conformation of the skulls of the five races of mankind; these remarks not embracing the artificial modifications of the head which are observed among some of the tribes of both America and Europe. The curious changes in the form of crania produced by compression, &c., are truly wonderful and interesting; but the limits of this paper will not allow further comment upon this portion of cranioscopy.

Among the other peculiarities of crania, the different diameters remain to be mentioned. The longitudinal is measured between the most prominent parts of the frontal bone and occipital protuberance. It gives six and a half inches.

The lateral, measured between the parietal protuberances, is five inches and a half.

The vertical, from the condyles of the occiput below to the vertex above, giving five inches (Morton).

In concluding this interesting subject, I would append, from an ethnographic tableau of specimens of various races of mankind, a list of the different inhabitants of the globe, their geographic distribution, as laid down by Professor Agassiz, with cranioscopic examples arranged by Dr. Meigs, giving the facial angles and internal capacity of crania.

<i>Geographical Distribution.</i>		<i>Cranioscopic Detail.</i>
I. ARCTIC	Hyperborean	Eskimo skull. Facial angle 73°. Internal cap. 98 cub. inches.
II. ASIATIC.....	{ Mantchurian. Japanese. Chinese Centro-Mongolian Caspian	Kalmuck skull. Facial angle 81°. Internal cap. 93 cub. inches.
III. EUROPEAN.....	{ Scandinavian. Russian. Central European South European North African Egyptian Syro-Iranian.	German skull. Circassian skull. Facial angle 78°. Internal-cap. 90 cub. inches.
IV. AFRICAN.....	{ Saharan Nubian. Abyssinno-Arab. Senegalian Guinean Afric table-land Hottentot. Madagascar.	Negro skull. Facial angle 76°. Internal cap. 84 cub. inches.

	<u>Geographical Distribution.</u>	<u>Cranioscopic Detail.</u>	
V. AMERICAN	North ..	Canadian. Alleghanian. Louisianian. Rocky Mountain. North-west Coast.	
	Central .	Californian Main Land Antilles	Black-foot Indian skull. Facial angle 75°. Internal cap. 88 cub. inches.
	South...	Brazilian. Pampas. Cordilleras. Peruvian. Patagonian.	
VI. POLYNESIAN.....		Northern. Western Southern Eastern	Kanaka skull. Sandwich Islander. Facial angle 78°. Internal cap. 84 cub. inches.
VII. MALAYAN.....		Dukhum Endo-Chinese Sunda-Islandic Papuan.	Malay—Bally Island. Facial angle 69°. Internal cap. 82 cub. inches.
VIII. AUSTRALIAN.....		Tasmanian	Australian skull. Facial angle 70°. Internal cap. 81 cub. inches.

[In the last number of this journal, a remarkable case of hermaphroditism was presented to the readers. Since the publication of that paper, I have received from Professor Garlick, of Cleveland, a reply to some interrogatories forwarded to him in reference to more information on the subject. From his letter, we learn that the case was even more perfect than was supposed, and that there were also prostrate gland and vesiculæ seminales; to ascertain which, I put direct interrogatories. The letter is as follows:

Cleveland, June 13th, 1860.

DR. WM. TOD HELMUTH.

Dear Sir:—In answer to your queries, I would say that the patient you refer to *did* menstruate, which, I believe, was ascertained by Dr. H. A. Ackley, in

some way, previous to the death of the patient. The testicles were attached to the Broad ligaments.

The age of the patient, I cannot give; but was, I think, at the time of death, a little past thirty. The answers to your other questions are affirmative.

Yours, respectfully,

St. Louis, Aug. 20, 1860.

F. GARLICK.

This reply, though not so comprehensive as it might be, still assists in placing beyond a doubt the occurrence of a case of almost *true* hermaphroditism, and one which, from its perfectness and rarity, should long be remembered by the profession.]

CLINICAL CONTRIBUTIONS.

BY PROFESSOR E. A. GUILBERT, M.D., OF DUBUQUE, IOWA.

CASE I.—*Tuberculosis Infantum.*

TUESDAY, 15th May, 1860, I was called to see an infant four months old, the child of Mr. S. Found the babe suffering with all the symptoms of an aggravated attack of cholera infantum, which had gradually been developing itself during the several days the child had been ailing.

The alvine evacuations (occurring every three quarters of an hour) were small and consisted of greenish-yellow water, were voided without apparent pain, and were preceded by emesis and excessive itching in every instance, the substance vomited being mucus and yellowish water, occasionally mixed with ingesta. There were observed, great nervous restlessness, sleeplessness, constant moaning, with occasional screams, want of appetite, &c.; the urinary excretion was scanty, voided without pain, and stained the diapers yellow; the tongue was covered with a dirty-yellow coating; the eyes wore a troublous expression, were sunken, and underlined by livid half-circles; the face was thin, and the cheeks sunken,

the integuments lying in folds here and there ; the corrugator supercillii were contracted, and the peculiar, painful, stereotyped smile of marasmus lay upon the angles of the thin-lipped mouth ; the skin all over the body wore a parchment hue, and was husky and dry ; the body was much emaciated, the belly somewhat protruberant, but revealing no enlarged mesenteric glands ; palpation of the abdomen gave no pain ; the palms of the hands and soles of the feet were hot, and the temperature of the head was also slightly elevated ; a very slight febrile exacerbation occurred every afternoon ; and was marked by acceleration of the pulse, slight general heat, increased restlessness, and thirst. During the interim, the pulse was small, and beat one hundred and twelve times per minute ; the extremities inclined to be cold, and were livid and mottled, and this appearance continued throughout the whole course of the disease. Persistent application of artificial heat was requisite in order to the maintenance of any thing like a normal temperature of the arms and legs.*

Prognosis guarded, the probabilities being fairly stated.

Treatment :—*Arsenicum* 3° (decreasing the scale I habitually use) and *belladonna* 1° were exhibited in alternation, both remedies being given in solution—about six grains of the first and eight drops of the latter being put into glasses two thirds full of rain water, a teaspoonful of each mixture at a dose. The remedies were given every hour, until two doses of each had been taken ; after that, a dose only every two hours.

At eight of the clock, P.M., I found the child somewhat improved. There was less restlessness, and the last two stools had been an hour and a half apart. The remedies were continued at intervals of two hours.

16th May, the child seeming still more improved this morning, the discharges being less frequent, the vomiting not so persistent, and there being not so much restlessness,

* The slight hacking cough often noticed in gastric difficulties was present, but infrequent. No evidence of any affection of the respiratory apparatus was observed.

the remedies were continued, in the 6th for *arsenicum* and the 3d for *belladonna*.

Not to go into details, as the mention I make of the case, and its treatment, is only intended to preface a brief account of the autopsy, suffice it to say that, on the third day of treatment, the symptoms remaining about the same as they were the day previous, *calcareo carbonica* 3° and 6° were given in alternation every three hours, and continued for two days. Under the influence of this remedy, the case visibly amended, the interval between the discharges lengthening to *three* and sometimes to *four* hours, the vomiting only occurring just before stool. An inclination for nourishment manifesting itself, beef-tea diluted, and arrow-root were allowed, the mother not nursing the child. On the morning of the fifth day, I was notified that the child had suddenly grown worse during the night; and making an early call, I found the case to have resumed the violent symptoms of the first day. The aggravation was produced by over-feeding. Gave three doses of *sulphur* 3°, to be followed in two hours thereafter by *lycopodium* 3°, eight drops in a glass two-thirds full of water, a dose, a teaspoonful every hour. At noon, the child seemed no better: continued *lycopodium*. At five P.M., some improvement was visible, the stools being less frequent and smaller, the emesis not so persistent, the patient having grown less restless, and having retained some little food (arrow-root). At nine P.M., the child was still better, and had slept some during the evening: continued the *lycopodium* during the night.

From this time up to the 26th of May, a slow but progressive improvement in the case was witnessed, the stools growing more natural and quite infrequent, emesis occurring but seldom, the child craving food, and taking greedily the beef-tea and arrow-root.* He slept considerably during every twenty-four hours, was less restless when awake, and

* But two teaspoonsful of each being given every hour when the child was awake.

bestowed more notice on surrounding objects; the short hacking cough subsided, but the emaciation, hitherto perceptibly progressive, *still continued*.

On the 26th, I was obliged to leave home for a couple of weeks. Four or five days thereafter, the child grew worse again; and instead of sending for a homœopathist, the old family physician was called in. Astringents, *hydrargyrum cum creta* and *paregoric* were as freely administered as the child could bear; and this treatment was continued, with varying success, for three weeks, the mother generally giving but *half* the doses the physician left. At the end of three weeks, the allopathist left the case, with the remark that all the child needed was "plenty to eat" in order to its restoration to health.

On the 26th June, I was again called to the case. I found the child frightfully emaciated, its countenance resembling that of a miniature octogenarian, bloodless, wrinkled, and parchment-hued; the molar bones very salient, the cheeks sunken, the eyes deep in their orbits, the lips thin and blue, and the buccinators retracted. The body and extremities were equally attenuated; the fingers resembled the lean claws of some wild animal; the surface of the extremities presented the mottled appearance before mentioned, and the temperature was permanently reduced; the belly was protuberant, but there was no evidence of enlarged mesenteric glands; the neck, with its shrunken integuments and goose-pimpled skin, its slender proportions and seemingly increased length, reminded me forcibly of a chicken's neck, denuded of its feathers. So remarkable was the emaciation, that one looking upon it would almost expect to hear the bones of the child rattle like castanets with every movement.

The abdominal symptoms speedily responded to treatment, and from this time until the death of the babe, there was but one return of the bowel complaint in its more aggravated characteristics. No evidence of any affection of the lungs was seen; there was no increased cough, and, when the

cough *was* heard, it was so slight as to excite no special attention. Gradually, the tongue cleaned, the appetite improved, and when not overfed, food gave no uneasiness apparently; the urinary secretion ceased to stain the diapers, the stools were reduced to three or four in the twenty-four hours, and for the last two weeks of life they were as consistent and otherwise as natural as one would expect to see the stools of a perfectly healthy infant. The child slept better also, and took more notice of surrounding objects, and it grew really irritable, crying for its mother when she came within sight of him, or for food when hungry, its countenance, at such times, assuming an indescribably pitiful expression; the pulse grew stronger, fuller, and more equable, and no febrile exacerbations made their appearance. Aside from the progressive emaciation, there was enough to justify the physician in the expectation that the child would recover finally. This atrophica of the muscular tissues proceeded uninterruptedly. I thought the case had reached the ultimatum of leanness on the 26th of June; but on the 18th of July, a student in medicine could almost have "studied the skeleton" by the aid of this breathing "anatomy." From the 26th June, the diet consisted of beef-tea, varied with arrow-root and diluted milk. The remedies used from this date were *arsenicum*, *belladonna*, *calcarea carbonica*, *chamomilla*, *china*, and during one day, with the effect to aggravate the bowel complication very seriously, *mercurius iod.* 1°. During the last three days of life; the babe suffered immensely with flatulence. The same phenomenon has presented itself in several other cases during the past season. So excessive was this accumulation of flatulence, that the belly was largely distended, the umbilicus protruded, and the diaphragm thrust upward, compressing the lungs, rendering respiration very laborious, and making the child very restless indeed. This symptom was met very handsomely by *arsenicum* 12° and *china* 3°, the flatus being expelled with loud reports, as if the persecuted intestinal tube had converted itself into a park of artillery, and

were firing a *feu-de-joie* over the "happy issue." I ought to mention also, that an occasional injection of luke-warm water was exhibited, and that hot fomentations were kept constantly applied to the belly. After a pretty copious evacuation of flatus, respiration would be well, and the child would become quiet, and remain thus until the lining mucous membrane of the intestines had generated a new supply of gas. This phenomenon would take place within four or five hours. But very little flatus was eructated at any time. The remedies from which most benefit was derived during the last three weeks of life were *arsenicum* and *calcareo carbonica*, and the attenuations most useful were the 12th and 30th. Thrice *arsenicum* 30° controlled an aggravation of the "stomach symptoms" as if by magic, only three doses, an hour apart, being required each time.

On the 18th of July, just at the hour when day was fading into the night, the little one subsided from this troublous existence, the passing from life being as gentle and imperceptible as the death of the leaf in autumn.

One hour previous to dissolution, marked symptoms of spasms were seen. I was hastily called, and controlled this tendency with one drop of *hyoscyamus* 1°.

Autopsy twelve hours after death, in the presence of Dr. S. H. Guilbert, and my office pupil, Mr. Robert Hill.

Only the thoracic and abdominal cavities were examined. All the abdominal organs were found to be in an entirely healthy condition. Not the slightest trace of serious inflammatory excitement could be found in the stomach or the intestinal tube. The mesenteric glands were somewhat enlarged and were tuberculous; the bowels were largely distended with gas. On opening the chest, the lungs were found to be much collapsed, and a small quantity of serum was observable in either half of the thoracic cavity. No evidence of disease was witnessed, until an attempt was made to remove the right lung, when strong adhesions were found which held the organ firmly to the side of the cavity. These

adhesions were most extensive at the base and the middle lobe ; it was difficult to break them up with the fingers. On elevating the organ from the cavity, it appeared healthy ; but on cutting into it, it was found to be completely *infiltrated with tuberculous matter from base to apex*. As slice after slice of the lung was removed, the pus would start from the cut surface at hundreds of points ; and a little compression of the part held in the hand would cause so profuse a flow, that the whole cut surface would soon be covered. The left lung was found tuberculous at its apex ; the remainder of the organ was healthful. No adhesions between the opposed pleural surfaces were found on this side. The heart was healthy.

The foregoing case presents so many peculiarities, that its record seems to me worthy of preservation. It will strike the reader as being very singular that so formidable a disease as tuberculosis of the lungs could begin, continue, and end with no more evidences directly and palpably referable thereto.

I considered the child's disease to be *tubes mesenterica* ; and I frankly confess that I was much astonished that an autopsical inspection did not reveal more extensive disorganization of the mesenteric glands. I was not surprised, however, to find the stomach and bowels healthy. Had the child died four weeks before it did, an examination of these organs would have exhibited very extensive lesions, in all probability.

CASE II.—*Tedious Labor, one hundred hours in duration.*

At two of the clock, A.M., Sunday, 26th August, 1860, I was called to Mrs. N., a *primapara accouchée*. A *sage femme* had been in attendance since Wednesday morning, making occasional visits during that and the following day. Since Wednesday morning, the midwife had been with the patient all the time. My *arrival* was the signal for her *departure*. Found the *accouchée* much exhausted and discouraged. She had been suffering for twenty-four hours with the most violent

expulsive throes of the last stage, buoyed up by the oft-repeated and illusory promise of the midwife, which was also an exhortation: "*Pare down, pare down, mine friend; you shall be vell in von hour!*"

This hortatory promise, iterated and reiterated with parrot-like volubility, had so often "been kept to the ear, but broken to the hope," that the accouchée, although a resolute and healthy woman, had begun to fear that it was impossible for her to give birth to the child; and this fear, coupled with an utter want of confidence in her midwife, had exerted so malign an influence over the reproductive organs that marked symptoms of *powerless* labor made their appearance about an hour before I reached the lying-in chamber. Quieting the excited patient—whose dilated pupils and glistening eyes, altered voice and increasing jactitation, bounding pulse and flushed and bloated visage, betokened that there was imminent danger of convulsions—quieting her by a few firm and cheering words, I exhibited a drop dose of *aconite* 10. I waited until pain reappeared, and then made an examination *per vaginam*, with the following result: Head in the third position (*forehead left*); forehead too much to the left; no advance made by the head during pain; the progress of vertex world-ward evidently primarily retarded by the slight malposition; sutures of the foetal cranium obliterated by the powerful compression to which the caput has been subjected; bones over-riding each other, the edge of the superior bone being well defined; anterior fontanelle so much diminished in size as only to receive, easily, the point of the exploring digit; *no pulsation at the fontanelle*; the bones of the cranium, during the absence of pain, *feel loose within the scalp*; parts rather dry, and somewhat hot; os uteri entirely retracted over the head. It appears to me that there is a uniformly diminished pelvis, vagina largely distended and dilatable, integuments bounding the inferior strait dense and unyielding, but cool and somewhat moist; a *knuckle* of the scalp, at the most anterior and depending portion of the head, is very

much swollen and quite protuberant, and is detected just within the superior portion of the genital fissure. Fearing the death of the fœtus, on completing my very thorough examination *per vaginam*, I sought for the sounds of the fœtal heart, but though I repeated the auscultation three different times, I could not detect them. I consequently said to the husband, "I cannot promise you a living child." When examining for the sounds of the fœtal heart, I detected a very marked *right lateral obliquity* of the womb,—so marked, indeed, as to cause me mentally to wonder why we had not encountered a *shoulder* presentation. A very perceptible *sulcus*, following the *linea alba*, divided the abdomen into halves. In this *sulcus* was very naturally *located* a suspicion of twin pregnancy. On inquiry, I learned that the "waters broke" at four P.M. yesterday; that, within thirty-six hours, three copious alvine evacuations had been induced by tepid water injections, administered by the *sage femme*, and that the bladder had been freely and repeatedly discharged, some little urine running away on the occasion of each violent pain. The woman had been lying for many hours on her back, by the imperative command of the midwife, who had placed her in a semi-sitting posture, her back supported by a huge feather bed and several pillows, her legs very much flexed, and her nates sunk into a deep pit in the bed. No position could be more uncomfortable, or more unfavorable to the patient. With the marked lateral obliquity of the uterus which was present, the poor creature might have remained in this position until "doomsday," could she have *survived* so long, without giving birth to her child. Re-arranging the couch, and placing the woman on her *left* side, with her shoulders moderately elevated and thrown forward, her legs gently flexed, and observing with much gratification that she had become again courageous and full of hope, and that the pains had grown once more to be vigorous and frequent, I prescribed (at a quarter to three, A.M.) a dose of *tinct. lobelia* in water. I gave the remedy in

order to overcome the rigidity of the soft parts. I have never yet been disappointed in seeing such a result follow its exhibition.

The *lobelia* was continued every fifteen minutes for two hours, then every twenty minutes, until three doses more had been given. Hourly examinations *per vaginam* were thoroughly made, revealing a gradual increase in the quantity of the "show," and an increasing relaxation in the soft parts. The pains had been remarkably violent up to half-past 5 A.M., when they grew weaker and shorter. At 6 A.M., gave four drops of *pulsatilla* 2°. In half an hour, repeated the dose. Pains becoming more efficient once more. At this juncture, I sent a note to my partner, Dr. S. H. Guilbert, requesting him to come to me, and to bring with him my obstetrical instruments. At 7 A.M., placed the patient in position to receive instrumental assistance. (Nates to the edge of the bed; body supported and held firmly by the husband, who sat behind his wife; feet resting on chairs, pretty widely separated; knees firmly held by two assistants.) Dr. S. H. Guilbert proceeded to exhibit *ether*, which was at no time allowed to do more than simply to obtund sensation, and thus to enable us to command the muscular movements of the accouchée. Introduced the left-hand blade of the forceps, but found it difficult to approximate it to the parietal bone, owing to the vise-like manner in which the head was grasped by the parts, and to the fact that the slightest manipulation was the signal for the advent of stormy action of the uterus, every fibre of which viscus seemed lashed into fury with the ineffectual effort it was making to rid itself of the presence of the new being. At the third attempt, I succeeded, by gentle and sustained effort, in carrying the blade of the forceps to its proper cranial goal; and when pain recurred, I made firm traction *downwards* and *forwards*, ceasing my effort when the pain subsided, renewing it again when the pain returned; and at the *fifth* attempt, I had the satisfaction of dislodging the head, and it *started* (at 7 3-4 A.M.), its advance being noticed and

proclaimed by the accouchée. With every pain, now, the head made a slight advance, the integuments bounding the inferior strait gradually dilating. The pains continued very violent, the expulsive efforts of the woman being of the most extraordinary character, up to within twenty minutes of 9 o'clock. During this twenty minutes, she had but seven pains, each but fifteen seconds in duration, and quite feeble, the *acme* not being well defined. At 9 o'clock A.M., gave ten drops *secale cornutum* (crude). In fifteen minutes, the pains became quite vigorous once more. At half-past 9 o'clock, repeated the dose; the effect soon being perceived in the powerful contractions of the reproductive viscus. At 10 A.M. the child's *elongated* head was thrust through the genital fissure. The cord was around the neck. The child was almost asphyxiated, and gasped but once; the heart's action almost imperceptible. With the birth of the head, uterine effort ceased, the organ seeming to have done all it could. I waited five minutes, meantime repeatedly sprinkling cold water on the child's face, which looked upward and to the left; when, fearing to trust longer to the womb, I gently drew down the arms, the one nearest the perineum first, and by firm and deliberate traction, soon succeeded in delivering the woman—the child's body, of course, being allowed to rotate in the normal manner. It required nearly half an hour's vigorous effort, the warm bath, and persistent artificial insufflation, ere the suspended animation of the child was restored. The scalp was somewhat lacerated and very much contused, and just behind and below the parietal bone, the spot where the blade of the forceps touched the head was plainly seen, though the scalp was not lacerated here.

Monday, 27th, 10 A.M.—I was summoned to the lying-in room by a note from the patient herself. The babe had not evacuated the meconium, and had no discharge from the bladder. It appeared to be suffering with symptoms of retention, and the bladder was distended. Prescribed *camphora* 8°, eight drops every two hours, until the urine

passed off. Ordered the child to be put to the breast, which had not been heretofore done, as I had directed. The mother is doing well; has had hardly any "after-pain." She complains of great soreness and lameness throughout the pelvic region. Has evacuated the bladder freely. Having a sort of *hydrophobia*, she had not used water externally, as she had been instructed. Has had but little hæmorrhage. The womb is firmly contracted. Gave one drop of *arnica* 1°, and ordered free ablutions of the genital parts with tepid water; these ablutions to be repeated every two hours during the day and evening.

Tuesday, 28th, A.M.—Found both mother and child doing well. The latter had a copious evacuation from the bladder, as well as from the bowels, yesterday, about 5 P.M. The discharge from the bladder was accompanied with screaming and great apparent pain. Several discharges since the first have occurred, and have been unattended with pain. The child takes the breast well. Case discharged.

I have been thus precise in my description of the foregoing case, not because the details contain anything new or valuable to the old practitioner, but because the junior physician of, as yet, limited experience in obstetrical practice may therein find some "food for the stomach of his thoughts to digest;" because it proves that which I often assert to my class, viz. that it is a fact that many signs of death of the foetus *may* make their appearance during labor, and yet those signs may all fail occasionally; because it serves to illustrate the value of *patience*, which is the first qualification the obstetrician should possess, and the virtues and efficiency of correct treatment judiciously applied; and because further evidence is herein found to support BLUNDELL'S axiom, "meddlesome midwifery is bad." I have known, at the West, of craniotomy being performed on far slighter provocation than I had, and many hours earlier in *tedious* labor than the period when I made use of *traction*.

The woman's powers of endurance bordered upon the marvellous, and were no less remarkable than the promptness with which she rallied after the birth of her child. Her strength and courage seemed to rise exactly in proportion to the demands made upon them. During six hours of the eight I was in attendance, there was never a longer interval than *three* minutes between the pains, and generally only *one and a half*, by the watch. The pains averaged thirty-five seconds each. The pains, too, were most *savagely* powerful, and each one seemed, from its vigor, and the character of the accompanying outcry, to be the *very last*. I was assured, by intelligent women who had been with Mrs. N. for twenty-four hours previous to the time I saw her, that such had been the character of the pains during the whole of that period. During the eight hours of my attendance, the woman had about one hundred pains. Half an hour after the birth of the child, the placenta was removed by gentle traction upon the cord. The labor began at 6 A.M. on Wednesday, the 22d, with quite a profuse discharge of blood from the ruptured vessels of the os uteri. During the last hour of the labor, the *sage femme* returned, and expressing much astonishment that the child was not born, vouchsafed the information that, before I came, the *head was once born*, and then "vent back agin!" A decidedly *new* freak of nature, and none the less remarkable because of the mystery connected with the *how* the thing was done.



MENSTRUATION DURING PREGNANCY.

BY C. PEARSON, M.D., OF MOUNT PLEASANT, IOWA.

ON the 24th of November, 1859, I was called to treat Miss L., aged nineteen, of fair complexion, and light hair and eyes; and from her and her mother received the following as the previous history of the case:

About the first of the preceding August, she was taken with what her physicians supposed to be inflammation of the stomach; and after treating her for some days with the regular mercurial treatment, the vomiting gradually subsided, but she found herself fast losing the use of her limbs, with severe pains in all their joints. At times, there had been a total suppression of urine, making a frequent use of the catheter necessary; and this circumstance, together with swelling of the extremities, as well, perhaps, as some other *slight enlargement* that might have been detected on careful examination, led one of her physicians to pronounce her case to be *dropsy*—for which he treated her over three months, having within that time two or three others to consult with him in regard to her disease.

He had occasionally left her for days without medicine, and had then again prescribed, in order to see if in any way he might succeed in relieving the constant pains she experienced in the articulations of the fingers and toes.

About the first of November, he informed his patient and her friends that *he did not know what ailed her*; and on the 24th of the same month, I was called, as before stated, and found the following group of symptoms present.

The patient was lying on her back, unable to change her position, or even to move her feet, which were considerably swollen, without assistance. Her tongue was furred, not heavily, and white; her pulse was 160 *in a minute*, and she stated that her physician had told her he had never found

it below '125 at any time since the commencement of her sickness.

There was no derangement of the bowels, except what had been caused by cathartics; no sickness at the stomach; and the appetite was not unusually bad.

The patient complained of severe cutting and aching pains in her hands and feet, the latter of which were the most troublesome—so much so, indeed, that she was unable to rest either day or night, making it necessary for some one to change their position every few minutes, as she had lost the entire control of them herself. She assured me she could not tell whether she had any feet or not, unless she saw them; notwithstanding which, she suffered most excruciating pain in all their joints.

I was informed that she *menstruated* regularly every twenty four days, and that the flow lasted about five days each time; and that, since she was first taken sick, she had had no suppression or derangement whatever. And this statement was corroborated by that of her mother.

In fact, there were no visible symptoms to justify the conclusion that pregnancy existed; but, from the exceeding quickness of the pulse, the enlarged appearance of the breasts, and the unwillingness of the patient to have any examination made of the abdomen—assuring me her trouble was all in the extremities—I was led to believe the disease was *complicated*. I was informed that the pains were much more severe at every return of her monthly periods, and that she was at that time *unwell*.

From the general appearance of the patient, I concluded, whether pregnancy existed or not, that she was suffering with *articular rheumatism*, induced by the large quantities of powerful medicines she had taken. In consequence, I prescribed *pulsatilla* and *rhus* 6°, in alternation, one powder every two hours. But after testing these remedies fairly, at different attenuations, for two or three days, I could not discover that they had made any impression either on the pulse or the

pains. I saw the patient every day for six weeks, and frequently for four weeks longer, by which time she was able to sit up and walk about her room; but she was still unable to dress, feed, or help herself in the least.

By the end of the second week, the pains had become much less severe, though never ceasing entirely, through the whole of this time. I never found the pulse below 118, and seldom below 125, in a minute. It is useless here to describe the treatment the patient received from day to day, a number of remedies, as well as electricity, having been resorted to. Of all the medicines administered, *mercurius vivus* 30° was the only one which afforded prompt relief.

I said nothing of her condition to her mother, supposing that, as she had to assist every day in dressing her, she would be likely to discover it herself.

On the 13th of February, she was taken with vomiting and purging, accompanied with labor pains, which her mother mistook for *cholera morbus*; and as I had ceased for some two or three weeks to visit her, I was again summoned in great haste. Aware of her condition, I went immediately, but found the child born just as I arrived.

It was a male child, and appeared to be large and healthy. The strength of the mother gradually returned; but not even at the present writing, now nearly seven months from her confinement, has she entirely recovered the natural use of her limbs. But as she has within that time suffered little or no pain, she has taken very little medicine.

I cannot think the pains or paralysis depended upon the pregnancy, as these symptoms did not subside after *parturition*. Had the menstruation anything to do with causing the disease? or was the rheumatism the cause of the continued menstruation? I know that cases of menstruation during pregnancy have been reported by Dewees, Frank, Churchill, Johnson, and others; and a case was reported in the *London Medical Gazette*, for November, 1840, by Dr. Meurer, where a lady

menstruated during four pregnancies, and *only during the time she was in that condition.*

I know, too, that females may sometimes resort to all kinds of devices to conceal the existence of pregnancy, such as staining their linen, &c.; but that there was nothing of the kind resorted to in this instance, I am fully persuaded, as the patient had not been able, for months, to leave her bed or make any use of her hands whatever.

I *know* the case was as I report it—a most obstinate one of articular rheumatism, accompanied by menstruation during the entire period of pregnancy.



General Record of Medical Science.

Our Journal.

To the journalist, it is always a source of pride and satisfaction that his efforts in the dissemination of matters of interest, and such as tend to the public good, should meet with the hearty response and earnest approval of cotemporary coadjutors, and all to whom the subject and object of his labors may be a matter of common sympathy. To none comes a keener sense of gratification at all such evidences of unity of thought and purpose, than to one and all of those engaged in the prosecution of the labor to which the pages of this Journal are consecrated. In promoting the spread of the great truth embodied here, we feel that we are scattering seed upon a teeming soil, which will continue to germinate and bear abundantly for a common fruition, and to the enlargement of the general good. It will be particularly pleasing to the American homœopathic mind to watch the interest that is being manifested in its expansion and advancement by those on the other side of the Atlantic (and especially in continental Europe), whose common motto of "*similia similibus curantur*" proclaims them to be fellow-workers in the same cause. We are led to these reflections by a review of this Journal which appeared in *L'Art Médical* of July, 1860, under the authorship of our distinguished cotemporary, Dr. F. Frédault; and our satisfaction is greatly enhanced by the regret with which he deprecates the tyrannical oppression evinced by the opponents of homœopathy in France, as distinguished from the liberty of thought and steady progress exhibited by other countries, and particularly America. Since the beginning of time almost, it may be said that the letting in of light upon the scientific world has produced discord and disarrangement of preconceived opinions and of speculative theories; just as its diffusion in the physical world, as one star after another sheds its glory upon us, may be supposed to jostle the media of obscurity through which it has to pass. A retrospective glance of a moment upon the history of the scientific world will remind us that progress and persecution are mutual necessities, the one of the other. Why should not this apply to the pregnant Hahnemannian thought that is making itself felt by the meanest comprehension, and that exacts from even its most uncompromising opponents the unwilling and tacit acknowledgment of its security and efficiency, as exhibited in their secret employment of the remedial means which it places at their disposal. When we call to mind that such acknowledgment of its remedial power would be subversive of time-honored institutions and observances, in the prosecution of which these men have grown and are growing grey, and that the fear of public censure among those who think with them, and, last though not least, the "*augusta res domi*," would seem to forbid it,—when we

think of these, we say, is it surprising that homœopathy should have arrayed against its dissemination and growth opponents more remarkable for uncompromising fierceness than for their willingness to appeal to the fair and open contest in which intellectual might shall make intellectual right? How can we explain otherwise the defamation and calumnious misrepresentation that mark this tyrannical oppression? But, to return to our reviewer. He says: "The *United States Journal of Homœopathy* is distinguished for its purely homœopathic spirit, and the variety and extent of its matter." Of the introduction, and the article upon the universality of the homœopathic law of similitude, by Dr. Dake, of Pittsburg, he remarks: "There can be no doubt that their object is to demonstrate that the law of similitude is the only law of cure, and the only one that should direct our therapeia," (the question of doses being reserved for another place). He passes in favorable review, second, the article upon dyspepsia, by Dr. Hunt, of New York; third, clinical observations, original and translated, of different authors; four articles upon malaria and miasm, by Dr. Lazarus, of New York; on prolapsis uteri, by Dr. Williamson, of Philadelphia; syphilitic observations of Gabalda; experiments upon the gelsemium sempervirens; comparative action of nux and curare; æsculus hippocastanum; notices of societies, &c. &c.

After alluding to some supposed imperfections in the mode of proving drugs upon the healthy, and of prescribing them in diseases, our reviewer thinks that the difficulty should find its solution in the critical examination of the disposition, &c., of the subject of experimentation—"a study," says he, "greatly neglected, since the same remedy develops one effect in one subject, and an opposite in another, according to their several dispositions." But this is a prolific theme for discussion, and one to which he proposes, at some future time, to give all the consideration which it merits. "For the present," says he "we are content with indicating that the law of similitude encounters here an objection to its universality. But while advocating a difference of opinion with our honorable cotemporaries of the *United States Journal of Homœopathy*, we hail with satisfaction their advent upon their new career. Their devotion to a cause which they believe to be just; their profound belief in a principle which, as we think, they exaggerate, but which contains a large proportion of truth; their ardor in the pursuit of disinterested convictions, when they could be otherwise engaged in reaping fortune and fame; and their efforts in spreading and diffusing them amid the labors of practice—challenge our esteem, and to them we extend our most cordial sympathy." Our reviewer next proceeds to offer his congratulations that homœopathy is rapidly extending itself throughout "this land of liberty." He enumerates the colleges, societies, the number of homœopathic physicians, &c.; and while felicitating us upon this side with our enlargement and efficient devotion to the dissemination of truth, and its benefits to mankind, regrettingly deploras the absence of it in the kindred associations of France.

Favorable mention is then made of the various contributions contained in the Journal, viz: The treatment of carcinoma uteri by *arsenicum*, *conium*, and *china*. The question is asked, and we think with some propriety, was this genuine cancer of the uterus? The case of nyctalopia, treated by Dr. Clark, of Louisville, by *belladonna* 200°, with its speedy cure; rheumatism and scarlatina, with *aconite*, by Dr. D. D. Smith, of New York; three cases of traumatic gangrene, with *lachesis* 6°, reported by Dr. Dake; cases of enteritis occurring upon the Mississippi, and treated severally by *aconite*, *colocynth*, *arsenic*, and *china*, to relieve lientery; for mucous diarrhœa, *arnica*, *pulsatilla*, *chamomilla*, *mercurius solubilis*; for serous stools, *arsenicum*, *chamomilla*, *dulcamara*, *china*, *ferrum*, *phosphoric acid*, *pulsatilla*, *rhus*; and for billious evacuations, *mercurius corr.*, *dulcamara*, *pulsatilla*, *podophyllum*. Our reviewer winds up his observations by reiterating his congratulations at the promise of the successful prosecution of our work.

The above observations of our friendly cotemporary of *L'Art Médical* entitle him to our consideration and respect. We see in him a hearty coöperator in the great field of homœopathic medicine, and one who is not likely to be turned from his purpose by the sneering defamation and ignorant pretensions of the soi-disant opponents of the grand law of cure, which can easily hold its own against a host of such. We hereby tender him our warm thanks for his kindly consideration of us in this our labor of universal good, and shall always accept, with grateful acknowledgment, whatever professional thought he may see fit to permit to flow in upon us from the fountain of which he is evidently so fruitful a source.

Among the testimonials of approval we have received from various quarters, we are particularly gratified by the following, from the *British Journal of Homœopathy*:

"The first number of the *United States Journal of Homœopathy* is before us. It is to appear quarterly; and judging from the excellent promise of this first number, we feel assured that it will be a great acquisition to our literature. We beg to give it a cordial welcome, and trust it may have a long and useful career."

Soldiers usually become brave in proportion to the number of battles they have fought, as David met the Philistine giant without fear, when he remembered his victory over the lion and the bear. But our youthful Journal, while preparing for the opening campaign, and in anticipation of its contemplated victories, may gratefully receive, on the border of the battle-field, the plaudits of a veteran whose brow is already graced with the laurels of a hundred combats. The *British Journal of Homœopathy* has now reached its seventy-third number; and, clothed, as it is, in the bright armor of homœopathy, we hope it will live to take off the dull edges and rusty points of all the "*Lancets*" that may assail it through a thousand numbers more.

The Laryngoscope.

THE importance of an accurate knowledge of disease cannot be over-estimated. It is a common saying, that a correct diagnosis is half a cure; at all events, we prescribe with much more confidence when we feel certain of the diagnosis. This confidence felt by the physician is generally shared by the patient, for the latter will readily yield himself up to the care of one who, he thinks, at least understands the nature of his complaint. Duty, therefore, to patient as well as to himself, demands that no physician should neglect any means of increasing his absolute knowledge of disease. Errors have crept into practice from a false diagnosis. Cases of diphtheria have been published as cured by a certain line of treatment, which were, in fact, no diphtheria at all. And so of consumption: reported cases of phthisis prove to be nothing more than chronic inflammation of the mucous surfaces of the bronchia. Hence, otherwise sound practitioners are misled when acting on the reported cases of cure of which the diagnoses were erroneous; and this to the neglect of more suitable remedies. It is therefore important that our knowledge of disease should be as accurate as possible.

All such knowledge (as indeed, of every thing else,) comes from observation or inference. When a physician percusses the abdomen, and feels fluctuation, he *infers* that there is a fluid within that cavity, and is generally correct. The same physician applies his ear to the chest, and notices a change in the ratio between the inspiration and expiration. His inferential conclusion is (when this ratio does not hold good in both lungs) that there is a condensation of the lung tissue beneath; and he is nearly always correct in the inference. But the knowledge which we derive from actual observation is by far the most reliable. What a man sees he knows, or at least is less likely to be deceived in; consequently, we hail with joy any accession to our means of acquiring knowledge of this absolute nature, as a step decidedly in advance of the best inferential testimony, and have great pleasure in bringing to the notice of the medical profession the valuable instrument called the LARYNGYSCOPE, which has been shown and explained to us by Doctor James H. Ward, of this city.

About ten years ago, a physician of Vienna conceived the idea of examining the laryngeal and tracheal cavities by means of a system of lenses and mirrors, so arranged as to throw light into these dark and hitherto unexplored regions; but it was found, for some reason, of little practical use. A short time ago, however, on the suggestion of Professor Traube, of Berlin, by an arrangement for the use of artificial instead of natural light, all that could be hoped for was obtained; and further improvements and alterations have resulted in giving form, finish, and practical utility to the valuable instrument before us. Doctor Ward, while attending on the lectures of the learned Professor during a recent visit to Europe, had the instrument

brought to his notice ; and having made himself thoroughly acquainted with its properties and uses, had one constructed for himself, which he brought over on his return home.

A cylinder or tube of tin, about eight inches long and three inches in diameter, has one end closed with a piece of metal of like character, and at the other end is placed a double convex lens. Within this hollow chamber, a light is inserted of ordinary intensity (say a common gas-burner), the rays of which, in passing through the lens, are concentrated, and impinging upon a concave mirror, are reflected into the buccal cavity. A disc of polished steel, previously heated to a degree sufficient to prevent condensation of the breath upon its surface, is passed into the mouth, and held at a convenient angle, say thirty-five degrees, immediately under the uvula. The patient is now requested to pronounce the letter A in a continuous sound, and with a broad accent, as in father. By this means, the larynx is opened to its utmost capacity, and the largest possible surface is exposed to the volume of light thrown in. The reflected surface, as seen on the steel disc, exhibits, in an astonishingly clear manner to the eye, the actual condition of the laryngeal cavity. Thus the larynx may be examined without much difficulty ; and in some favorable cases, the trachea has been clearly observed as far down as the bifurcation.

Now, the frequency and often fatality of throat diseases renders an instrument of the character of the laryngoscope a great *desideratum*. It does not propose any new method of cure, but it does render our knowledge of diseases of the throat more certain, more absolute, less inferential ; and we submit that a treatment which is based on an accurate diagnosis is incomparably safer and more sure. How many have been mercilessly sponged and miserably medicated ! and all because of the want of means of obtaining an accurate knowledge of the disease to be treated. The probang has undoubtedly been of great service in many instances ; but it is its blind indiscriminate use that is to be reprehended.

The laryngoscope offers the ready means of deciding when and how often topical applications may be necessary. Who would think of employing the nitrate of silver in hoarseness arising from a palsy of the recurrent laryngeal nerves, when *nux romica* would perhaps be the better remedy ? Who would commit the terrible mistake of performing tracheotomy for an aphonia which was simply hysterical ? Yet such things have been done, and may be done again, whilst the symptoms and inferential diagnosis are all we have to guide us in diseases of the throat ; and the rational symptoms will not always suffice to prevent such serious errors. But the laryngoscope lights up this dark but important passage, and reveals its true condition, whether in health or disease.

Sometimes a foreign body becomes engaged in the trachea. The laryngoscope will point out its precise position, and so render the

mechanical removal of the offending body possible, even probable, without laceration of the tissues—a thing absolutely impossible without the knowledge this instrument affords. A case will illustrate the points alluded to.

A gentleman had been eighteen months suffering from an affection of the throat, for which he had been zealously and, to use his own expression, artistically sponged by a celebrated Professor in this city, but without corresponding benefit. He was subjected to the light of the laryngoscope, which revealed the interesting fact of a projection or growth on the border of the arytenoid cartilage, which, pressing at times on the superior vocal chords, produced hoarseness. This pressure produced a contraction of the chords, and with it a sense of constriction of which the patient complained so much. His pockets stood in more danger than his life; and if the patient is not content to put up with a little inconvenience, he may possibly find some enterprising surgeon who will attempt its removal.

We have thus simply described and illustrated the uses and importance of this little instrument, and suggest to those of the profession who feel an interest in the means of investigating more accurately the various conditions of the throat, &c., to give some attention to the LARYNGOSCOPE.

Dr. Ward has kindly promised to furnish us with some interesting practical observations, illustrating the uses and benefits of the laryngoscope, for the next number of this Journal.

CLINICAL CONTRIBUTIONS.

Three Cases of Tuberculosis.—Their Treatment and Result.

BY DR. SCHLEICHER, OF NEU-ARAD.

Translated from the *German Allgemeine Homœopathia Zeitung*, July 11, 1859,
by Dr. OTTO FULLGRAFF, M.D., of New-York.

CASE I.—Mrs. T., aged thirty-six, mother of four children. Very much emaciated, fever with exacerbation in the evening, night sweats, great prostration, affected with periodic diarrhœa, appetite good, cheeks suffused with a hectic flush, tormenting cough at night and during the day, with rather profuse expectoration of a grayish pus in round balls, sometimes streaked with blood, frequent stitches in the side, percussion dull over the extremity of the right lung, the left lung normal, with the exception of small crepitant rhonchus on auscultation.

Treatment.—A few doses of *bryonia* 3° cured the pain in the side, after which *plumbum aceticum* 3° was given four times a day; and in

the course of two weeks, the patient, who had been given up by her relations, was so far restored that she was able to follow her usual occupation without inconvenience.

CASE II.—Miss E., aged twenty-two years, regular menstruation, emaciated, of anæmic appearance, some fever, debility, appetite poor, after meals a sense of fullness and discomfort in the gastric region, tormenting cough, especially during the night, not allowing her to sleep until near daylight, almost constant titillation in the throat-pit, expectoration slight but tough and mixed with blood, dullness on percussion in the right scapular region, feeble respiration, dry crepitant râle in both lungs.

Treatment.—*Iodine* 2° every three hours restored the patient in the course of four weeks. Her cough had entirely left her; she had gained in flesh and general appearance; the dullness over the scapular region also had disappeared. During treatment, the patient had drunk warm unboiled cow's milk.

CASE III.—Mr. F., aged twenty-two, a gardener by occupation, has been affected more or less for some years past with disease of the lungs; suffering at present from violent fever, dyspnœa, rapid respiration, pulse over 100 per minute, pain in the head, night sweats, and thirst. Diminished inflation of the left lung, dullness on percussion from the left clavicle to the third rib posteriorly, dulness extending to subscapular region; bronchial respiration, frequent fits of coughing during the day and night, copious expectoration of pus, now and then streaked with blood, urine with sediment and of light yellow color.

Treatment.—*Phosphorus* 2° every third hour, light diet and rest. In the course of three days, diminished dyspnœa and less fever; and after the lapse of a week, the patient was so far recovered as to be able to leave his bed; he also was directed to take, night and morning, some fresh warm unboiled cow's milk. His general health gradually became tolerably well restored, so as to enable him to follow his occupation again.

It must be gratifying to every physician to know that we have remedies, particularly *iodine* and *phosphorus*, to cure, or at least to alleviate, the condition in tuberculosis, and, as a dietetic remedy, to use the fresh cow's milk; and if that cannot be borne by the stomach of the patient, to employ buttermilk instead.

Cancer of the Face cured with Arsenicum.

BY R. LEYDET, M.D.

Translated for the U. S. Journal of Homœopathy, from Journal de la Société Gallicane, by
J. A. CARMICHAEL, M.D., of New-York.

BOUVIER, keeper of the bridge at Pasgeue (Villareal), presented himself at my clinique, on the 1st of March, 1857. He is of lymphatic temperament, and much addicted to drinking. He had, at the internal angle of the right eye, a hard, nodulated tumor, of dark color, and of the size of a small hazelnut. About ten years since, he first perceived a slight hardness at this part, which insensibly increased, without occasioning any pain. For the last three months, shooting pains have become more frequent and more distressing every day; and upon pressure, there exudes a small quantity of pus, which, when received into the eye, causes excessive pain. The eye is deeply injected; there is lachrymation, and the vision of this side very much enfeebled; the palpebral border, in the vicinity of the tumor, is destroyed. Bouvier consulted a number of physicians, all of whom pronounced the tumor to be cancerous, and recommended immediate extirpation as the only means of obtaining relief.

He refused to submit to the operation, because of the close vicinity of the eye, fearing to lose it in consequence, and readily accepted the treatment which I proposed, after I had told him that I believed the cure could be effected without an operation. His alarm was greatly increased, because an uncle of his had had a tumor similar to his own upon the lower lip, which, though a long time indolent, finally ulcerated and destroyed him in a few months, after eating away the largest portion of the face. I commenced his treatment with the thirtieth dilution of *arsenic*, and descending in the scale of dilutions, gave eight powders of *sac. lactis* in the intervals of the doses. I perceived that progress towards cure became much more rapid as I approached nearer to the triturations of which he made use in the last two months of treatment. The tumor detached itself on the fourth month, and left behind it a healthy wound, which suppurated for a considerable time. I made him keep compresses wet with cold water constantly applied and frequently renewed. Three months after the fall of the tumor cicatrization was complete.

I have seen Bouvier frequently since then. He has felt no pain, and the eye of the diseased side is as sound as the other. The cure in this case was retarded, I think, by the excesses which he committed, despite his promises of abstinence and my repeated advice. His family informed me that every Sunday he invariably returned home intoxicated. The unanimous opinion of the medical men whom Bouvier had consulted, and the antecedents of his family, satisfied me that I had to deal with a cancer of the face. Although this malady may not always be hereditary, yet many authorities, Bayle particu-

larly, have reported numerous examples of it. The employment of *arsenic* in cancerous affections is by no means new. Fusch appears to be the first who made use of it in these diseases, in 1594. In 1775, Saint-Uldefond designated it as a sovereign remedy in cancer, non-ulcerated or ulcerated. Roennow declares that he has cured thirty cancers by means of *arsenious acid*; while, in the hands of Metyer in Prussia, Bell in England, and Dejardius at Lyons, it has been totally inefficient. It is now employed either in the form of paste (paste of Coursuse), or in powder (powder of Rousselet), in those cancerous ulcerations of the face designated "noli me tangere." The operation of extirpation, which for a long time was thought to be the only mode of relieving those effected with these frightful maladies, has fallen into disuse, because of the repeated returns of the disease. In vain do we multiply our researches, to determine beforehand the probability of a relapse occurring, or otherwise. The precise nature of the affection may be determined after the operation—a luxury of science with which the patient can dispense. Hahnemann, with Hippocrates and the most distinguished practitioners, repudiates the operation. "The extirpation of a cancer," says he, "whether of the face or breast, and of encysted tumors, produces the same result. The operation is followed with grievous consequences, and death hastened." He assimilates cancer to non-venereal affections, and gives for their relief the admirable organon rules laid down in his immortal "Treatise on Chronic Diseases." A manifest tendency is growing towards the homœopathic doctrine. The dynamic virtues of remedies are now spoken of; and in cancer, particularly, physicians are, like Hahnemann, almost unanimous in declaring their ignorance of its efficient cause. They consider it as a symptom of an internal condition, which must be destroyed before the cure can be accomplished. Dr. Boinet proposes the preparations of *iodine*; Dr. Desmartis, other poisons. To hope for success, the most accurate individualization must be secured, in the appropriation of the remedy to the idiosyncrasy of the patient.

Caries of the Maxillary Bones.

Translated for the U. S. Journal of Homœopathy, from L'Homœopathie Belge of June, 1850.

CASE I.—*Caries of Bone.*—Jean Lossegnie, carrier between Leuze and Tournai, aged sixty years, and of robust constitution, consulted me in May, 1852, for an affection of the lower jaw, which for six years had been fruitlessly treated by a number of allopathic physicians, civil and military. The history of the case is as follows: The patient was seized with violent tooth-ache; had a tooth extracted, after violent efforts, and with it a portion of adherent maxillary bone. Pain increased greatly, cheek swelled, and finally resulted in profuse suppuration. I observed, 1st, an external suppurating

opening under the left zygomatic apophysis, near the articulation of the jaw, its circumference swollen and of a bluish red; 2d, a second opening, also suppurating, under the left lower jaw, near its middle part; 3d, mouth constantly filled with fetid pus; 4th, every two or three days, intolerable pains in the whole left cheek, with swelling, redness, and pulsation, which terminated in two or three days by copious suppuration, escaping sometimes by the upper opening, but most generally by the inferior; 5th, jaws so closely contracted that the end of a spoon could with difficulty be introduced to take his food, which was of necessity liquid; 6th, a fibrous tissue, forming a tense, round and hard cord, of the thickness of the thumb, stretching from the middle of left lower jaw to the clavicle near the sternum, and thus keeping the neck almost immovable; 7th, comfortable, when lying on the sound side; 8th, the north wind causes intense suffering — can always distinguish its approach; 9th, discharge so fetid as to oblige him to keep by himself.

The remedies to which recourse was made were, successively: 1st, *mercurius sol.*; 2d, *nitric acid*; 3d, *silicea*; 4th, *caust*; 5th, *calcareea*; 6th, *sulphur*; 7th, *belladonna*; 8th, *sepia*, (the three last for violent cold, with purulent expectoration); 9th, *mercurius*; 10th, *causticum*.

March 10, 1853.—From this period, every morbid symptom rapidly disappeared. All the remedies were employed at the 30th dilution, in the dose of four globules dissolved in two tablespoonfuls of water, one morning and evening. The first, fourth, ninth, and tenth I found to be the most useful, and kept up their action the longest, say five or six weeks; the others were renewed every fifteen or twenty days. The symptoms of this formidable disease disappeared in the following order: Suppuration within the mouth disappeared completely, after three or four weeks of treatment, and the other by the end of March. Six weeks after this fortunate result, observing a hard body remaining in the mouth, patient went to a dentist, who removed from lower jaw a portion of necrosed bone, of brownish color, and half an inch in length. On seeing him, some time after, the fibrous cord had entirely disappeared; cicatrices of old openings, of color of the skin; cure perfect; health excellent. This case had been pronounced incurable by many distinguished practitioners; among them, a military surgeon, who, after examining it, remarked to the patient that, if he were a soldier, he would undertake it, but as he was a civilian, he would not—alluding, doubtless, to a reaction of the maxilla.

I could not understand the manner in which the fibrous tissue was formed, until a woman whom I had cured of an ophthalmia was taken with a dental neuralgia, with contraction of the jaws and engorgement of the glands of the neck, passing on to suppuration. The skin of the neck began to form itself into folds, owing probably to the tension of the neighboring aponeurotic tissue, which continued to increase and enlarge, and ended in the formation of bridles, which prevented her from turning the head. It is true, they were rudimentary; but I am

persuaded that, if they had not been arrested by the relief of the disease, they must have attained the same thickness and size as in the above case. Their attachments were the same.

CASE II.—A young man, of twenty to twenty-five years, consulted me in May, 1856, for an affection of the jaw, from which he had suffered for two or three months, and for which he had undergone various allopathic treatment. Deriving no benefit, he wished to try homœopathy, which had been so successful in the case reported above. He had had psora and gonorrhœa. The first was cured by lotions, and the second imperfectly, by the ordinary allopathic remedies. His symptoms were: 1st, swelling of the bone of the right inferior maxilla; 2d, under this was fistula, with red margins, from which issued a thick greenish-yellow pus; 3d, difficulty in opening the mouth; 4th, interior of right cheek swollen; 5th, teeth produced impressions upon the cheek, from which flowed a fetid, purulent discharge; 6th, slight salivation; 7th, disturbed sleep; 8th, thirst. In the various treatment which had been administered, as the patient had taken pills of *protiodide of mercury*, I commenced by giving him four globules of *silicea* 30°, to be dissolved in two tablespoonfuls of water, one morning and evening. This was continued for fifteen days. Seeing that he was doing well, I repeated the same for the same time, in the dose of one globule, attenuating the 3d with the 30th dilution, and so on with the same remedy until 12th of September of the same year, when he was cured, after the discharge of some lamellæ of bone by the fistulous opening. About this period, he contracted a gonorrhœa, followed in a few days by orchitis, and was relieved by three doses of *pulsatilla* 3° and 12°. Being rather a rebellious subject, and choosing to continue his relations with the same person, I had afterwards to treat him for three newly-fledged orchites and an obstinate gonorrhœa. *Pulsatilla, capsicum, mercurius sol., mercurius corrosivus, sulphuric and nitric acid*, 12°, 30° and 200° dilutions were used to effect the cure.

CASE III.—A young man, with symptoms very like the preceding, had been treated allopathically. Stopped all allopathic treatment. November 10th, 1856, gave four globules of *mercurius sol.* 30°, in ten spoonfuls of water, one night and morning. Repeated same remedy, in dose of one globule, to be taken on 13th, 20th, and 28th of same month. On the 8th and 17th December, changed to 200th dilution. From this period, suppuration ceased, and cure perfectly accomplished.

CASE IV.—A lady of fifty-six years was treated for some years for suppuration of supra-orbital arch. There were: 1st, fistulous opening in cavity of left orbit, under the eyebrow; 2d, sensitiveness to the touch; 3d, discharge, yellow, mixed with blood, and so abundant as to require two handkerchiefs daily; 4th, painful stiffness of the neck; 5th, old and unceasing renal disorder; 6th, no appetite; 7th, stools hard; 8th, cough, with free expectoration, dating from childhood; 9th, restless nights; 10th, great general lassitude. Jan. 21, 1857, gave four globules *mercurius sol.*, taken as above, every fourteenth and twenty-

first days; gave one until April 6, when the 300th dilution was given. On the 9th, was seized with a pleuritic attack, for which she took *aconite*, *bryonia*, and *sulphur*—last repeated four times, until June 2; then administered *silicea* three different times, to the 20th July. On this day, gave *aurum metallicum*, and repeated it six times, up to 22d of November; then *mercurius* 300°, and finally *sulphur* twice. Under this treatment, the caries was arrested, and the cure complete. We know that, in treating chronic affections, the confidence of patients is easily exhausted, and would be lost entirely, if, in the course of these affections, incidents did not occur to renew and reinvigorate it. So it was in treating this case of caries. The patient required relief for a pleuritic attack, and, to her great surprise, was speedily relieved. She could not understand how, with so minute a dose of medicine, I had subdued a disorder which ordinarily tormented her for two or three days, and for which she was bled, leeches, had warm applications, and submitted to a diet so rigid as to leave her for a long time in a very feeble condition. She speedily recovered.—Dr. DUPIRE.

Tournai, May 7, 1860.

Constipation, &c.

BY C. A. JAEGER, M.D., ELGIN, ILL.

CASE I.—Mrs. Parsons, twenty-five years of age, (mother of one child, seven months old), slender form, dark complexion, had suffered for more than eighteen months with an obstinate constipation, for which, as a matter of course, *a la allopathia*, she had taken great quantities of pills, and, as she said, “a whole load of other physic.” Referring to my journal, May, 23, 1850, I find that I was called to see her on that day. She suffered greatly from a bad sore mouth, and had had it for a week past. The whole mucous surface was *scarlet red*, and swollen; very tender to the touch. She had difficult swallowing, could hardly eat anything, and every motion with the tongue would cause sharp and intense pain. The patient expressed great discouragement. She feared that she would have to take “physic all her lifetime, as she had no passage from the bowels for four to six days, if she didn’t take physic.” Patient had leucorrhœa for a long time; urinary organs affected. She had frequent ineffectual urgings to urinate; urine thick; red sediment at times; and, on the whole, urinating was very painful to her. Appetite poor; tongue coated yellow, the edges bright red; pulse feeble. The surface of the body had a dirty yellow hue, and she said she was afraid it would turn entirely yellow.

Ordered *nux vomica* 3°, in water, two teaspoonsful every four hours, for thirty-six hours; then *saccharum lactis*, for thirty-six hours.

May 26.—Patient informed me that she had, on the 24th, 25th, and 26th, diarrhœic stools; on the 24th and 25th she had each day two stools, and on the 26th one stool; and these she said were the first, without physic, for many months. Mouth is better; tongue, however, had small vesicles on the edges; urine the same. She feels stronger.

Ordered *sulphuric acid* 3°, eight pellets at night, for three nights.

May 28.—Patient felt so much better that she wanted to go into the country. Mouth decidedly better; could talk as well as ever; passage of bowels every day.

Ordered *nux vomica* 30c, night and morning, for five days; then *saccharum lactis* for two weeks.

June 17.—Patient returned from country visit; felt, as she said, *well*, only the mouth was yet troublesome; bowels regular, urine normal, and she had grown fleshy.

Ordered *nitric acid* 3°, a powder night and morning, for a week; and *sulphur* 3°, trituration for solution, to wash the mouth. Since that, patient has had no medicine, and her health is restored, with the exception of leucorrhœa, which is still present; yet it is better. The constipation which was so troublesome to her has yielded to the minute doses of *nux vomica*; and at the time of writing this (October), the patient is entirely free from it.

CASE II.—A little boy, two years old, son of P. Vanostrand, was stung one Sunday afternoon this summer by bees on the eyelids of both eyes; and soon after, the swelling was so extensive, that both eyes were entirely closed. When I saw the little fellow (about twenty minutes after he was stung), the whole surface of the body, from head to foot, was covered with *white raised blotches*, while the skin not raised was bright-red and swollen. There was much fever, and great restlessness, and he could not open his eyes. While I was with him, it could evidently be seen that the blotches were rising and increasing in circumference. The parents informed me that he had been stung several times, but that this peculiar appearance (the blotches) of the body was not manifested then. Directed to have the little sufferer bathed in a weak solution of *saleratus*, to allay the burning and itching, and gave *apis mellifica* 3°, one gr. in twelve teaspoonfuls of water, a spoonful every two hours. After he had taken three spoonfuls he fell asleep and slept well all night. In the morning, the swollen and red surface, with the blotches, had all disappeared; he had no fever; eyes less swollen, yet he could not see out of them. Medicine every four hours.

On the next day, opened his eyes; but some swelling yet. By evening, however, the swelling disappeared entirely.

CASE III.—An infant, two weeks old, had, for forty-eight hours, frequent discharges of very dark (bloody?) urine; otherwise, the child was healthy. The discharges gave to the linen a dark, bloody hue, which alarmed the mother greatly. Ordered *nitric acid* 3°, a dose of two small pellets every three hours. After the little patient

had taken three doses, the discharges were less frequent and less bloody. Three doses more controlled the difficulty entirely, and the child never afterward had any symptoms of it.

Treatment of Chorea and Choreiform Convulsions.

BELLADONNA, STRAMONIUM, AND HYOSCIAMUS.

From l'Art Medicale, of July, 1860.

1st. *Belladonna*.—The thorn-apple and henbane have been frequently administered with success in chorea; but when given in large doses, these two remedies have produced such results as to cause them to be almost banished from allopathic practice. An examination of their effects, however, upon the healthy subject, will, we believe, produce their re-application in certain cases.

Belladonna possesses many analogous pathogenetic effects with the symptoms marking the beginning of chorea. Among them, we remark the following: Agitation, and continual movements (Hahnemann, 1329, 30, 31), unceasing motion of the head and hands (*idem*, 1092), feebleness and uncertain gait (*idem*, 109), feebleness and paralysis of one side of the body (*idem*, 1110, 1115.) This continual agitation, with feebleness, and a sort of paralysis of one side, so that the patient drags his leg in walking, characterizes the commencement of chorea proper. *Belladonna* produces, moreover, a few pathogenetic effects belonging to confirmed chorea, viz., convulsive movements of the lips and risus sardonicus (Hahnemann, 378-9, 380-1), absurd grimaces (*idem*, 1366), feebleness and trembling of the tongue (*idem*, 450-1.) In many cases of children poisoned by it, the following symptoms were remarked: continual agitation; they could neither keep still, nor remain erect; threw themselves forward, extending their trembling hands towards the ground; constant catching at small objects which they had let fall, &c. (Roth, 1423.) The paragraphs 100 and 106 of the *Materia Medica* of M. Roth indicate choreic convulsions—the dance of Saint Guy. But do the authors, from whom these observations are taken, understand by choreic convulsions and the dance of Saint Guy, chorea proper? This is impossible to determine.

Stramonium.—The thorn-apple presents in its pathogenesis symptoms greatly resembling *belladonna*, but a little more characteristic, however. Those belonging to incipient chorea are as follows: He totters in walking (Hahnemann, 10, 13, *et passim*), vacillation of the limbs in walking or remaining erect (*idem*, 63), uncertain walk, he does not feel his legs under him, thinks he touches the ground when yet some distance off, causing false steps (*idem*, 282.) The symptoms most analogous to confirmed chorea are, precipitate seizing and

losing the object he wishes to grasp; when holding it, he does not perceive it in his hand (*idem*, 269), babbling loquacity, &c. (*idem*, 129, *et passim*).

Hyosciamus niger.—The pathology of this remedy contains very few symptoms analogous to those of chorea. M. Roth has noted in his *Materia Medica*, at paragraphs 753 and 754, twitchings of the tendons, &c., and choreic movements; but the absence of sufficient details does not permit us to judge if the expression "choreic movement" applies to essential chorea. M. Jahr, who has enumerated all the cures obtained by *stramonium*, has so confounded chorea, the rhythmic movements of hysteria and corybantism, that it is impossible to tell whether the thorn-apple, administered in homœopathic doses, has cured veritable chorea or not.

Calcare.—The history of *calcare*, as we find it in the chronic diseases of Hahnemann, offers few phenomena similar to the symptoms of chorea, and may be reduced to indistinct twitchings and movements, either in isolated or many muscles (Hahnemann, 1229, 1396-7-8, 246, 291, 364, 1249, 1384.) M. Jahr, in his *Manual of Nervous Affections*, attributes to *calcare* pathogenetic effects which we here cite upon the responsibility of the author. "Continual movements of all the muscles which are under the control of the will, so that the patient cannot remain sitting or standing, the head turned first to one side and then to the other, gait shuffling and leaping, remission at night, renewal on awaking, incapability of seizing the objects he may want, speech confused, tongue bitten in the effort to speak," (*loc. cit.*, p. 74.) It is not necessary to remark here, that the leaping gait, want of prehensile precision, and the remission during sleep, characterize chorea in its inception. The confusion of speech and the biting of the tongue belong to a more advanced and graver period of the disease.

Causticum.—Like *calcare*, this remedy presents but few pathogenetic phenomena indicating its exhibition in the treatment of chorea. They are, partial convulsions of the limbs (Hahnemann, 1018-19, 1299, 1380), and of the muscles of the face (*idem*, 223-24, 324.) M. Jahr furnishes us with more precise indications, which make *causticum* the principal remedy in the most serious forms of chorea, viz., "emaciation at first, with pallor, gait tottering, loss of memory and power to fix the attention; later, singular movements of the head, eyes, hands, and feet; by degrees, the patient forgets how to read, to write, count, and the speech becomes confused; finally, there is almost complete paralysis of the left side, with frightful convulsions of all the muscles, day and night (*loc. cit.*, 757.) It is well known, that general convulsions, supervening in the course of chorea, are of unfavorable prognosis, particularly when they persist day and night. M. Jahr indicates *causticum* as having been successfully employed in chorea, succeeding a retrocedent eruption of the head.

Ignatia—*Nux vomica*.—We place these two remedies in the same paragraph, because they belong to the same botanical family, and

because they both contain an active substance which has been successfully employed in the treatment of chorea. We allude to strychnine. The idea of giving a remedy which produces convulsions in the healthy subject to those laboring under convulsive affections, is so entirely in accordance with the law "*similia similibus curantur*," that it is impossible to deny that the honor of this treatment belongs to homœopathy. And again, its inventor, M. Trousseau, is too well versed in Hahnemannian literature to entertain any doubts on this score. The word "invenire" here evidently does not signify to invent, but to find—and to find, too, in the *Materia Medica* of Hahnemann, as we shall show in exposing the pathogeneses of these remedies.

Before proceeding further, we would simply express our regret that, in taking his indications from homœopathy, M. Trousseau has thought proper to reject the small doses. This professor administers the syrup of the sulphate of strychnine in dessert-spoonful doses; and if it be true that he has cured cases of chorea by these high doses, it is equally true that he has produced grave results, followed by death, in one case at least, as may be seen by reading the case of the young Anna, published by M. Moynier (*Thèse Inaug.*, p. 60.) M. Moynier defends his preceptor by saying, that in this case there was no poisoning, because the remedy was administered in the usual doses, and with the usual precautions; but the argument does not prove that the doses and mode of administration were not reprehensible. He should know, in effect, that a homœopathic remedy, (that is to say, that indicated by the law of similitude,) may destroy by the aggravation of the symptoms—with poisoning, properly called, which, we believe, was the case in this instance of the girl Anna. Hahnemann has repeated this truth so often, as to make the ignorance of it in those who take from his *Materia Medica* inexcusable. Here, however, it cannot be a question of ignorance, since we read *verbatim*, at page 113 of the thesis above-cited, that "choreic agitation augments from the beginning of the treatment, which should cause no uneasiness; re-action promptly supervenes, followed generally by rapid improvement." M. Trousseau knows perfectly well that strychnine cures by aggravating the symptoms. It is not ignorance, then, but an entire apprehension of the fact; or what is worse, an effort to ignore the benefit for which he is indebted to another, and which he has appropriated to himself.

Ignatia.—The bean of St. Ignatius offers in its pathogenesis very many symptoms analogous to those of chorea. Continual agitation of the body (Hahnemann, 736), extreme precipitation (*ibid.*, 755), involuntary lifting of the knees in walking, obligation to sit down (*ibid.*, 544), tottering walk, liability to fall, false steps at the slightest obstacle (*ibid.*, 634). These all belong to the setting-in of chorea. Hence, Hartmann advises the use of *ignatia* in recent chorea; and M. Trousseau, copying the homœopaths in even the minutest details, recommends the syrup of strychnine in forms of moderate intensity

(thesis, *cit.* 107). There is a pathogenetic effect of *ignatia*, however, which authorizes its use in the gravest forms of the disease, viz. trembling of the whole body, with pruritus and convulsions, so that he can scarcely stand. The convulsions are greatest in the jaws, obliging the patient to distort the mouth, as in immoderate laughter (*idem*, 634).

Nux vomica.—*Nux* produces, also, uncertain gait, with fear of falling (Hahnemann, 1023), feebleness of the knees (*idem*, 1024), trembling of one knee and leg (*idem*, 906-7), and numerous convulsive symptoms. It presents, like *ignatia*, the remarkable phenomenon of augmentation of distress by movement, which is diminished by repose, and disappears upon lying down—a new analogy between the effects produced by this order of remedies and the symptoms of chorea proper.

Cocculus.—This remedy presents too many points of similarity with *ignatia* and *nux* to separate their therapeutic histories. The coque of the levant produces partial convulsion, incomplete paralysis, difficulty in walking, &c. like the preceding. Administered in homœopathic doses, it has cured the following symptoms: absurd movements and gesticulations, sometimes of the hand and of the left foot, also of the facial muscles at each effort to speak, babbling gaiety, face puffed, red, and bluish, cessation of convulsion on going to bed (Jahr, *loc. cit.*, p. 76). The evidences furnished by the *Materia Medica* and by clinical observation authorise the use of *cocculus*, *ignatia*, and *nux* in chorea. The character of each case, and the constitution of the patient, will decide the physician in prescribing sometimes one and sometimes the other, and we shall leave M. Trousseau and his followers the privilege of administering in the most dissimilar cases the *sulphate of strychnine*. We would only advise a diminution of the dose. It is idle to give centigrammes of a remedy, when globules are sufficient to cure; and M. Forzet of Strasbourg has obtained very happy results, although he prescribes strychnine in much smaller doses than M. Trousseau.

Cuprum.—Copper is recommended by Hartmann and Jahr as one of the principal remedies in chorea; but it must be premised that these authors do not attach to the word chorea a sufficiently distinct meaning, and that they confound under the same denomination—essential chorea—the rhythmic movements of hysteria and corybantia. In the pathogenesis of copper there are certain symptoms which indicate its employment in chorea proper, viz. agitation of the body and limbs (Hahnemann, 325), convulsions of the face (*idem*, 98), and lids (*idem*, 76). For clinical evidence, we have the following, from Gross: “A chorea produced by fright was cured with copper; there were involuntary movements of the right arm and leg, passing gradually to the other limbs, so that while awake the patient was violently agitated; this was sometimes accompanied with loss of speech (Hartmann, tome 2d, p. 553).

Iodium.—*Iodine* is but little recommended by homœopathic physicians. We shall see, however, that its pathogenesis is rich in symptoms analogous to chorea, which explains the success obtained in the allopathic school by *iodine* and the *iodide of potassium*. The following are the symptoms described by Hahnemann: Chronic Maladies.—Very great excitability (29 to 33), uncertain and vacillatory gait (624), trembling in lower limbs (552), zigzag movements of the hands (533), muscular feebleness and incomplete paralysis (624 *et passim*), head confused and incapable of serious thoughts (39); finally, 613 gives an exact portrait of chorea of the gravest character, and usually fatal—trembling of the hands, arms, feet, and back, vacillating and uncertain gait, patient can carry nothing directly to the mouth, zigzag movements of the hands, motion painful, circulation accelerated, pulse filiform. Dr. Pells gave the *tincture of iodine* in doses of eighteen drops for three doses. MM. Mauson, G. Giteney, and Betty replaced the tincture with *iodine*. M. Guersent obtained a cure with the *iodide of potassium* in thirteen days, of a child which had been unsuccessfully treated with sulphur baths and exercise. M. Muller de Bernvillers cites two similar cases (*Memoires de l'Academie de Médecine*, tome xv., p. 506). It has been attempted to explain the beneficial action of *iodine* and its preparations in the treatment of chorea by its anti-scrofulous properties. It is possible that it acts better in scrofulous children; but nothing is demonstrated on this point, and we would advise physicians to prescribe it every time it shall be indicated by the law of similitude, without inquiring whether the patient is scrofulous or not.

To recapitulate: At the outset of chorea, the remedy should be selected from *belladonna*, *stramonium*, *ignatia*, *cocculus*, and *nux vomica*. Later, these five will be still indicated; but *calcareea*, *causticum*, and *iodine* will be preferable. The two latter should be especially prescribed in the gravest cases, and when the convulsions indicate the development of meningitis, which sometimes terminates chorea proper. We need not add that the phenomena peculiar to each individual case will serve to fix the choice of the remedy.—JOUSSETT.

[To be continued.]

Case of Gun-shot Wound.

BY JOHN T. TEMPLE, M.D., OF ST. LOUIS.

PIERRE CHINE, a native of St. Louis, left his home and friends twenty years ago, at the age of seventeen, in the service of the American Fur Company, to follow the setting sun as far as the grand and sublime scenery of the Rocky Mountains. Here, for twenty years, his life had been one of wild romance. Again and again had he escaped from the yelling savage host, as if by some spiritual aid, his body and limbs pierced with arrows.

Three miles above the Yellow Stone, on the Missouri River, two thousand six hundred miles west of St. Louis, stands the fort of the American Fur Company called "Fort Union." It has been occupied by this company for over fifty years. This is the citadel of safety and the depôt of supply for all the hunters and trappers of this company who are scattered through that wild domain of the Indian, the beaver, and the buffalo.

The following is the narrative of our patient: "On Saturday, 10th December, 1859, it was a stormy day—had been storming for fifteen days. No one can imagine the mountain storms as they occur in this region. The winds howled like ten thousand wolves. At this time, I was hunter for the fort—that is, I had to keep the fort in fresh meat; and I was therefore always watching out for buffalo. Going out of the fort, I espied a herd of buffalo about three miles off. I informed the boss, and asked if I might take a companion and go and kill a cow. He consented, and we soon mounted our horses. A third one, called Crazy Jack, followed. He was one of those who seem to want to do right, and yet are always doing wrong. He was careless, reckless—in short, a fool. I soon came to a place where I left my companion with the horses. I then commenced crawling towards the buffalo as they grazed on the plain. As I was crawling on all-fours, I felt something touch my foot. I turned quickly round, and found it was the muzzle of Crazy Jack's rifle. I told him, in any manner but a friendly one, not to point his rifle towards me. I ordered him to stay where he was until I shot some fine fat cows. I soon shot a fine one. I told Crazy Jack to stay there, and tell my companion to let the cow be, as I wished to raise the robe. I then went on to shoot another, and soon discovered Crazy Jack following me; and if I had not been near the cows, I assure you he would not have followed me any longer. There is a creek running through the hills on to the plain. The herd was near the creek; so I got into the creek, wading in the creek and crawling on the bank alternately. I had gone but a few steps, when I turned round to look after Jack, and as I did so, crack went his rifle, the ball passing through my leg and coming out at the lower edge of the knee-pan. Quickly unslinging my rifle, I said, 'You you shot me, aye!' I tried to bring my rifle to bear on him, but he was out of my range in an instant. There was about two feet of snow on the ground at the time. I was left in this condition, bleeding to death, for over four hours, till my companion and Crazy Jack went to the fort and brought a sled to take me. I was insensible when taken to the fort, and remained twenty days struggling between life and death. My leg was not dressed, as the traders feared to hurt me. The whole winter, my life was a doubtful case. In June, 1860, the annual steamer came up. There were two U. S. surgeons on board, and they advised me to come to St. Louis. I arrived on the 10th of July."

On the 11th July, I saw Pierre, and found his left knee with a large opening (ragged, and about two inches in diameter) into a sack which

extended down to the skin on the lower side of the leg. The ball entered his leg nearly in a central position, between the external and internal heads of the gastrocnemii muscles, about one inch above the head of the tibia. He being in a crawling state, his leg was flexed upon the thigh, and consequently the course of the ball was downwards and forwards, passing by the side of the popliteal artery, through the joints, crushing the upper heads of the tibia and fibula, and carrying away the ligamentum patellæ, leaving a hole, through which, Pierre says, "a man's fist might be passed." The entire tuberosities of the head of the tibia were broken into pieces, and the fractures extended down four inches. The points at which the ball entered and passed out were healed, presenting a blue, shining appearance. Besides the large opening above mentioned, there were two small fistulous openings, discharging pus from around the dead shattered fragments of bone beneath. The edges of the openings were in a gangrenous black condition, and discharging fetid pus.

The day after I was called, the American Fur Company sent Drs. Pope and McDowel to attend on the case, giving Pierre his choice of the two great St. Louis surgeons. McDowel was selected, and he enlarged the already enormous opening, and with mallet and chisel chipped off many pieces from the spongy head of the tibia, explored the cavity, and pronounced all the spiculæ removed.

Eighteen days after this operation, I was called to take charge of this poor sufferer. His condition was worse than when I first saw him. The discharge from the openings was greatly increased, and the pain in the part violent and unceasing. He was greatly wasted, and had no appetite. As soon as I saw his leg, I told him there was still detached dead bone; and, on examination with the probe, found one piece of the shaft of the tibia, which I cut down upon and removed. It measured two inches in length, and in the widest part nearly one inch. I made the incision for the removal of this bone through sound integuments. I gave *arsenicum* 3^o every two hours, and had the wound bathed freely with *calendula*. The formation of pus was soon arrested, the dead and blackened tissues were thrown off, and healthy granulations began to appear on every side of this great cavern. By pouring warm water into this "horrid pit," Pierre measured its capacity, and found that it held *over one gill* of water; and this singular amusement he has kept up until the present time, when its receiving capacity is reduced to a very small teaspoonful, and the orifice, from being over two inches in diameter, is now just large enough to admit an ordinary goose-quill.

During my attendance, he has been twice very sick,—once with fever, caused by cold, and once with ague and fever. In both instances, he was cured of these attacks in one week. Of the fever, by *bryonia*; of the ague and fever, by *arsenicum*, 2d trituration, given on the first approach of paroxysm, and only then.

He stated that when the ball entered into the popliteal region, and passed out at the lower edge of the patella, there was a sound

eschar, blue and shining. All these sinuses, and the large cavity mentioned, were caused by suppuration from dead bone, and the decay of the surrounding tissues.

This case fully illustrates the value of homœopathic treatment in surgical cases, and confirms all that has been said of *calendula* as the most potent of all appliances in arresting suppuration, and healing rapidly lacerated wounds and ulcers—always, however, in connection with a proper *homœopathic treatment by internal remedies*.

Case from Practice.

BY WILLIAM E. PAYNE, M.D., OF BATH, ME.

Hammamelis in Pulmonary Hæmorrhage.

ON the 22d day of May last, at 10 o'clock A.M., I was summoned, in great haste, to see a young lady, sixteen years of age, who was seized while at school, and without any premonitory symptoms, with blood-spitting. The patient was of slender build, light hair, blue eyes, fair complexion, lax fibre, and phthisical diathesis. At the age of fourteen, the menstrual function was established, and continued with tolerable regularity, in time and quantity, up to the present time. The blood-spitting commenced with a slight hack, and continued, with scarcely a moment's intermission, up to the time of my visit, a period of nearly an hour. I found her lying upon a sofa, calm, with a napkin in hand nearly saturated with apparently pure venous blood, and spitting about the amount of a teaspoonful at intervals of one or two minutes. The blood came into the mouth without any effort. She described it as issuing from about two inches below the right clavicle, in a warm current making apparently a tortuous course, and at the same time there was a sensation in that region as from the presence of a hard body. Pulse somewhat accelerated, about 85 per minute. No other symptoms were noticeable.

The whole aspect of the case, taking into account the passive character of the hæmorrhage, led me to prescribe *ferrum aceticum*, two drops of the tincture to half a tumbler of water, of which a table-spoonful was ordered to be given every fifteen minutes. One hour later, there was no cessation of the hæmorrhage. The medicine was increased to ten drops to the half tumbler, and given at the same intervals. Two hours later, the hæmorrhage kept on without abatement. *Millefolium* was then prescribed; but, two hours later, the spitting continued, with as much regularity as if set over against time. I then gave successively, at my subsequent visits, made at intervals of from one to two hours, *aconite*, *ipêcac.*, and *belladonna*,

but not the least impression seemed to result from either. At 8 o'clock P.M., after a period of nearly nine hours, during which time blood was spit as regularly as the tick of the clock, I prescribed *hamamelis*, four drops of the tincture to half a tumbler of water, of which I gave a tablespoonful. The blood immediately ceased to flow, though no change was made in the condition of the patient, and did not afterwards return. The medicine was continued for several days, at lengthening intervals.

I never have used *hamamelis* successfully, in cases of blood-spitting, where the blood was of a light fluid red, frothy in appearance, and raised by much cough. Nor have I used it successfully in uterine hæmorrhages, except when the blood flowed steadily, was venous in its character, and without uterine pains.

Have my professional brethren had a different experience ?

[To be continued.]

Alum locally applied in the Treatment of Burns and Scalds.

BY W. A. M. CULBERT, M.D., OF NEWBURGH, N.Y.

THIS substance, the *sulph. alumina and potassa*, has lately been used in this vicinity as a domestic remedy in burns and scalds. My attention was first called to it at least ten years ago, by a non-professional friend, but who, as an officer in the United States navy, had had frequent opportunities to witness its good qualities. Since that time, I have employed it in many cases, and always with entire satisfaction.

In every case of the kind to which I am now called, whether of recent occurrence or of long standing, trifling or severe, immediate recourse is had to this remedy. In recent cases, the pain is relieved almost instantaneously, inflammation, even in severe cases, arrested, and subsequent vesication and ulceration entirely prevented. In cases of longer standing, in which there are already obstinate ulceration and suppuration, an entire cure will be effected in a few days—less than the number of months usually required under any other mode of treatment I have pursued.

Another of the marked results of this remedy is the character of the resulting cicatrix. In severe burns, very great deformity is often caused by the dense and cartilaginous cicatrices. The chin and breast may become united, the limbs immovably fixed, the hand incapable of flexion, or the eyelid of closing. All these, and like deformities, I think, will be prevented to a great degree by the use of this remedy. At any rate, the experience I have had certainly goes to prove as much.

Mode of using.—It may be applied either in solution or powder. If the solution be used, it should be a saturated solution, and applied by soft linen cloths, kept constantly wet. It is not well to remove them frequently: the better plan is to keep them wet by sprinkling freely and often. When the burn is extensive, or accompanied by much constitutional depression, the solution must be applied at least warm. Cold applications may be followed by bad consequences.

If the alum in powder be selected, having moistened the part with tepid water, apply the remedy evenly over the whole surface, denuded or otherwise, by a common flour dredge; more water may then be sprinkled over, to more thoroughly moisten the alum; and to keep it so, the whole part may be enveloped by a soft linen cloth, frequently wrung out of tepid water.

In all cases it is best, before applying the remedy, to puncture the vesications. Care must of course be had not to rub off the cuticle. In some cases, especially in extensive ulcerations, I have derived benefit by adding one part of *pulv. gum acacia* to two of *pulv. alum*. This forms a dry crust, which adheres firmly till the ulcer has healed, and then crumbles off by degrees, leaving a sound surface.

From numerous cases treated by alum, the following are taken at random:

Case 1st.—A. B., child, had a simple burn over the whole back of the hand,—a mere superficial inflammation. The alum in solution was applied, giving immediate relief from pain. The child slept all night without trouble from the hand. The ablution was continued for twenty-four hours, by which time the burn was well.

Case 2d.—A gentleman plunged his hands accidentally into a kettle of oil boiling on the fire. An hour elapsed before I saw him. The hands were extensively vesicated, in some places denuded, and the pain was intense.

Having punctured the vesications, the powdered alum was applied as above advised. The pain ceased at once, and did not return. On the following day, the patient was able to visit New York on business. In three or four days more, the hands were nearly if not quite well.

Case 3d.—E. F., a negro cook, in a family to which I had been called recently, had an extensive and obstinate ulceration from a burn on the arm and forearm. It had been treated with linseed oil and lime-water, Dalley's salve, and numerous other applications, during a period of about two months. The alum solution arrested suppuration, and caused a crust to form within twenty-four hours from the first application. In less than ten days, the ulcer had entirely healed. The cicatrix was smooth, and without the rigid contractions usually occurring in such cases.

Case 4th.—A child, about twenty months old, had fallen about three weeks before against a red-hot stove, burning the forehead over the whole surface, and also the left eyelid. When I saw it, the surface

was raw, highly inflamed, and suppurating. The child cried almost incessantly.

The alum in powder, mixed with one-third of *pulv. gum acacia*, was dusted upon the ulcer, and permitted to dry. For a few moments, the pain seemed aggravated: the child then settled down, and slept all night. The crust was not disturbed, but crumbled off itself as the ulcer underneath healed. Scarcely a week elapsed before it had all fallen off in this way. As to the other case, the cicatrix was smooth, and the eyelid quite moveable. The cure was complete.

I repeat, *sulph. of alumina and potassa* has proved in my hands a very valuable remedy in this class of accidents; and though it may not meet with acceptance from ultra homœopathists, yet, as it is eminently curative, I cheerfully recommend it to brethren less strenuous.

Theory of the Physiological Effects produced by Electricity, when applied to the Animal Organism in Interrupted and Continuous Currents.

BY M. A. CHAUVEAU, M. D.

Translated and condensed from the April number of Dr. E. BROWN SEQUARD'S "Journal de la Physiologie de L'Homme et des Animaux," by JAMES A. CARMICHAEL, M.D.

ARTICLE I.

Facts relative to the influence produced upon Electrical Contraction by means of Currents transmitted through the Muscular Nerves.

THE muscular nerves may be penetrated by either a transverse or a longitudinal current passing in the direction of their nervous cords, and denominated respectively descending or centrifugal, and ascending or centripetal. Let us examine each, beginning with the longitudinal or centrifugal.

The influence exercised by the centripetal or centrifugal direction of currents or discharges transmitted through the nervous cords, was observed by the oldest inquirers into electrical physiology, viz.: Volta, Valli, Pfaff, Bellingeri, Lehot, Philippe, Michælis, and particularly by Ritter, whose observations upon this subject are most remarkable, and not surpassed by the more modern (though exceedingly interesting) views of Marianini, Nobili, Matteucci, &c., &c.

The experiments which manifested this influence were made with currents which traversed both nerves and muscles. As the former is the more simple of the two, we shall examine it first.

What may be observed, when the conductor is applied to the nerves exclusively:

Among the means employed by experimenters to study the influence of an electrical current upon the muscular nerves, Matteuci has pointed out one which is admirably adapted to show the character and mechanism of this influence. Take a frog, prepared by Galvani's method, the thighs attached to the vertebral column by the lumbar nerves alone; divide the symphysis pubis, and separate the two thighs from each other, and extend them upon two isolated planes, or suspend them by threads of silk. Apply the poles of the battery—the positive upon one nerve, the negative upon the other; a current is established in the two nervous cords, by traversing the spinal marrow and passing through them in opposite directions, viz. by descending in the left nerve, and ascending in the right, thus at the same time enabling us to examine and compare the action of the centripetal and centrifugal currents. If a feeble battery be used, capable, however, of developing currents of a certain activity, we shall see (as Matteuci has observed) the two limbs contract, at the moment of opening and closing the circle. A little later, the nervous excitability being diminished, the nerve which is traversed by the descending current will excite contraction only at the moment of closing the circle, the reverse being the case with the other, viz. the moment of opening. If an extremely feeble current be used, there occur the phenomena of the second period,—that is to say, there will be the initial contraction in the limb whose nerve is traversed by the centrifugal current, and the terminal in that through which the centripetal passes, the latter being always the feebler, and frequently entirely absent, if the current shall have but little power. From this the fact may be deduced that the initial and the terminal excitation of voltaic currents originate from two simultaneous extra currents, of which the first is direct,—that is, in the same direction with the continuous current; the second inverse, viz. in an opposite direction. It may be observed further, that each one of these extra currents, in the particular case under consideration, being extremely feeble, produces no excitability, except at the point at which the electricity emerges from the conducting animal; again, the inverse or terminal is less active than the direct or initial. In the preceding experiment, if the voltaic current proceeds from left to right, the point of exit of the initial or direct extra current is in the right nerve—it alone is excited, and contraction occurs only on the right side when the circle is closed.

As regards the terminal or inverse extra current, as its point of exit corresponds to the left nerve, and as it acts exclusively on this nerve, the left side alone contracts at the opening of the circle, provided the terminal extra current be not too feeble to neutralize its action. The alternative contractions, as indicated alone, are not owing to the different directions of the electrical currents in the two nerves, but rather because the point of exit of the active electricity, occurring instantaneously at the opening and closing of the circle, occurs sometimes upon one nerve and sometimes upon the other. Although this explanation rests upon an unimpregnable foundation, it appears to be

insufficient for many physiologists, who are accustomed to consider the influence of the direction of the currents as one of the most satisfactorily demonstrated and most important facts in electro-physiology. We hope to render the subject so manifest as to leave no doubt whatever in the mind of the reader.

When we close the circle of a feeble battery upon a frog properly prepared, and whose nerves possess the same excitability at all points, and are assured that no effect is produced upon the nerve in which the current pursues the centripetal or ascending direction; if it be true that this absence of excitability is due to the retrograde direction of the current, by applying the negative pole upon the nerve, without changing the position of the positive, the electricity, continuing to follow along the nervous conductor the same retrograde direction, must of necessity remain inactive. The initial contraction is, however, constantly observed (a fact well understood, and one upon which we insist), if the frog be freshly prepared, and we see it, because of the position of the point of exit of the initial extra current upon the nervous conductor.

But is it for this reason, or is it not simply because the current having to traverse a small space, its intensity and physiological activity become augmented? To be satisfied of this, we have but to destroy the continuity of the nerve by mechanical means, at some point between the poles of the battery. This operation does not sensibly modify the conducting power of the nerve, but prevents the excitability from being transmitted to the muscles beyond the point of mechanical injury, and completely hinders initial contractions. This result cannot be explained, if we admit that these contractions are owing to an increase in intensity of the current, but may be readily comprehended, if attributed to the passage along the nerve of the point of exit of the initial extra current. The excitability of the nervous cord at this point is as marked as before, but it cannot be transmitted to the muscular organs.

In the same frog, we lay bare the sciatic nerve near the inferior third of the thigh, isolate it, and then, by means of scissors, separate the leg from the thigh in such a manner that they are united only by the nervous cord. This done, and the limb extended upon a plane, and the divided extremities separated from each other, we apply the poles of an extremely feeble battery, one upon the plexus or lumbar nerves, and the other upon the sciatic, and at the moment of the closure of the circle we observe the effects produced by the initial extra current. Thus, when the negative pole is placed upon the sciatic nerve, so that the voltaic current is centrifugal or descending, the muscles of the leg alone contract, those of the thigh remaining immovable. And, on the contrary, if the current pursues a centripetal or ascending direction, at once we perceive contractions of the muscles of both thigh and leg. Thus, in this particular case, the current produces its effect upon the thigh only, when it is an ascending or inverse current, that is to say, at the moment when (according to the

ideas generally admitted) it should be entirely inactive. This argument seems to us unanswerable. The following we should recommend as precautionary measures, to secure satisfactory experimentation upon the laws regulating the effects of electrical currents as above applied :

1st. To reject all the animals which, after being prepared, become persistently and energetically convulsed, and particularly those whose buttocks are unequally excitable.

2d. Prepare the animal, without tearing the skin from the thigh.

3d. Delay the experiment for a few moments, in order that the reflex action may not be confounded with the direct excitability of the motor nervous fibres.

4th. Use only very feeble currents.

The study of the effects produced upon the nerves by the centripetal and centrifugal currents, may be facilitated by the results of experiments of many physicians and physiologists. Among them, those of Nobili occupy the first rank in date and importance. They have become classic, and certainly deserve the honor. We know that Nobili used a feeble battery upon the nerves of a frog which were isolated and separated from the trunk, and that he observed the effects produced by the closing and opening of the circle in five successive periods, corresponding to the modifications of excitability in the nervous cords. The following table exhibits the results obtained by the skilful physician of Reggio :

		Descending current.	Ascending current.
1st Period	{ Circle closed	Contraction	Contraction.
	{ " open	Contraction	Contraction.
2d Period	{ " closed	Contraction	0
	{ " open	Contraction feeble or null	Contraction.
3d Period	{ " closed	Contraction	0
	{ " open	0	Contraction.
4th Period	{ " closed	Contraction	0
	{ " open	0	0
5th Period	{ " closed	0	0
	{ " open	0	0

NOTE.—In all our experiments, we have observed, in opposition to Nobili, that at the second period, contraction is more frequently wanting at the opening of the descending current than at the closing of the ascending.

In order to explain the phenomena indicated in the above table, we may observe, 1st, that in the dead frog which has passed through the five periods of Nobili, the excitability of the muscular nerves is gradually lost from their origin to their termination ; 2d, that the battery employed by him must have been too feeble to render the extra

currents which were engendered by the opening and closing of the circle capable of producing electrical excitability elsewhere than at their points of exit; 3d, that the terminal extra current is less active than the initial. By taking into account these considerations, there will be no obscurity in the facts observed by Nobili, and their action may all be ascribed to the laws we have laid down. Thus, in the 1st period, if there be contraction at the opening and closing of the circle, whatever may be the direction of the voltaic current, it is due to the fact that, the excitability of the nerve being nearly the same everywhere, the impression produced by each extra current at its point of exit is sufficiently great to put in play the contractility of the muscles. In the 2d and 3d periods, the excitability of the original extremity of the nerve has already diminished; and as this extremity represents the point of exit of the ascending extra currents, they have not sufficient activity to excite contractions, be they direct or inverse. In the 4th period, the diminution of excitability at the point of application of the peripheric electrode is so marked, that the descending initial or direct extra current alone preserves the property of acting upon the nerve. Finally, in the 5th period, all trace of excitability (I speak, be it understood, of the excitability that is brought into action by feeble currents,) having disappeared in the portion of the nerve embraced between the two poles, all contraction ceases. As, from the above facts (until now unexplained), we perceive that feeble currents excite only at the point of application of their negative electrode, and that the excitability of the muscular nerves disappears after their separation from the nervous centres from origin to termination, we can easily explain the experiments of Nobili by the laws of electric excitation which we have established.

We shall now proceed to speak of the observations of MM. Cl. Bernard and Regnaud. M. Bernard proposed to study the action of currents upon the nerves physiologically. His conclusions, from experiments made upon the sciatic nerve of a living frog, were, that during life the direction of currents traversing the nervous cords is indifferent as regards the effects produced. This effect is always the same, whether we operate with a centripetal or centrifugal current. Such are the views, as we have seen, of Nobili and the majority of experimenters following him, who operated upon the dead frog, the limbs being separated from the trunk. But there exists a great difference between their facts and those observed by M. Cl. Bernard.

According to Nobili, the centrifugal and centripetal currents produce, indifferently, contraction at the opening and closing of the circle, before the nerve has undergone any alteration in its excitability.

M. Bernard considers this double contraction to be due to an alteration in the excitability of the nerve; for upon living frogs, and in very favorable physiological conditions, he could only obtain a single contraction for each current, and that only at the moment of

the closure of the circle. We insist upon the importance of the fact observed by M. Bernard. He is positive that the passage of currents through the muscular nerves only provokes contraction at the moment of closure of the circle, whether they be centripetal or centrifugal; but, be it understood, that we operate with a power sufficiently feeble, otherwise double contractions manifest themselves, even with currents powerless to alter the properties of the nerves, and the physiological conditions leave nothing to desire. The explanation of the results obtained by M. Bernard is very simple. If of the two instantaneous extra currents produced by the closing and opening of the voltaic circle in which the nerves take part, the initial or direct alone provokes muscular contraction, it is because the other is too feeble to generate excitability. If, on the contrary, the initial ascending extra current acts in the same manner as the descending, it is because the point of the nerve which undergoes excitation (that is to say, the point of exit of these extra currents), corresponds to the points of the nervous cord which are equally excitable. M. Regnaud repeated the experiments of Nobili, viz. by separating the limbs of the animal from the body. He operated, however, with a thermo-electric battery, by which an exact graduation of the current could be produced; and attempted, moreover, by providing himself with conductors moistened with the neutral sulphate of zinc, and placed in contact with electrodes of pure zinc, to avoid the formation of secondary polarization, which would enfeeble the primitive current by the resistance they would offer to its passage. We say, M. Regnaud has endeavored to arrive at this result, but cannot share with him his confidence in its complete success—experience having demonstrated that secondary polarization may be considerably diminished, but it is difficult, if not impossible, to prevent it completely. Be this as it may, M. Regnaud has confirmed the principal observations of Nobili; but as he operated with an extremely feeble battery, he only saw in the first period, following the example of M. Bernard, the initial contraction of the centripetal and centrifugal currents—the explanation of which it is not necessary to repeat. To recapitulate: Of all the experiments made upon the subject under consideration, there is not one which proves a real difference of action of the voltaic currents, accordingly as they may pursue a centrifugal or centripetal direction in the nervous cords. In order to explain the curious and interesting facts observed in these experiments, it is only necessary to remember, 1st, that the effects produced by the closure and opening of voltaic circuits are due to the generation of two instantaneous extra currents—the one direct, which begins the continuous current, the other inverse, which terminates it. 2d, that with feeble batteries, these extra currents produce excitation only at their point of exit. 3d, that if this point of exit corresponds to a part of the nerve which is slightly excitable, or not at all so, the effect is feeble or null. 4th, that in nerves separated from the centres, the excitability is gradually lost from the trunk towards the

branches. 5th, that the terminal extra current is always less active than the initial.

What may be observed when the Conductor is formed by Nerves and Muscles.

1st. We now commence the consideration of one of the most complicated questions belonging to the action of electricity. The mechanism of the phenomena now under examination is by no means as simple as when the conductors are formed by the muscular nerves exclusively.

[To be continued.]

An Ophthalmoscope with a Micrometer attached.

RESEARCHES made by means of this Instrument upon the Influence exerted by different Causes upon the Internal Circulation of the Eye, by Dr. SCHUELLER.

THE author has studied the modifications which are produced by different causes upon the calibre of the vessels of the choroid. He has employed albino rabbits for his observations, because in them the examination of the choroid vessels is easy. With regard to the apparatus employed, it is composed of a double convex lens, intended to give an inverted image of the bottom of the eye, and encased in a metallic tube; this last is pierced by two openings, through each of which is passed a large-headed screw.

These two screws, which may be moved in a vertical direction, so as to unite or separate their extremities, are placed in the tube in a manner corresponding to the spot where the inverted image of the bottom of the eye is formed. An image, situated at this point, is measured by the separation of the two screws; and knowing the size of the image, that of the real object is readily deduced. The author establishes, with very extended preliminary considerations, 1st, that the increase of intra-ocular pressure must have the effect of diminishing the calibre of the choroid vessels, while its diminution produces an opposite effect. The intra-ocular pressure is the expression of the degree of fullness of the sphere formed by the membranes of the eye—membranes whose surface, concavity, and elasticity are determined, and which are subjected to the action of a certain quantity of fluid, which in its turn undergoes the general tension of the blood of the entire economy.

Effect of dropping into the Eye a solution of the Sulphate of Atropine.—There is rapid augmentation of the calibre of the choroid vessels, in the proportion of 11, 1 : 10. The change of form of the iris does not influence the dilatation of the vessel. This does not

depend upon the action of *atropine* upon the organs enveloping the ocular globe: it occurs too quickly for that. Diminution of the intra-ocular pressure cannot occur, except by relaxation of the ciliary muscle; hence results the practical consequence, that *atropine* in certain cases may remedy an excess of pressure (posterior sclero-choroiditis), and can modify usefully the intra-ocular circulation.

Paracentesis of the Cornea.—This operation occasions an abundant discharge of the aqueous humor, which is very promptly re-secreted, in a great measure to be succeeded by diminution. Its normal quantity is not again reproduced at the end of half a day. Immediately after the puncture, the vessels dilate. About an hour afterwards, often sooner, their calibre falls below the normal condition, which does not re-appear for four or five hours after the paracentesis.

Instillation of Tinct. of Opium.—After the first painful impression is over, we separate the lids. The pupil is retracted, and the calibre of the vessels diminished. Soon it augments, and passes beyond the normal dilatation, for two hours after the instillation. From this time, the vessels gradually recover their ordinary volume.

Compression of the Eye, made by means of the Finger, applied occasionally to the eye for four or five minutes.—The vessels become smaller. When the pressure ceases, they rapidly acquire a calibre greater than usual. At the end of about a quarter of an hour, they return to their ordinary state.

Influence of Sanguineous Depletion.—A slight bleeding from the temporal vein produces no result; a larger one produces slight modifications. By opening a submaxillary vein, we caused the animal to lose an ounce and a half of blood: contraction of the pupil was then observed, followed at the end of five minutes by its dilatation. The calibre of the vessels had become smaller; at the expiration of a quarter of an hour, they rapidly enlarged, so as to surpass their normal size. In two hours and three quarters after the bleeding, the diameter of the vessels was again below the standard, and an hour later had returned to their usual condition.

Section of the Muscles.—Section of the recti-muscles was practised. Immediately after the operation, the vessels of the choroid were enlarged. An hour later, their size diminished; and at the end of three or four hours resumed their natural state. We tried the instillation of the *sulphate of atropine* after the section of the muscles; and when the vessels of the choroid had returned to their normal condition, their dilatation occurred nearly as in the uninjured eye, in the proportion 1,06:1. The author thinks that by this method it is possible to determine for the vessels of the retina and the choroid in man, the limits beyond which they may be considered anæmic or hyperæmic; and, from the condition of the capillaries, may easily deduce the state of the capillaries depending upon them.

Beitrag, &c., or Contributions to the Pathological Anatomy of the Intra-orbital Optic Nerve, aiding in the Ophthalmological Diagnosis of Diseases of the bottom of the Eye.

Letter of Dr. VON AMMON, of Dresden, to Dr. VON GRAEFE, of Berlin.

THIS is a new work of our illustrious and indefatigable coloborator, the Chevalier Von Ammon, although it is in a measure a continuation, or rather completion, of a memoir inserted in the first issue of the *Quarterly Surgical Journal* of this year, and published at Prague. As it is, and in its separate publication, it is of great practical value, inasmuch as it offers a new method, by means of the ophthalmoscope, of ascertaining the exact condition of disease at the bottom of the eye. In the first memoir, this eminent pathologist has described the normal aspect of the intra-ocular expansions of the optic nerve; in this, he traces the signs by which its lesions may be recognized, and indicates the significance of each of them. His own personal observations, and pathological specimens, prepared by his own hands or under his superintendence, form the basis of his work. To those who recognize the urgent necessity of removing at once even the slightest alterations of the intra-orbital organs, if they wish to shield them from the grave consequences which may threaten, the importance of recognizing them at their first appearance and in their most feeble degree of development is here demonstrated, and the means of preventing them amply illustrated.

Ophthalmia caused by Worms.

A WOMAN, suffering from acute pains in her eye, consulted Dr. Nicouveau. Having separated the eyelids, he saw with astonishment a small worm crawling upon the surface of the globe; shortly, a second one followed the first, then a third, a fourth, and a fifth. After these had been removed, he perceived still four more in motion in the palpebral cul-de-sac. Lotions of cold water sufficed to remove all symptoms.

On the morning of the day when they were observed, the patient had suddenly felt something cold strike her eye, as if a small pebble had been thrown against it; at the same time, she had heard a kind of buzzing sound. It is evident that eggs were deposited by an insect flying through the air. Such examples are not rare.—(*Moniteur des Hôpitaux*, Jan. 1859).

Hemeralopia—Night Blindness.

OPHTHALMOSCOPIC APPEARANCES.—The symptoms presented nothing of special importance. The interior of the eyes are transparent. The bottom of the eyes, around the papillæ, present a reddish-blue appearance, as if seen through a glass slightly tinged with blue; papillæ normal, slightly reddened, and oval, as we observe in healthy eyes; an unusual number of vessels traverse the papillæ, veins slightly tortuous, the blood glides through the walls of the arteries, while the central part of their calibre remains free.

The blue tint is observed in healthy eyes, especially in those which are black. It appears to be due to the quantity of the pigment of the choroid, and the state of transparency, as well as the discoloration of the hexagonal cellules. It is not uncommon to observe in healthy eyes the central chamber remarkably supplied with arteries.—(*Annales d'Oculistique*, for March, 1860).

Action of Atropine upon the Pupils.

THE following are Mr. Harley's conclusions upon this point: 1st, its dilating power is not due to a direct action upon the great sympathetic. 2d. In order to manifest its action upon the pupils, it must be absorbed. 3d. Its action is not only upon the peripheral surface, but upon the roots of the nerves. 4th. Its probable mode of action appears to depend upon a paralysis of the ciliary branches of the third pair, and not upon a stimulation of the filaments of the great sympathetic which supply the radiated fibres of the iris.

Amaurosis caused by the use of Quinine.

Loss of sight from the employment of this drug has been alluded to by various authors. Dr. Graefe reports two cases, in one of which the patient observed that his right eye grew weaker in proportion to the increase in the size of the dose.—(*Echo Médicale de la Suisse*, 1858).

Deafness is quite as common a toxical effect of allopathic doses of quinine as blindness. There are but few physicians of large practice at the South or West, whose experience will not furnish examples of both of these drug maladies.

Quinine blindness and deafness, mercurial palsy, rheumatism and necrosis, arsenical dropsies, nitrate-of-silver discoloration of the skin, and the extensive and ghastly train of drug cachexias, all reveal the pernicious tendencies of allopathic medication.

Go where you will—to the palace of the proud millionaire—to the various summer resorts of fashion—to the commercial marts—

to the workshop of the artizan—to the cottage of the farmer—and you will meet at every step the pallid and suffering victims of some form of allopathic drugging. And in view of these facts, the question continually recurs to intelligent observers, whether medicine, as practised by the ancient school, is a beneficent art, or a curse to humanity?

Fragment of Glass driven into the Orbit, near to the Optic Nerve, and remaining there Nine Years, without causing serious disturbance.

Dr. Blanchet reported a case of this kind before the Academie de Médecine de Paris, at the session of September in 1858. This fragment was fifteen millimetres in length and one centimetre in circumference, lying under the ocular globe, within the internal rectus muscle, and one of its extremities resting against the bottom of the orbital cavity, near the optic nerve. The only disturbance it created was a divergent strabismus, which remained after the glass had been removed.

Syphilitic Affection of the Eye.

By Dr. GRAEFE.

Translated from *Annales d'Oculistique* of April, 1860, for the *U. S. Journal of Homæopathy*.

SYPHILITIC CHOROIDITIS is not unusual. It is characterized by very small white spots, surrounded by a brownish-red areola, and seated principally in the posterior segment of the choroid, the functions of which it especially affects. The patient frequently perceives as a first symptom, spots in the form of rings. They are not the result of a circumscribed atrophy, as in sclero-choroiditis, but are produced by limited exudations, which present themselves as slight projections. After the cure, nothing remains generally but a few vestiges of pigment. The choroiditis, which is limited to the posterior segment of the eye, is of syphilitic origin in three-fourths of the cases. To it belong most of the syphilitic amauroses, the prognoses of which, in these cases, are favorable, yielding as they do easily to mercury. It is not so in syphilitic paralysis of the optic nerve. Besides a peculiar sinuosity of its veins, there may be observed in the retina a diffused exudation without circumscribed lesion. This alteration, which is accompanied with marked amblyopia, frequently exhibits itself at the same time with different symptoms of constitutional syphilis, and it is probable is merely a coincidence; meanwhile, the retinal affection yields to mercury, in common with the other disorders. The same lesion may be met with in cases in which there have been no syphilitic antecedents. It is not unusual to encounter affections of the optic nerve

analogous to certain syphilitic paralyses. Sometimes the ophthalmoscope exhibits no material lesion; in other instances, the evidences of atrophy of the nerve manifest themselves progressively. The papilla diminishes in volume, and becomes more white and opaque; the calibre of the central vessels, particularly of the artery, decreases at the same time. In such cases, the prognosis is much more unfavorable. Paralysis of the motor muscles of the eye is symptomatic of inveterate syphilis in nearly one half of the cases we meet. The most frequent of all is that of the motor oculorum communis; afterwards comes that of the rectus externus, and finally that of the great oblique. Simple mydriasis, owing to the same cause, is very rare. The anatomical lesions to which these paralyses and those of the optic nerve are due, are but little known; it is rare to observe them in the periosteum and the bones. The circumscribed deposits, whether the result of inflammation or of softening, which are found in the central laminæ of the nerves, seem to be their most frequent cause.

Pathological Anatomy of Cataract.

By M. C. H. ROBIN.

M. ROBIN communicated a work upon this subject to the Academy of Medicine at their session of 3d May, 1859. He divides cataracts into two classes. The first, that of capsular cataracts, comprehends two kinds, viz. pseudo-membranous capsular cataract and grayish capsular cataract; the 2d, lenticular cataract, contains four species, viz. soft lenticular cataract (commencing or complete), liquid lenticular cataract, and hard or stony lenticular cataract.

Researches upon the Nature of the Crystalline Lens in Animals.

By VALENCIENNES and FREMY.—March, 1860.

IT results from these researches that, 1st, the lens of the mammiferæ is formed of fibres insoluble in water, and united in the centre by an albuminous substance, which coagulates at 65°, and which becomes transparent and of an amber color by the prolonged action of alcohol. Exteriorly, it is united with an albuminoid matter uncoagulable by ebullition, which does not become blue by the action of chlorhydric acid, and which is called metalbumen: 2d, these two substances may be specially denominated, the central portion as “endophacine,” the external layers as “exophacine”: 3d, the lenses of birds, reptiles, and the batrachians differ but little from those of the mammiferæ: 4th, those of fishes are formed equally of two distinct parts—the one cortical or exophacine, and composed of metalbumen, the other formed of a solid albuminoid substance, insoluble in water, and denominated

phaconine : 5th, the fibres of the lenses of mammiferæ united by albumen or or by metalbumen, to form the endophacine or exophacine, have more analogy with the phaconine of fishes.

In cataract, the albumen and metalbumen become insoluble in water, and form membranes of slight opacity, which can be easily separated the one from the other ; a modification which is not due, as has been declared, to the presence of the phosphate of lime.

Phlegmonous Glaucoma (Apoplexy of the Eye and Chronic Iritis).

By TARIGNOT.

THE glaucoma of authors is divided into two kinds—one a neuralgic, the other a paralytic form. The disorganization of the eye does not begin in the eye itself. The totality of the functional and organic disturbances which characterize glaucoma, is the result of a lesion of innervation, neuralgia, or paralysis consequent upon an abnormal condition of the blood. There is a third variety of glaucoma or organic amaurosis, viz. phlegmonous glaucoma. It may exhibit itself under an acute and chronic form.

1st. *Acute form.*—This is the most formidable. In twenty-four or thirty-six hours, the sight may be irrecoverably lost. Fortunately, the glaucomatous morbid energy expends itself upon one eye alone. It is characterized by the simultaneous appearance of all its symptoms, viz. conjunctivitis, iritis, periphakitis, amaurosis, &c. ; so that the words capillary apoplexy of the eye seem to indicate well this affection.

2d. *Chronic form.*—This is only the preceding form, arriving by many stages or periods at the same result.

There is nothing particularly novel in the above. The author, however, is entitled to this originality, that after having recommended, as a means of treating this affection, the direct puncture of the iris with a needle, introduced at the external circumference of the cornea, he expresses the opinion that the excision of a portion of the iris, proposed and executed recently, in Germany first and afterwards in France, is only complicating the method, without possessing any superior efficacy. He advises those affected with glaucoma, inasmuch as the affection is rarely observed in them, to seek warm latitudes.

Domestic Medicine.

AN ESSAY read before the Philadelphia Medical Society, by J. R. LEE, A.M., M.D., and ordered to be published.

MEDICINE is both a science and an art ; and as such, had its origin in the necessities of our race.

When Eden's hapless pair partook of the fruit divine, "pleasing to the eye and inviting to the taste," and therefore were driven from their nuptial bowers, disease came with its noisome train, veiling the fair face of creation in funereal gloom, and converting this green earth into a loathsome lazar-house. In this emergency, man, either instinctively or by revelation, had recourse to nature, and sought in her bounteous storehouse for means of relief.

With the lapse of time and the diffusion of the race, this knowledge of natural curative agencies increased and aggregated ; and the male or female head of the family applied those remedies which experience and observation had sanctioned as adapted for the removal of physical suffering. Then, for a long succession of generations, the offices of priest and physician were merged in the same individual ; so that he who offered prayers for the happiness of the soul, likewise administered for the relief of the body.

In the further division of labor consequent on the advancement of society, medicine became invested with the dignity of a profession ; and doctors were clothed with the high prerogative of attendance upon the sick.

Still, the original and natural protectors of the sick—the heads of the family—never once relinquished their claims, nor ceased to devise means for the restoration and recovery of its disabled members. And thus, in our own age, from time immemorial, it has been the custom of our dames and grandams to amply provide themselves with such herbs and other agents as tradition or use had considered beneficial, and administer them when occasion required. Nor can we conceive of any valid objection to the continuance of this time-honored practice, when restricted within proper limits ; whilst, on the other hand, many cogent reasons can be adduced in its support.

Instead, therefore, of curtailing or crippling domestic medicine, we would intrust it to the guidance of a rational homœopathy, where it would be pruned of its redundancies, be enriched by milder and more efficient appliances, and fitted for a wider sphere of usefulness.

We would not assume the untenable position that every man should become a physician. This would be an attempt as ridiculous as impossible. All that we plead for is, that the intelligent masses should be so far acquainted with the general principles of medicine as to be in a condition to derive from it some of those advantages with which it is so richly fraught ; and, at the same time, to guard themselves against the pernicious influences of ignorance, superstition, and quackery. As matters stand at present, it is much easier

to cheat a man out of his life than to defraud him of a shilling; whilst, at the same time, it is almost impossible to detect or punish the offender against the dearest interests of humanity. Notwithstanding this, the people close their eyes, and passively take every thing upon trust that is administered by any miserable pretender to medical lore, without daring to ask him to assign a reason for any part of his conduct. Implicit faith, everywhere else the subject of ridicule, is here sacred and unquestioned.

It is true that most physicians are worthy of all the confidence reposed in them by a confiding public; but as it would be claiming too much to assume that all are equally deserving of this character, it would certainly be for the safety as well as honor of mankind, to have some check upon the conduct of those to whom is intrusted so great a boon as health.

The veil of mystery with which medicine has so long been invested by the profession, has induced many to regard it as a suspicious art—a miserable trick, that skulks like a craven from the light of reason, and avoids a fair and candid examination. Other sciences are simplified and opened up to the popular mind; but here the door of information is locked, and the key thrown away. In this enlightened country, our people are wont to con the abstractions of philosophy, and solve the problems of higher mathematics. They discuss the fundamental principles of law, and even thread the intricate mazes of polemics, but dare not enter the portals of physic.

And so long as they are denied admission, just so long will they regard the faculty with doubt, jealousy, and suspicion. But remove this embargo on intellectual commerce, and medicine will ascend in the scale of public estimation, and receive, as it merits, the general esteem and confidence of mankind; for its precepts are such as every wise man would choose to observe, and it forbids nothing compatible with true happiness and well-being.

But the isolation of medicine not only exposes the profession to ridicule and distrust, but also retards the march of improvement, and thereby to an extent imperils the dearest interest of society—the health of its members.

An art founded upon observation and experiment can never attain to the highest point of perfection where its knowledge is confined to the few who trade upon it, and make it subservient to their pecuniary profit. The united observation of all the sensible and ingenious part of mankind would contribute more in a few years to the advancement of medicine, than that of the faculty alone in a decade of generations. Even the most rude and untutored can affirm with certainty when a given remedy affords relief as well as the most intelligent physician; and if he only knew the name and dose of the drug as well as the disease, it is sufficient to perpetuate the fact; and the man who adds one single fact to the stock of medical knowledge, does more real service to the curative art than he who writes huge volumes in support of some favorite hypothesis. And history

supports us in the assertion that comparatively few of the valuable discoveries in medicine were evolved by the profession. They have either been the result of fortuitous circumstances or sheer necessity, and been violently opposed by the faculty until every one else was convinced of their utility.

If men of letters and vigor of thought were to assert their right of inquiry into a subject that so intimately concerns them, the beneficial effects would soon be as obvious as the blaze of the meridian sun. They would detect and expose presuming ignorance, disguised under the mask of solemn gravity and pretended importance, and recognize and become the willing patrons of modest worth. Not having their understandings perverted by false theories, nor controlled by interest, nor awed by the sanctity of time-honored authority, they would canvass with freedom the commonly received principles of medicine, and conclusively prove the fallacy of many of those doctrines which the profession regards with veneration and defends against every assault. Indeed, no science or art can be considered rational or useful without being submitted to the common sense and reason of mankind. These alone stamp a value upon them; and that which will not bear the test of these, should be rejected as valueless and unworthy of confidence.

We are aware that some honestly object to the dissemination of medical knowledge among the people, on the ground that it induces them to tamper with medicine and rely upon their own skill, without soliciting the aid and following the advice of a physician. This affirmation, so far from being correct, is the reverse of the truth; for whilst those who best understand the laws of health and the means of cure are the aptest to detect danger and the most prompt to ask counsel of their physician, it is the ignorant who are most given to trifle with disease, and have the least confidence in the profession. They abjure the prescription of the doctor, but swallow with greediness whatever is recommended by their credulous and superstitious neighbors. Besides, the most successful mode of unmasking quackery or pretension in any science or art, is its diffusion among the people. No two characters are so entirely opposite as the honest physician and the quack; and yet, in the popular mind, this broad distinction is not always perceived, and the two are often confounded. Nay, more, it not unfrequently happens that whilst the empiric plies his craft successfully, and gathers a golden harvest of reward, the competent and conscientious physician is doomed to neglect, and ekes out a miserable existence in obscurity and want. A small amount of medical knowledge would effectually correct this evil, and nothing else can; for it is the ignorance and credulity of the masses in regard to medicine that renders them such an easy prey to every one who has either the temerity or cupidity to attack them in this quarter. We repeat it, if medical science were divested of its technical jargon, and adapted to the comprehension of the plain non-professional understanding, it would inspire confidence in the educated physician,

and expose every pretender to the withering scorn and detestation of an enlightened public.

But whilst we would commend and advocate the *popularization* of medicine, we would repudiate the sentiment advanced by an eminent member of our school, "that it requires but an ordinary degree of intelligence and education to administer medicine in a successful manner, without much preparation in the class-room or hospital." We deeply regret that such an unguarded expression should have dropped from the pen of one who has the title of *professor* superadded to that of doctor of medicine; since its tendency is to grossly deceive and mislead the laity, to lower the status of the profession, and trail its honor in the dust. So far from this doctrine being an approximation to the truth, we hold that medicine requires, for its successful and skilful practice, minds of the finest mold, developed and enriched by the most careful culture. It offers the widest scope for the exercise of the highest order of genius; and its votaries should not only be those who have laid broad and deep the foundations of a liberal education, and threaded the curriculum of medical science, with its collateral branches, but also men of profound thought and research, indefatigable in their labors, and ever panting to educe some new truth that can be made subservient to the high object of their mission. From the shrine of *Æsculapius*, drivelling imbecility and blundering ignorance should be spurned, and only purity and intelligence suffered to approach. And that man who can assume the office of a physician without trembling under a deep sense of his utter insufficiency for the rightful performance of the obligations imposed, is constitutionally unfitted for its solemn duties, and should seek some other avocation more congenial to his tastes and better adapted to his grovelling nature.

But lest in the advocacy of a domestic medicine our views should be misapprehended or perverted, we will briefly define what we conceive should be embraced in a treatise designed for popular use. And we would premise that it should never promise to supersede the use of the physician, or render his services unnecessary, but simply supply his place in situations where medical assistance is not required or could not easily be obtained.

It should amplify more on the *prophylaxis* or preventive part of medicine than the cure of disease; for although the cure of disease is of great importance, the preservation of health is still greater. This is the concern of every man; and certainly what relates to it should be rendered as plain and obvious as possible. Hygiene, in all its numerous ramifications, should be unfolded, and its lessons plainly taught. The proper and deleterious articles of food should be enumerated, and the vital importance of exercise, cleanliness, and ventilation pointedly enforced. Parents should be made acquainted with the various causes that tend to impair the health of their offspring and endanger their lives, and nurses should be thoroughly instructed in what pertains to their important office. The description and

treatment of disease should be as intelligible and concise as possible, so that the veriest novice in medical science should not fail readily to distinguish the one, and understandingly apply the other.

In the long list of homœopathic works extant on this subject, there are but few, in our humble judgment, that coincide with these indications, or subserve the humane and benevolent design of domestic medicine. They generally ignore the *prophylaxis* of medicines, give learned and complex disquisitions on the various diseases that are rarely if ever comprehended, and introduce a formidable array of remedies that startle the untutored reader, and would require a lifetime of study to satisfactorily understand. Many of their authors, we suspect, are not actuated by the high and holy purpose of benefiting mankind, but ambitious rather for literary fame, or inspired by mercenary motives. They seek this avenue for the ventilation of their crude ideas. With few resources of their own, they collate and dovetail the thoughts of others, and send them forth with the imprimatur of their *illustrious names* as the fresh coinage of their own untenanted brains.

Did these adventurers realize what the Scottish bard has sung—

“O wad some power the giftie gie us,
To see oursells as ithers see us!”

we opine they would divest themselves of the *cacæthes scribendi*, and remain content with that noble obscurity that nature ordained for them. But lest we should be charged with prolixity, and weary your patience, we would bid a truce to our subject, regretting that time and ability do not enable us to contribute more to your edification and the better elaboration of our theme.



Reviews and Bibliographical Notices.

DR. WOLF'S NEW WORK.

[We would call the attention of our readers to the very interesting translation from the German of Dr. Wolf's recent work, by Dr. Bruckner, of Basle, Switzerland. It will be observed that it abounds in novel views of a most startling character, which, if accepted, will be subversive of many time-honored opinions that have become, as it were, "household words," and that have been regarded as facts resisting every effort at refutation. It will also be remarked, that the writer starts *ab initio* with the Hahnemannian cardinal principle, that psora and its correlative dyscrasie — syphilis and sycosis — are the *fons et origo mali* of all chronic affections, and that it is only by the specific adaptation of the homœopathic principle of cure to such affections that their successful eradication may be hoped for. While we are not prepared to give unexceptional assent to the views entertained by the writer, yet, in the present transition period of the development of the grand law of "similia," by which we are daily becoming more and more familiar with the startling revelations of its continuous prosecution, it would seem an idle and unprofitable obstinacy to withhold at least a patient attention to the consideration of views and speculations in the cure of disease, which, though at first seeming to challenge the faith of the most credulous, may, by diligent and uncompromising scrutiny, become stubborn facts. Starting with psora, it will be perceived that the writer pursues the broad principle of its disease-disseminating and diffusing power that was promulgated and so ardently inculcated by the distinguished Hahnemann; and in the prosecution of this principle, he even outstrips his illustrious predecessor. Take, for example, the morbid phenomena characterizing diseases of the great nervous centres, viz., epilepsy, eclampsia parturientium, chorea, the various algie, &c.—diseases which, at the present day, are exercising the profoundest scrutiny and most searching investigation of physio-psychologists, among whom we may cite the names of Cl. Bernard, Brown-Sequard, Pelouze, Vulpian, Nobili, Fontana, Regnoro, and a host of others. When we are told that this gloomy array of death-dealing diseases owe their primal morbid agency to the one pernicious principle, psora, and that for its destruction the corresponding antipsoric is amply sufficient, we naturally exclaim, "Can these things be?" and can all the brilliant and fascinating experiments of the above distinguished names, in observing the physiological effects of electricity applied to the animal organism, and their deductions therefrom in the production of the morbid phenomena of diseases of the nervous centres—we say, can they be

regarded only as the vaporings of distempered brains and over-ardent speculation? Another interesting feature in the views of the writer before us is his earnest advocacy of the highest potentizations, and particularly where the specific antipsoric has been administered to the point of medicinal aggravation. Take, for example, the form of acute diseases supposed to be of psoric origin, and for which *sulphur* has been given at a low dilution and in repeated doses: for this seeming aggravation, *sulphur* 6000° is recommended with unhesitating confidence. *Struma*, in its multifarious forms and combinations, comes under the same category; and thus he proceeds, until the Pandora's box of all "the ailments to which flesh is heir" is emptied, and "the head and front of the offending" is psora. The intimate connection between psora and syphilis is the next subject of consideration, and our readers will find the perusal of the opinions to that effect to be interesting, though they may not be prepared to acquiesce in them. The author next proceeds to investigate the morbid tendencies of sycosis. We are told that it is "the result of a combination of psora and syphilis in their highest potency," and that it necessitates the development of various dyscrasie, viz., tubercles, warts, varicose veins, gout, chronic catarrh of the urinary organs, Bright's disease, diabetes mellitus, &c. And we reach the climax of astonishment, when it is deliberately asserted that "small pox is the effervescence of the sycotic poison," and that "vaccination is the greatest aberration of the human mind." Shade of the immortal Jenner! did not thy "canonized bones burst their cerements," at this rough invasion of their hallowed sanctuary? We might proceed to venture opposing argument in the prosecution of these novel and startling speculations; but, for the present, will content ourselves with the above few reflections, leaving to our readers the patient digestion of something new from the cuisine of modern medicine.—Ed.]

EXTRACT FROM DR. WOLF'S NEW WORK,
 "DIE GRUNDVERGIFTUNGEN DER MENSCHHEIT UND IHRE
 BEFREIUNG DAVON."

Translated by Dr. BRUCKNER, of Basle, Switzerland.

[THE great interest I felt in reading the new work of Dr. Wolf, "Die Grundvergiftungen der Menschheit und ihre Befreiung davon," has induced me to give the American homœopathic profession a short extract of it. A translation of it should immediately be furnished to the profession, and be carefully studied by every homœopathic physician. It contains altogether many startling revelations in regard to the origin and treatment of a great number of diseases, and particularly those which are now very prevalent and very difficult to treat, such as chlorosis, hooping cough, diseases of the uterus, &c. &c. The character of the writer, and the highly scientific value of the work, vouch for the truth of his really astonishing success. The sphere of action of the different remedies is drawn with such a masterly hand and in such a scientific manner, that it would be very desirable to have all the remedies sketched in such a way. The chapter on sycosis is quite new, and contains so many astonishing suggestions and facts, that it certainly deserves a closer study.—Dr. BRUCKNER.]

According to Dr. Wolf, psora, syphilis, and sycosis continue to poison the human race, and they are the continual source of almost all chronic diseases. Their cure is only possible by strictly following homœopathic rules. Psora is the oldest of the three. The principal consequences thereof are: Great liability to take cold, which shows itself as

I. RHEUMATISM.

The principal remedies against this form are:

Aconite.—In the beginning, in slight cases, one dose of aconite 3^o; or, in severer cases, aconite 3^o in water, every three hours. Where the rheumatism has already localized itself as rheumaticus acutus, aconite 3^o and belladonna 3^o, alternately.

Bryonia 3^o also, in alternation with aconite 3^o, where movement aggravates or excites the pains.

Rhus toxicodendron.—Aggravation when at rest, forcing the patient to seek relief by walking about.

Chamomilla matricaria.—Excessive restlessness, with loud distracting cries,

China 3^o, wherever the approach of a person, without touching, is unbearable and painful.

Arsenicum 30^o.—Pains burning, rending, tearing, not allowing the affected part to be kept quiet.

Spigelia 3^o, where the rheumatism affects the heart.

In all these cases, it is best to alternate aconite with the suitable remedy.

II. CATARRH.

Catarrhal affections of the mucous membrane, after having taken cold or errors of diet, require aconite 3^o, several doses every hour; and three to six hours after, one dose of nux vomica 3^o: or aconite in the morning, and nux vomica at night. Sometimes one dose nux vomica 200^o will cure, where it seems indicated; but where the third potency has been given without effect, high potencies must generally be given in a single dose, without repetition.

In a more highly inflammatory irritation of the mucous membrane, with incessant vomiting; or with diarrhoea, with cholera symptoms or dysentery; or aphthous, crupous or ulcerous degenerations; gastric fever, typhus or intermittent fever, aconite 3^o and apis mellifica 3^o are the best remedies. In inflammations of single organs, aconite is given, either alone or in alternation with the remedy having a specific action upon the diseased organ.

Remedies for the liver are (particularly) nux, carduus marianus, quassia, lachesis, hepatin.

Carduus marianus 2^o, in water, every hour, one spoonful; or in alternation with aconite 3^o. In acute cases, or in chronic cases, one dose in the morning and one in the evening, where the liver is the primitively diseased organ, but the lungs are affected by consensual affinity, and are either congested, producing spitting of blood, or the liver and lungs are in an inflammatory state, or there is vomiting of blood.

Quassia is most suitable in those disturbances of the functions of the liver presenting themselves as so-called gastric catarrh, with great tendency to diarrhoea and hydrops, with irritative cough coming on in paroxysms like whooping cough. There is a remarkable and rapid diminution of strength, the inflammatory character is not so pronounced, but the spleen is affected too, and all tends towards a typhus dissolution. In such cases it is often necessary to alternate quassia 2^o and ferrum 2^o. A case which already Rademacher has made known as an exceptional one.

Lachesis.—The inflammatory process on the liver predominates, but is complicated with great disturbance of the nervous system, with morbid sensibility, showing itself in excessive anguish, in abnormal palpitation of the heart, in paroxysms of asthma and constriction of the throat, &c. In acute cases, lachesis 30^o in water, with aconite 3^o in water, alternately; in chronic cases, one dose lachesis 2000^o.

Hepatin 2^o every first, second, third and seventh days, or in alternation with aconite or apis, where dissolution of the blood and of all the secretions has already begun, with a slow course of the morbid process.

After the liver, the lungs are most frequently affected, by consensual affinity, by the morbid affections of the mucous membrane.

Affections of the mucous membrane of the larynx and bronchiæ — croup in the beginning, and asthma-millari — require tartar emetic 3°; to be alternated with aconite 3°, if necessary. Apis 3° is also a good remedy in many cases. Pneumonia can be prevented thereby.

Inflammation of the lungs requires sulphur and phosphorus —

Sulphur, where the dissolution of the blood is not yet so far advanced that it exerts a paralyzing influence on the nervous system.

Aconite 3°, several doses, should be used first, and then tincture of sulphur 19°. If, after three hours, no sign of amelioration is visible, give tincture of sulphur 3°, one-half globule every three hours. If the inflammation continues to increase, or if fresh aggravations follow, aconite 3° and bryonia 3° must be alternated. Where movement aggravates the pain, aconite 3° and rhus 3°. Where the patient cannot lie quiet, these remedies to be alternated every one to three hours.

Phosphorus 3°.—Bleeding at the nose or from the lungs; blood dark, dissolute, smelling badly; anguish; want of breath; pulse small, unequal, and irregular. Phosphorus 6°, every half to three hours, where there is great prostration of strength, and want of re-action; where the tendency to paralysis still increases, plumbum aceticum every one to two hours: and in the worst cases of this sort, carbo vegetabilis 30°, every five to fifteen minutes, will sometimes save the life, where death seems unavoidable. The same remedies are also to be used where, instead of the inflammation, bleeding sets in.

Aconite 3°, in water, every one-quarter to one hour, where bloody sputa remains after the bleeding has been stopped. Tartar emetic 3°, afterwards bryonia 3°, or rhus, where concussion of the breast was the cause of the bleeding.

Pulsatilla 3°, evening and morning, where the hæmorrhage is the consequence of suppressed menses, hæmorrhoids, &c. Where the morbid process affects the stomach and intestinal canal, apis 3° (*vide* first part, on the poison of the honey-bee). Where it affects the genital organs, cannabis sativa or indica: a few drops of the tincture to 6 oz. of water—every hour one tablespoonful. Where aggravation follows, one dose cannabis 200°.

Swelling, induration, and painfulness of the testicles and inguinal glands, and strictures of the urethra, require clematis 3°; in highly inflammatory cases, to be alternated with aconite 3°; in chronic cases, with slow course, clematis 200°, one dose. Affections of the right ovarium require apis mellifica; those of the left, lachesis 30°. In acute inflammations, apis mellifica or lachesis to be alternated with aconite. In more chronic cases, for five days, every morning one dose. In such cases he adds a little water to the solution every day; thus producing, as it were, a higher dilution every day. After confinement, where there is danger of puerperal fever, aconite 3° and belladonna 3° to be alternated.

Where the urinary organs are affected, cantharides 3° and aconite 3° to be alternated.

It is also necessary, in all cases, to study the reigning genius epidemicus, as it greatly facilitates the selection of the proper remedy.

Where the above mentioned remedies do not afford the proper relief, it is a certain sign that some chronic poisoning (grundhungifung) is the cause of it, which must first be removed by its proper antidote, as will be taught hereafter.

III. THE MORBID AFFECTIONS OF THE NERVOUS SYSTEM

form the third class of diseases of which I have occasion to speak.

Where, in an otherwise healthy constitution, loss of animal fluids has been the cause of the affection of the nervous system, china 12°, one dose every day for five days, will generally be sufficient.

Cephalalgia and *prosopalgia*, where the indications for other remedies are not very striking, are generally removed by one dose of argentum nitricum 200°; or, in severer cases, arg. nitr. 200°, in water, a teaspoonful every morning and evening. Where these remedies do not afford relief, some chronic poisoning lies at

the bottom of it. Spasms of infants and children, with one cheek red and one pale, excessive restlessness and crying, are characteristic indications for chamomilla. Chamomilla 12^o, in water, every quarter to half hour. Congestion of the blood or beginning of inflammation of the brain require aconite and belladonna. On the third day, there is generally a new aggravation, which, however, must not be interfered with. Where aconite and belladonna do not give relief, apis mellifica must be substituted for belladonna. Where the big toe of one or both feet is tonically drawn upwards, with excessive tossing about, with convulsive movements of the whole body, crying and rage, cicuta virosa 30^o, in solution, every quarter hour. (Belladonna and stramonium do not afford relief in these cases.)

Chorea.—Aconite and belladonna, where fright has been the cause. Aconite and cina, where worms are the cause. Where the brain is principally affected, with continual involuntary motions of the tongue, stramonium 3^o; afterwards, stramonium 30^o, one dose. Agaricus muscarius, in the same manner, like stramonium, where the chorea depends on an irritation of the spinal marrow.

Eclampsia parturientium.—Cuprum metallicum or aceticum 3^o, in water, every five, ten, or fifteen minutes.

Epilepsy from fright, or in the beginning, where there is great congestion of the blood, aconite 3^o and belladonna 3^o, alternately. If the epilepsy is the result of moral emotions of a sanguine temper—either joy or sorrow—ignatia 200^o, to be repeated after every paroxysm.

Epilepsy from Jealousy.—Hyoscyamus 30^o, one dose for four to five days. Where excess in venery has been the cause, platina 6^o, mornings and evenings; afterwards, every one or two days. If the paroxysm returns, the remedy to be given oftener, as at first. Where it does not relieve, it is a sign of psora.

In acute diseases on a psoric ground, one dose of sulphur 30^o will make the remedies active which were inefficient before. Only where sulphur has been abused before, there is an exception, which will be spoken of hereafter. After sulphur 30^o has been given for the cure of the psora, it is necessary to avoid all long-acting anti-psoric, anti-syphilitic, or anti-sycotic remedies in the cure of intercurrent diseases. The remedies oftenest required in such cases are: aconite and apis mellifica, 3^o—6^o, alternately in local inflammations, with burning, lancinating, corroding, or throbbing pains. Congestive affections of the heart, stomach, liver, spleen, &c., will yield to aconite 3^o and nux 3^o, alternately. Only in such cases where the amelioration produced by sulphur stands still, and a new aggravation takes place, which does not pass over in twenty-four to forty-eight hours, will it be necessary to repeat sulphur 30^o once more.

Where sulphur has been abused, even in homœopathic low dilutions and repeated doses, sulphur 6000^o must be given.

In fresh cases of scabies, it is necessary to avoid new infection, by using external means—tar and soft soap; and with children, and people with very tender skin, tar and cream or the yolk of an egg—to be rubbed in, for three days, morning and evening. On the fourth day, a warm bath and clean linen, and one dose of sulphur 30^o in the evening; or, in case of sulphurism (abuse of sulphur), sulphur 6000^o. One-quarter, one-half, to one year after, another suitable antipsoric remedy may be given, if necessary, in its 30th, 200th, or 1000th dilution, according to the case.

Where the disease has been badly treated, and therefore the suitable homœopathic remedy is not easy to find, it is best to begin the cure with nux 30^o, or apis 30^o—nux, where plethora abdominalis predominates; apis, where the affection of the mucous membrane of the intestinal canal predominates. Nux or apis 30^o—one globule, dry, or dissolved in water; one teaspoonful morning and evening.

Great liability to taking cold is best removed by sulphur, where no abuse of it has taken place.

Rheumatism, with predominating affection of the nervous system, is removed by calcarea carbonica; where venosity predominates, lycopodium. All the innumerable sufferings from cold, particularly the great sensibility even to a cool air, producing pains in the head, face, ears, and teeth—as it is so often found in women and young girls—are best removed by one single dose of calcarea car-

bonica 30°, for five days — one dose in the morning. Chorea produced by cold is also cured by calc. carb. 30° in water. But it is best to use aconite and belladonna first, alternately, for a few days.

In a psoric diathesis, the liability to take cold generally affects all the mucous membranes together, and thus produces the most tedious catarrh, affecting at last the stomach, and thus producing an abnormal sanguification, which at last gives rise to the most extensive epidemic diseases.

The reigning catarrhal rheumatic *genius epidemicus*, which for about forty years has remained the same, bears testimony of it.

We must here mention that form of catarrh of the stomach which is concentrated on a small spot of the mucous membrane, which place is painful to external pressure, pains returning after every meal, and which ends at last in induration, ulceration, or even carcinoma ventriculi. It is best to give here nux 30°, one dose; or, where the tongue shows already great irritation of the mucous membrane, aconite 3°, and nux 3°, alternately, and, at the end of the cure, one dose of calcarea carbonica 30°.

The affections of the urinary and genital organs, as far as they are the result of psora, are also best cured by calcarea carbonica. In the youngest girls, as well as in the oldest matrons, where calc. carb. does not remove the evil, it is a sign of the sycotic poisoning, of which we shall speak hereafter.

Where calc. carb. does not complete the cure, on account of a far advanced venosity, lycopodium 30° is to be given; after which, the cure again progresses satisfactorily.

Dr. Wolf then gives a description of a very serious disease of the pharynx, with varicose veins and an eruption thereon, ending at last with ulcerating caries of the vertebræ of the neck, which he has repeatedly cured with one dose of lycopodium 30°. Also, chronic vomiting of the worst kind, coming from a similar source, and which, if recognized in time by the state of the mucous membrane of the mouth, can be cured by lycopodium. Hypochondriasis, originating in infarctions in the portal system, hæmorrhoidal tumors, varicocele, and phlegmasia alba dolens of lying-in women, are cured by lycopodium. Where inflammation of the veins co-exists, apis 3° or 30° will often be necessary to complete the cure.

Ulceration of the rectum requires alumina 2000°; fistula of the rectum, silicea 30°. Even after the homœopathic cure of such fistulas, we often see inflammatory affections of the respiratory organs or of the knee take place. In the first case, aconite and bryonia—in the second, apis—may be given as an intercurrent remedy; but nothing else, nor is there need for the repetition of silicea.

Varicose ulcers of the legs also require lycopodium, in inflammatory cases. Apis may also be required, where serious constipation is the result of the healing of the ulcer. Nux 30°, in water, must be given in the above-mentioned manner. Lycopodium should be given after every cure by other remedies, in a psoric dyscrasia, where the liver, spleen, heart and lungs are organically affected by the consequences of venosity. Where, after much allopathic medication, the lycopodium does not succeed in removing the disease, and a fresh aggravation takes place, it is best to give nux 30°, one dose, and wait some time to see whether the cure again progresses. Where this is not the case, it is necessary to give another antipsoric remedy, and not repeat the dose of lycopodium.

1. *Natrum muriaticum*, where liver and spleen are organically affected, where leucæmia or an intermitting type predominates.

2. *Magnesia muriatica*, where there is much swelling of the liver, dissolution of the blood, profuse bleeding of the nose, scorbutic state.

3. *Carbo vegetabilis*, where the above-mentioned state of the blood is the result of typhus, and has a more acute character. *Carbo vegetabilis* is one of the few antipsoric remedies, a repetition of which is not only admissible but absolutely required, till amelioration takes place. To complete the cure, one dose of magnesia mur. 30° is afterwards to be given.

4. *Kali carbonicum*. Where the bronchiæ and the lungs are affected alone or with the liver, where inflammation has changed into suppuration, particularly after antiphlogistic treatment, and hectic fever has set in, kali carbonicum 30°; and even in the fourth week, if aggravation sets in, no repetition. In rapid

phthisis, after confinement and nursing, kali carbonicum in the same way. Fistulous ulcer of the lungs, of which the diagnosis is so very difficult, is cured by silicea 30°.

Where the venosity is so far advanced, that hæmorrhage from the stomach or intestines or lungs or kidneys or womb takes place, lycopodium must be given, at least at the end, to complete the cure. In cases of hæmorrhage of the lungs, womb, or kidneys, it is sometimes serviceable to give lycopodium 30° in water every three to twelve hours. If, afterwards, a new aggravation takes place, millefolium 30° W. (in water), every five minutes to one hour. Where lycopodium does not succeed, natrum muriaticum 30°. All injections of alum, acids, &c. are to be avoided, as they greatly favor the tendency to cancerous destruction. A clysmata of cold water is the only thing required even in the worst cases. In hæmorrhage of the lungs, acids (acidum Halleri is mentioned as much used in Europe) must also be avoided, as they too favor the disorganization of the lungs.

Where the poison of the psora has entered the system, it produces the most tedious diseases, which even descend to posterity. Chorea, epilepsy, catalepsy, hypochondriasis, &c. are amongst this class. Where sulphur has not been abused, sulphur 30° must be given; but where this has been the case, calcarea carbonica, natrum muriaticum, and sepia, the latter particularly in women.

All the different algæ are removed by calcarea carbonica 30°, or calcarea carbonica 30° W, for five days, a dose diluted every day, as above stated. Intercurrent acute paroxysms may be treated by aconite, without injury to the action of the calcarea. Megrin is also removed by calcarea; only, in cases of great venosity, one dose of sepia 30° is to be given afterwards, and in cases of prosopalgia one dose of silicea 30° where there is very painful itching, and sensation of dryness extending from the nose into the sinus frontalis and maxillaris, with great sensibility of the periosteum.

Spasms of the chest, heart, stomach, and intestines, and pain in the hip, also require mostly calcarea carbonica or natrum muriaticum, where a certain typical recurrence is visible; also, afterwards, calcarea carbonica.

Epilepsy, on psoric ground, also requires calcarea carbonica 30°, or in water, for five days, as above mentioned; where the paroxysm returns unaltered, calcarea carbonica in high potency. Where an eruption, ulcer, or tumor appears in the place of the paroxysm, nothing must be given. Sulphur 30° may be given some time after; and where sulphurism exists, nux 30°, and afterwards calcarea carbonica once more repeated.

Affections of the ganglionic system, with over-sensitiveness, and abnormally changing sensations, calcarea carbonica 30°.

Fits of laughing and weeping, alumina 30°, or sepia 30°, where there is great venosity. If again aggravation takes place, sepia (high potency).

Nervous hypochondria, without predominating organic lesions, with the most surprising delusions of the senses, phosphorus 30°, taken in the evening, not to be repeated till continual aggravation requires it. Aconite and nux may be given as intercurrent remedies. Where no amelioration follows, phosphorus 2000°; or where the form of the disease has changed, natrum muriaticum 30°. Afterwards, sometimes one dose of phosphorus 16000° will be of great benefit.

Where the cerebellum is affected by the poison of the psora, insatiable voluptuous desire, destructiveness, &c. will bear testimony; and in the female organism, the whole catalogue of hysteric symptoms is added to the list. Where no sulphurism has taken place, sulphur 30° is first to be given, afterwards phosphorus or natrum muriaticum; and in the female organism, where often beginning degeneration and mental disturbances of all sorts are present, platina 6°, one drop in the morning and evening, is to be used till the irritability of the genital organs has subsided; afterwards, sepia 30°; if the irritability returns, platina and aconite alternately.

Psora the mother of Scrophulosis.

There is no doubt that psorin will produce all the symptoms of scrophulosis, but its use as a remedy cannot be sanctioned on account of its suspicious char-

acter; for we do not know whether the poison will ever be eliminated entirely from the human organism — and sulphur, in high potency, will cure scrophulosis where there is no sulphurism. Where abuse of sulphur has taken place, the following remedies are to be used:

1. *Calcareo carbonica*, 30°, in swelling of the glands of the neck, and in the abdomen.

2. *Causticum*, 30°, in rachitis.

In chronic eruptions of the skin, the following remedies are principally to be used:

1. *Calcareo carbonica*, in white dry eruptions, with peeling of the skin

2. *Lycopodium*. Crust, and fungous excrescences, particularly in the hairs.

3. *Graphites*. Painful, bloody cracks, particularly on the fingers and toes.

4. *Causticum*. White bullæ, containing a clear fluid, leaving a sore spot on the skin, and soon forming a new vesicle.

5. *Sepia*. Confluent bullæ, containing ill-looking matter, forming corroding ulcers, particularly on the cheeks, face, and genital organs, often spreading in all directions in the form of scabies humida.

6. *Silicea*, in corroding painful ulcerations.

All these remedies to be used in the 30th potency, one dose. In badly-treated cases, high potencies. In intercurrent diseases, antipsoric remedies must be avoided; the remedy must, however, be chosen according to the symptoms, and particular regard be paid to the pre-eminently affected organ. The following remedies are those oftenest required:

Dulcamara. Great sensibility to cold, and disposition to perspire.

Nux and *Aconite* in hæmorrhoidal affections.

Lachesis. Liver painful from pressure; stitches through the right hypochondrium; pain in the shoulder; icteric, or dark blueish color of the skin.

Clematis. Swelling of the testicles.

Pulsatilla. Suppression of the menses, one dose 30° of the suitable remedy to be given, where a dose of the 30th potency of the antipsoric remedy has preceded, and one dose 200°, where a high potency has been given.

Encysted tumors and psoric warts are cured by *calcareo carbonica* 30°.

Wens (Uberbein) require *silicea* 30°; psoric ulcers on the legs, boils and whitlows, sulphur 30° and *apis* (compare part 1st on the poison of the honey bee, pp. 45-47). Where sulphur has been abused, *silicea* 30°: where bullæ form round the ulcers, *causticum* 30°; where there are varicose swellings of the veins, *lycopodium* 30°. Erysipelatous inflammations require *apis* as an intercurrent remedy, or *lachesis* where the skin is blue-red, with blackish bullæ.

Where congestions of the liver, spleen, heart, head, &c. take place, after a too-rapid cure of the ulcers, *aconite* 3° and *nux* 3°, alternately, are the proper remedies.

Diseases of the Bones.

Swelling, softening, and curvature of the bones are cured by *causticum* 30° or *calcareo phosphorica* 200°, where the softening process has already advanced to a high degree. Caries is cured by *silicea* 30°. Lower potencies, in frequently repeated doses, will often produce apparently quicker cures, but seldom durable and radical ones.

By a timely use of sulphur 30°, all those evils can generally be prevented. Further consequences of the psora-poison, are—

1. Gout.

It depends on an affection of the portal system; and only those remedies can cure it which pre-eminently affect the portal system. The first among these remedies is sulphur, where it has not been abused; where this has been the case, *natrum muriaticum*. The much-used French brandy and salt affords relief in many cases; also, the saline springs, so much praised in gouty affections; but they are all surpassed by the lower homœopathic dilutions of *natrum muriaticum*;

and the more severe the cases, the higher must be the potency, 30°, 200°, 1000°, or 5000°, one dose.

As intercurrent remedies in acute cases, aconite, pulsatilla, or apis may be used, according to circumstances. Where the gout has already advanced to calcareous depositions, calcarea carbonica is to be used. The same also is serviceable in renal and urinary calculi. Often, however, calcarea renalis 200° will be of more service in these cases. Calculi in the gall bladder require also calcarea carbonica and lachesis 2000°, as an adjuvant remedy.

In pains and spasms as a consequence of biliary calculi, the 2d centesimal dilution of the solution of æther and turpentine (Durand's solution), will afford prompt relief.

Ossification of the great blood vessels is also checked by calcarea carbonica.

2. Diabetes mellitus.

Like the gout, diabetes depends on a diseased state of the portal system. All attempts at curing the disease by a diet contrary to the formation of the sugar will therefore rarely or never succeed. In the beginning of the disease, before it has really declared itself, sulphur, or any other antipsoric remedy suitable to the case, will, in most cases, prevent it. Where sulphur has been abused, sulphur 6000° ought to be given; and where this does not succeed, lycopodium 2000°. When these remedies have no effect, it is a sign of sycotic cachexia. Where the dissolution of the blood progresses still further, scurvy, fungous excrescences and carcinoma are the consequences; and the external application of astringents or acids, &c. to stop the bleeding, only promotes the formation of cancer. Carbo vegetabilis and magnesia muriatica are the proper remedies in such cases, as far as they depend on a psoric disposition; carbo vegetabilis 6° to 30°, every one to three hours, is suitable in more acute cases. As soon as amelioration takes place, no repetition; but if the amelioration stands still, one dose of magnesia mur. 30°.

Where the dissolution of the blood takes a more chronic course, magnesia muriatica 30°, in water, a teaspoonful every morning and evening, and in intercurrent hæmorrhages, secale cornutum 2° W., every half to one or two hours, must be given.

Arsenicum 30° W., every one to two hours, in the beginning of mortification or cancerous destruction.

The antipsoric remedies are also victorious over

The Parasites.

The acarus scabiei is not the cause, but the consequence of infection: it dies as soon as the sulphur has antidoted the psoric poison. The same holds good in regard to all worms. Every antipsoric remedy, corresponding best to the totality of the symptoms of the case in question, is, at the same time, the best vermifuge.

But it is often necessary to use intercurrent remedies to check sudden, serious or troublesome symptoms. The following are those oftenest required:

Aconite, against worm fever, and troublesome itching of the anus.

Cicuta, severe spasms, with cries, unconsciousness and tossing about.

Cina, voracious appetite, sometimes reaching such a degree as to produce syncope and spasms.

Spigelia, palpitations of the heart, with or without spasms in the abdomen.

Plumbum, cramp in the abdomen, with retraction of the navel, constipation, or foaming diarrhœa.

[To be continued.]

BALNEOLOGY.

Introduction to the Knowledge of Mineral Springs; a Handbook for Chemists and Physicians. By Dr. B. M. LERSCH, Practitioner at Aix-la-Chapelle. Vol. I. *Outline of the Science of Springs and Hydro-therapeutics.*

HOMŒOPATHISTS are, perhaps, less frequently than other physicians called upon for an opinion on the comparative merits of different mineral springs, from the fact that the cases of disease commonly assigned to the water-drinking and bathing establishments are more likely to be cured by homœopathic treatment than by the empirical use of any of the mineral waters. But it is universally admitted that the mineral waters do, in a vast number of cases, prove really curative, independently of all the benefits conferred by pure air, change of scene and occupation, as well as the physical exercise that a journey to the springs imposes; and physicians, especially homœopaths, should certainly be competent to explain the *modus operandi* of the waters where they do prove curative, as well as to advise for or against a brief or protracted residence at any particular spring. At present, a few general ideas on the operation of mineral waters in the cure of disease may call forth from some of the members of our school some report of observations made on the most interesting springs of the American continent.

Though the curative powers of mineral waters containing but a very small portion of mineral substances have been conceded by all physicians, of every school, the subject has been scrutinized with much acuteness and suspicion by learned authors who feared their influence on what is called orthodox science. If the patient who is benefited by the minute quantities of medicine in the water should happen, says a London editor, to possess "a *mind of an inquisitive turn*, he may be led to the consideration of questions *vital to medicine*, viz: how far drugs are beneficial? how far they may be abused? Such systems of HOMŒOPATHY and HYDROPATHY are sure to pass in review before him; and thus the frequenter of mineral waters may form conclusions inimical or otherwise to the orthodox practice of medical men, according to the lights placed before him." It is indeed very unfortunate for "orthodox" medicine that there should, in this day, be so many persons who possess "*minds of an inquisitive turn.*" There is reason to fear that the *craft* is in danger. But patients will persist in visiting the springs, and the faculty must still try to account for the resulting recoveries from diseases their art had failed to cure.

The orthodox explanations of the cures performed by the waters at Bains in the Vosges, Gastein, Wildbad, and Baden-Baden, in Germany; Plombiers, Neveris, and Aix, in France; Pfeffers, in Switzerland; and Buxton and Tunbridge, in England, is simple enough. Though these waters contain only an infinitesimal quantity of mineral constituents,

and are about as clear as the "wonderful fountain of St. Keyne," they have certainly performed cures as miraculous as those wrought by the waters of "St. Winifred's Well."

Dr. Gutro says, "the principles of mineral waters are more easily dissolved and dissimilated." The reason probably is, "the greater degree of solution and intimate union they possess when flowing out of the soil where they have been kept in this combination for years. They certainly enter the digestive organs, as more congenial bodies; and their active principles, so finely divided, are no doubt fit to be immediately imbibed into the absorbent vessels, and to enter the circulating fluids without performing, as is the case with many artificially prepared medicines, the tortuous route of digestion, before their action is exhibited." This view has been sanctioned by the ablest writers of the old school, including Dr. James Johnson.

M. Herpin says: "The more feeble a thermal water is—that is to say, the *less it is charged with mineralizing principles*—the *greater is its dissolving action*, and, in consequence, the more it is apt to charge itself with the heterogeneous and morbid principles which it encounters in its passage through the organs. This is the reason which explains why the *purest thermal waters*, those which contain *almost nothing* of mineralizing principles, produce, nevertheless, the most surprising and unlooked-for cures."—*On the Mineral Waters of England and Germany*, p. 175.

Dr. Knox says: "To the objection that these ingredients exist in too small quantity to be efficacious, we may reply, that the effects on the sensations are obvious, and probably increased by the state of permanent and minute division in which they are applied."—*On Irish Watering Places*. Dublin, 1845. p. 50.

Certainly these learned men are becoming "high dilutionists."

Much of the good effect produced by the hot waters of mineral springs has been ascribed to the heat of those from volcanic regions; and it has been supposed, from the time of Paracelsus, that there might be some difference between the latent heat of waters from the depths of the earth and that of waters at the common temperature of the atmosphere, or of water artificially heated. There may be something in all this; but it is not necessary for our purpose to prove anything here. We can admit also, what we have often asserted, that water alone, when freely used, is a powerful agent in the cure of chronic disease; and we will not dispute the possibility of many waters being, in a slight degree, charged with potent medicinal agents in quantities too minute to be detected by the senses, or by common chemical analysis.

The most celebrated mineral springs are situated in volcanic regions; and in most cases, the water boils up from great depths, where vast magazines of minerals—sulphur, iron, lead, potassium, phosphorus—are stored up; and among these elements of good or evil we can easily find, in the combinations they form, or the gases they evolve, on their union with water, agencies of sufficient power

to restore all the invalids of a kingdom whose cases may find a *similimum* in its troubled fountains, or convulse their territory with earthquakes aroused to action by subterranean fires.

Wherever water has been drawn, at great depths, from artesian wells, it is found to be hot. That drawn from the great artesian well at Grenoble, in France, was found to increase in temperature 1-18 of Fahrenheit for every 101 English feet, till the earth had been penetrated to the depth of 1800 feet (English). But it is not to the presence of heat that medicinal waters owe their celebrity. The merits of the hot waters of Bath were as well known to the ancient Romans as those of Brousa are to the modern Turks, or the "White Sulphur" of Virginia to Americans. The superiority of thermal mineral waters to those artificially heated have always been generally acknowledged. By many authors, this superiority has been ascribed to electricity. Flowing water is a better conductor of electricity than air. Humboldt says it is the water "contained in living bodies that renders them tolerable conductors. Dried blood is not a conductor. . . . The living skin is a good conductor, excepting that of persons suffering under rheumatism, which isolates them; and an electrical current even can be interrupted by such person if his hand is wetted." In confirmation of the opinion that electricity performs an important part in the curative effect of thermal springs, he quotes the following case.

"A person affected with rheumatism and difficulty of breathing, forty years of age, used the douche rain-bath. One evening, during the fourth douche, she saw at the wetted part of her body, particularly the lower limbs, a number of electric sparks, and the darker the room the more perceptible the sparks; and they were perceptible either near or at a distance from the light. After this patient had taken a few douche-baths, the symptoms of the illness decreased, and the phenomena disappeared."—*Heinrich, Baden*, 1846.

Mineral waters act upon the living organism by direct absorption through the skin, as well as from the stomach. The alkaline waters of Vichy change the fluids of the body from a neutral or acid state to the alkaline, and they affect it as well by the immersion of the body for half an hour, as by being taken into the stomach. All this is easily understood by orthodox authors, when the waters employed are saturated with chemical ingredients. "But," says the *British and Foreign Medico-Chirurgical Review*, No. 28, p. 301, "in regard to such waters as Pfeffers and Wildbad, unquestionably there is a difficulty." They are "*nearly pure waters*. Special indications, too, are believed in for the use of these waters. Wildbad is more indicated in nodous gout; Pfeffers more in atonic metastatic gout; while Gastein, another thermal water, nearly chemically pure, is especially celebrated in irregular and depraved nervous action based on atony." Of the Wildbad waters, Dr. James says: "The temperature varies from 30° to 37° centigrade, or 86° Fahrenheit, to about blood heat; so that it neither requires heating nor cooling. The water is remarkable for

its perfect limpidity: it has neither taste nor smell. It contains in a litre (= to 1.7608 of an imperial pint) 0.46 of a gramme of fixed principles," (consisting of a little carbonate of lime and soda, and chloride of sodium.) "These are waters quite insignificant, chemically speaking; nevertheless, their action is very real, and it is translated by a series of phenomena whose gradations I have experienced on myself. So, at the first impression of the bath, which may be said to be delicious, succeed more free, clear, vivid sensations: one finds himself strongly excited; luminous sparks flash before the eyes; the temples throb; it seems as if a more subtle blood flew towards the brain. One would wish to stay in the bath, and always something unusual and strange advertises one to go out."

This author says he cannot explain the cause of these phenomena, and thinks "it must be a very subtle principle." Herpin says, "the origin of the principle (called baregine-zoogineglarine) is very obscure. It exists in a great many mineral waters; it is oily, grey, amorphous, translucent, burns on the coals with an odor like that of burnt horn, disengages ammonia, and is animalized and azotized. Examined by the microscope, it shows a great many *infusoria*." According to some, it proceeds from organic matters buried in the earth; others attribute its origin to the decomposition of vegetables, animalculæ, &c. And yet this mysterious "high dilution," which almost eludes the vision of the microscopist and the subtlest investigations of the chemist, which is transformed into ordinary water by being passed through pipes but a short distance, possesses the miraculous power to "make the old young," and to "restore to persons exhausted by work and fatigue, new forces and a new youth."

"What," says James, "constitutes the speciality of these waters, and ranges them in a separate category, is the action—sometimes marvellous—which they exercise in affections of the spinal cord. Look at the patients who frequent them—they are almost all paralytic. Interrogate them—the greater part are ameliorated or in way of cure."—*Practical Guide to the Mineral Waters of France, Belgium, Germany, Switzerland, and Italy.* 1856.

Though the homœopathist may find little difficulty in accounting for the actual cures effected by those "high dilutions" of potent remedies presented in some of the mineral waters in which the chemist finds so little that he can weigh or measure, we may well regret the want of more complete "provings" of the real powers of these same remedies. The diseases likely to be cured by mineral waters are not those with which we have usually the greatest difficulty, and consequently we do not often send intractable patients "to the springs" merely to get them out of our way. "The diseases benefited by mineral waters," says Dr. Madden, "possess a general resemblance to each other. They are all chronic, and all more or less characterized by what humoral pathologists would denominate impurities of the blood, or what the physiological school of Germany would term dyscrasia. Whatever nature a disease may have originally possessed,

it must have continued sufficiently long to give rise to a state of mal-nutrition, before the patient becomes a fit subject for a course of mineral waters." When we class together gout, rheumatism, glandular diseases, calculous affections, chronic congestions, &c., we at once perceive that we have to deal with maladies whose very essence consists in mal-nutrition; and, if we investigate a little deeper, we find that the sort of perverted nutrition which is common to them all is that which consists either in the retention of effete matters in the system, or in the production of substances more analogous to excretions than to normal constituents. In all of these cases, the system is found to be loaded with unhealthy humors, constituting a real *materies morbi*. Let it not be supposed that we deny the essentially dynamic origin of all diseases. We may contend that "every perversion of health originates in a disturbance of the dynamics of the organism," and that it "requires for its cure a dynamic remedy, and we may regard it as "equally certain that many diseases, in their progress, pass far beyond the dynamic condition, and owe their continuance to the presence of a true *materies morbi* circulating in the system, and itself, keeping up the very dynamic perversion which originally caused its production."—*On Mineral Waters. British Journal of Homœopathy, No. 54, p. 616.*

A Treatise upon the Mineral Waters of France and other Countries.

By MM. SOCQUET and PÉTREQUIN.

Translated from *L'Art Médicale*, of April, 1860, by J. A. CARMICHAEL, M.D., of New-York.

WE have received with much pleasure the following analysis, addressed to us by our correspondent at Lyons, Dr. Frestier, of a recent work by MM. Socquet and Pétrequin, of Lyons. The work is composed of five books, each treating of a class of mineral waters, and in the following order: 1st, the Alkaline, 2d, Salines, 3d, Sulphurous, 4th, Ferruginous, 5th, Ioduretted and Bromuretted—terms to which naturally belong other peculiarities already known, such, for example, as acidulated gaseous waters, which owe the properties that distinguish them rather to the alkaline or saline elements held in solution than to the carbonic acid that is so abundantly disengaged; indeed, the exclusive mineral properties of natural mineral waters are never owing to the presence of this acid. In discussing the elements and principles which predominate in this or that class, the authors accept only the combinations which the salts form with each other, because their effects are as a general thing entirely opposite to those produced by their simple elements; and the plan of classifying mineral waters by an enumeration of these latter is improper, inasmuch as they are not so found in disease. In order to procure a greater uniformity in arrangement, the same course is observed in

the study of each mineral section, and is accomplished in three chapters; the first being devoted to the determination, to the methodical classification, of the different springs, and lastly to a brief history of the topography, climate, and bathing establishments of each section, their curative virtues, and the diseases that are there treated. This chapter may be sufficient for the medical man who has need of special information on the qualities of each spring. But there is an omission that requires to be repaired. Many bathing establishments, whose efficacy is acknowledged, are passed over in silence; such as Borcette, Cadéac, Caldamicia, Gais, Krouthal, Penticouse, Semaize, Saint-Christian-Siradan, Tarasp, &c.

The second chapter is devoted to the physiological action of the waters, and the third and last to their therapeutic action. Of these, it may be readily supposed that the one explains the other. It is well known that mineral waters are subjected to the caprices of time, to popular belief of their virtues, and to the arbitrary opinion of medical men, who have no other rule than a well or badly regulated tact to guide them. We do not mean that there is no mode of judging of this or that respecting them; but their action upon the sound organism not having been scientifically explained, their effects in the normal and morbid condition are confounded; and instead of positive and reliable results, all is vague and uncertain. In the work under consideration, which is entirely novel of its kind, we learn the special and elective action of mineral agents upon the tissues, &c. of the organs. Hence there is, as it were, a pathogenesis of these aqueous remedies—very complex, it is true—but with a distinctive characteristic for each class, and one specifying them the more clearly as we examine the divisions of which this or that spring is the type. That being clearly understood, their therapeutic properties become naturally revealed. A number of well-authenticated facts, sustained by clinical results, and many obscure and contradictory phenomena, have led to a variety of therapeutic conclusions unforeseen and entirely natural. This may be seen on every page of the “physiology of the waters,” whether alkaline, sulphurous, ferruginous, or bromo-ioduretted. We will mention a few examples. Our authors have made entirely novel researches in the alkalines, silicates, or marine salts, sulphate of lime, and the chlor-hydrates. The same may be said of their investigation of sulphur and sulphuretted hydrogen. Their views of the ferruginous waters are exceedingly novel, and open a new path to therapeutists. For instance, the urinary organs are greatly influenced by the alkaline waters. The urine, as is well-known, abounds in the sulphates and phosphates—perspiration more especially in the chlorates; the former being the more necessary act, inasmuch as it tends by its eliminating properties to the removal of engorgements, the resolution of lithic concretions, &c. The calcine waters, rather than those abounding in soda, have another property, viz. that of dissolving stone and gravel. The calco-magnesian have also the same virtue. In such cases, judicious advice

is necessary, inasmuch as the super-imposed layers of calculi being of different and various natures, the indiscriminate use of the water might precipitate new phosphates, and might be hurtful rather than salutary. According to the experience of our authors, the use of the silicates alkalizes the urine by promoting its secretion. Useful hints upon the hygiene of children, and the sometimes necessary use of the alkaline waters during lactation, by which the milk is prepared for proper nutrition, will be read with interest. Our authors attribute to the almost constant presence of iron in the alkaline waters their salutary action in chlorosis, in paludal cachexia, dyspepsia, diabetes, &c.; also to the chloride of soda, which is so important for health, and for the proper constitution of the blood globules. The general phenomena excited by the use of the waters are carefully noted, and the successive phases which they ordinarily produce are marked—the period of excitement first, secondly that of reaction, and finally their sedative action; sometimes fever is excited, which may continue for a length of time. The action, which is at first stimulant, and afterwards sedative, is a sort of counter stimulant: it re-awakens and often reproduces the old affection—it is a law in therapeutics, too often misunderstood. By searching out the primitive phenomena, many hope and expect to cure morbid conditions, when, in fact, they should apply themselves to the observation of consecutive effects. As regards the opinion of our authors, that the alkaline waters do not act by alkalizing the blood, Dr. Diday very judiciously observes, in his journal, that this eliminatory action is that in fine which accomplishes nutrition: for, says he, “to the quantity of alkalis that ordinarily subserves the point of saturation in passing through the emunctories, there must necessarily coincide another quantity which sojourns in the tissues.” It seems to us, that MM. Socquet and Pétrequin go a little too far upon this point. The word estimation should have arrested their attention; and it is to the use of this word that may be attributed the conflict of opinion which has arisen. The thing is readily explained, by recollecting that it is particularly by the urinary organs that the elimination is affected. The cutaneous surface doubtless serves as an avenue of discharge, but much more feeble than the kidneys. We know that these organs rapidly eliminate the most hurtful substances from the economy—a circumstance which induced the ancients to believe that there were especial organs for the transportation of liquids from the stomach to the bladder. From the prompt action of elimination, the innocuousness of many poisons results. The same language may be applied to the mineral water. There is a sort of saturation of the organs and not a simple phenomenon of elimination; but this saturation is always compatible with life. Thanks to the puissant avenues of elimination, except in case of abuse, or where the equilibrium of discharge is interrupted, as in a case of gravel mentioned by Prunelle, who, on reaching eighteen glasses of the water daily, began to urinate blood; and the unfortunate peasant of Auvergne, who commenced by

drinking fifty glasses, and died on the same day. The iodide saturation of the water of Coise was also observed. In their physiology of the saline waters, our authors do not confine themselves to noting their action upon the larger organs of the body, but they enter into a detail of each order. The chlor-hydrated soda waters have all the properties of marine salt. They render the complexion more clear, the mind more active; they augment the globules of the blood and diminish the albumen; but when taken in excess, they soon produce a scorbutic condition, with genuine dysentery. We may cite the following fact to sustain a similar curative action: In a recent epidemic of dysentery, many physicians were surprised to find that under the influence of saline purgations, blood disappeared from the stools in twenty-four hours (glauber salts is very similar in its effects to marine salts, and to the chlor-hydrate of magnesia, according to the experiments of M. Lebert). This treatment, which might be denominated substitutive, is authentic, and was of the greatest benefit. Military surgeons particularly have employed it with great success. The chlor-hydrated waters have a happy effect in gout; they prevent the precipitation of uric acid, the urate of ammonia remaining in solution in the urine. The gouty diathesis is moreover profoundly modified. The alkaline waters confine themselves to the prevention of the formation of concretions, and are only favorable in uric or phosphatic gravel; a result which ordinarily depends upon a local affection of the bladder. The chlor-hydrated waters act specifically upon the whole abdominal venous system, dispersing uterine and hemorrhoidal congestions, resolving engorgements of the liver and spleen, and dissipating cerebral congestions. MM. Pétrequin and Socquet, like most other physicians, are opposed to sending consumptives to these waters, fearing the excitement that would follow from their use.

M. Patissier differs in opinion; declaring that, from time immemorial, phthisical patients have visited Baden-Baden. Dr. Ritter has also reported many cures effected by the water of Wiesbaden. This difference of opinion can only be accounted for by the fact that the observers have been placed at different points of view; or in other words, that they have misinterpreted the phenomena produced. Had they been better acquainted with the effects of marine salt, they would have known that it was especially indicated when the cough of the consumptive is so exhausting as almost to prevent respiration, particularly at night, when there exists a sort of guttural rhonchus, with sternal oppression, and stools sometimes mixed with blood. The carbonate of lime is indicated in the same disease, when the chest is, as it were, excoriated, the lungs arrested in their expansion, and when the malady exists in young and plethoric subjects, or in young girls subject to metrorrhagia. Sulphur is indicated in purulent expectoration, particularly in scrofulous subjects; but it is necessary to watch the patient carefully, for the remedy may, if pushed too far, expedite the tubercular termination. The ferruginous waters have

also the same property. In persons of dark complexion and dry harsh skins, one of the salts of soda, the arsenite, produces happy results. It generally greatly relieves the painful oppression from which those laboring under these affections so much suffer. Upon the sulpho-calcinated waters, our authors have given ideas that are entirely novel, and have shown that they exercise great influence upon the genito-urinary organs, the organs of respiration, and the digestive system; but they seem to act with more special activity upon the buccal mucous membrane. Important distinctions are made respecting the temperature of the waters, because of their individual power being in a great degree regulated by this circumstance. The parallel they make between the waters of the ocean and the chlorhydrated soda and magnesia waters, may be consulted with advantage; and by it the patient may be rescued from many circumstances that might prove obnoxious. Those morbid conditions that demand the influences of sea-bathing, will be but little benefited by these salutary springs. As regards the other classes of waters, viz. the sulphurous, ferruginous, and bromo-ioduretted, our authors are less interesting, because, perhaps, of the knowledge that we already possess of them and their properties, except the last, which are as yet altogether new. In the hands of M. Petréquin, it may be said that iron has received an useful auxiliary in manganese,—a fact established by daily experience. Its hemoplastic and hemostatic properties are judiciously and prominently presented; but we have been astonished to find that this agent, whose effects upon the skin are so marked, has been passed over in silence in its relative specialty to that class of affections. Doubtless, the sulphurous waters are reserved for them. It is nevertheless true, that certain of the dermatoses are greatly modified by the waters which contain manganese. The iron, say they, acts only in those cases in which it becomes necessary to improve the condition of the blood: but how is it when there is no chloro-anæmia present? which happily occurs only in inveterate cases of diathetic irregularity. It is equally interesting to observe the action of iron in marasmus, because of the general opposition of medical men upon this point. The metal (to complete what has already been said *apropos* of this disease), finds its special indication when there is a lymphatic or scrofulous temperament,—in blonds when there is cough, especially during great muscular effort of any kind; great emaciation and extreme feebleness, with weight of the limbs, lassitude requiring constant repose in the horizontal position; when the stomach refuses food and there is vomiting after eating; and, finally, when the colliquative symptoms manifest themselves, such as profuse sweating, diarrhœa, and copious hæmoptysis. The silence of the authors upon arsenic and its different salts, is an omission to be regretted. This remedy is receiving every day new applications, and occupies a prominent position in therapeutics. The initiative in this respect is due to Professor Imbert-Gourteyre, whose

researches upon them are extremely valuable. These remedies, say they, are but little known : so much greater the reason for transporting these foreign agents to France, and establishing their pathogenesis, as has been done with the saline and chlor-hydrated waters. The bromo-ioduretted waters demand also a more full exposition of their properties. Bromine, for example, merits close investigation. We have had occasion to appreciate its value in many cases of croupal angina, in which it was eminently efficacious, the patients recovering rapidly.

In the consideration of the last three classes of the waters, their therapeutic properties are not as amply detailed as those of the two first.

In terminating our review of the subject matter of the last chapter of the work before us, may we be permitted to express a regret at the use of the word "physiology," as applied to the study of these agents? If it may be allowed, we would suggest the word "pathogenesis" instead.

After the chapter devoted to "physiology," comes that of therapeutics ; and the light thrown upon the one by the other is readily observed. As regards the elective action of these different waters, and their individual influences upon the different organs, our authors have exhibited great sagacity and perspicuity. In speaking of the alkaline waters, they discuss in a large and masterly manner the questions which concern the treatment of calculus, the different forms of gravel, gouty affections, &c. The same may be said of the treatment of abdominal plethora by the use of the alkaline, chlor-hydrated, soda, and magnesia waters, and especially of bronchial and pulmonary affections by the saline sulpho-calcinated. Upon this subject, their practical deductions are of the highest interest, and novel in many respects. There are also interesting views upon the use of the sulphur waters in pulmonary catarrh, phthisis, latent pneumonia, cutaneous affections—rheumatic and syphilitic. These last have been an object of special attention, by reason of the marvellous effects of the sulphur waters (especially the thermal) in the most inveterate cases. Thanks to them, mercurials act without trouble, and, indeed, without producing salivation. We believe that it is to the antidotal action of sulphur that these astonishing results may be attributed, instead of the hidden virtue that many ascribe to mercury. Upon the effects of the bromo-ioduretted waters, peculiar views will be found, which might have been more profound, but which are interesting in their relations to chronic, glandular, and articular engorgements, syphilitic affections, the dermatoses, the different cachexiæ, &c., &c. Besides these researches, one may find in this treatise a succinct, substantial, and methodical *resumé* of the contents of preceding works upon this subject. The authors have been compelled to make their work general ; such as we have not in any language. It is not a book for France only, but for the medical world at large. We congratulate

MM. Petréquin and Socquet upon the unity which characterizes this work from one end to the other; and which is the more remarkable, because of its rarity in a collective work.—Dr. FRESTIER.

Phthisis Pulmonalis, or Consumption, shown to be the result of a Perverted Secretion of the Mucous Membranes, and its cure established by Homœopathic Remedies, under the Law "similia similibus curantur."—By ROLLIN R. GREGG, M.D., Canandaigua, N.Y., 1859, pp. 56.

THIS work of Dr. Gregg presents to the profession several points of interest, any one of which should entitle it to a respectful consideration. We have not generally been interested in "small books on great subjects;" but, when an author bases his work upon practical observations made on himself and others, and these observations are directed to researches on a single disease, and pursued "through a long series of investigations," with that patience and zeal which may inspire a man who knows that, if he does not learn how to cure the malady, he must die of it himself, he certainly deserves to be heard. In the present instance, the subject of investigation has almost been given up as hopeless; and Dr. Gregg, when compelled to enter upon it, found in the books no light that could direct him to the source of the disease, or to a successful mode of treatment. By the aid of scalpels and microscopes, physicians have hitherto been able to ascertain the condition of the patient's lungs *after he was dead*, and the stethoscope now discloses the existence of hopeless tubercular disease in time to enable the medical attendant to *pronounce the death sentence* a few days or weeks in advance of the time fixed by the disease, but too late to grant a *reprieve*, or *respite* to the patient.

Having nowhere met with any extended details of efforts to apply the HOMŒOPATHIC LAW to the cure of consumption, the author took up the subject; and has now, as he thinks, "established, through repeated demonstrations," the fact, "that tuberculous deposit, which is the inciting cause of death from *phthisis pulmonalis*, is simply the result of a *perverted secretion of the mucous membranes*; and that this is equally true, whether such perversion has originated in the individual who is suffering, or whether he has inherited the predisposition or taint from his ancestry." And, believing now that his experience "has fully proved" that "the great natural law discovered by Hahnemann can be made available in the prevention as well as cure" of "a malady which at present consigns to the grave nearly one-half of the human family that die within the age of active life;" and that "it is amply competent, when properly applied, not only to stay and cure the disease, in cases where it has not yet extensively broken down the structure of the lungs, but also so to

eradicate the tuberculous tendency as to cut off all transmission of this tendency by inheritance," he appeals to the profession for their co-operation in carrying out in general practice the results of his experience.

In the cases introduced, the remedies that proved successful in curing are given: but it is not pretended that any of them are *specifics* for consumption. "The law of cure in these, as in all other cases, is only capable of rigid application through the guidance alone of the symptoms of each individual patient. Hence, while the drugs employed in the cases cited are all named, yet the very diversity of these, and the continually varying manner of their employment, fully demonstrate that no fixed or empiric method can give success. On the contrary, I repeat, that in this, as in all other forms of disease, the SYMPTOMS alone can guide the practitioner in his prescriptions."

After exhibiting the fearful mortality of phthisis, and the clear acknowledgment of the principal standard authorities of the profession at large that both the cause and nature of tubercular matter is utterly unknown, the author proceeds to sum up the results of his researches on the subject. He says, "the first positive fact which we encountered that seemed to point to the truth we were seeking, was this—namely, that all *boils*, so called, which have a core that leaves a deep pit in the flesh after discharging consist of none other than tuberculous matter deposited in the areolar tissue beneath the skin, or in that of the superficial muscles, which acts as a foreign body, causing suppuration and discharge, just as it would in the lung, or in other tissues, with the exception that each tissue, according to its nature, would vary somewhat the time and manner of that suppuration and discharge. The case that first directed the attention to this view of the subject was that of a young lady aged twenty-four, in whom a strong hereditary tendency to consumption was known to exist. She was suffering with severe pain through the left lung, with soreness, cough, and considerable emaciation. These symptoms had continued for some weeks, and were steadily increasing in severity. Upon a minute examination of the case, *lycopodium* was found the most appropriate remedy. When this had been continued nearly two weeks, the patient "discovered hard lumps or knots in the muscles upon her shoulder-blades, which proved to be boils, that were very painful, and which, when they came to discharge, left pits in the flesh a half to three-quarters of an inch in depth. The pain and soreness of the lung were both relieved as soon as the boils began to form, while the cough subsided with the pain." The patient reports that she "never had any of the symptoms since, excepting once a slight return of the pain after severe fatigue and taking cold, and this was promptly relieved by the same medicine." The author is confident that this patient had tuberculous matter already deposited in the left lung when first examined, "not only from the indications of the symptoms themselves, but from the

additional circumstance that she had lost two brothers within the two previous years by consumption." The question of the relation of the tuberculous matter in the lung, and that contained in the boils on the surface of the body, became a question which the author undertook to solve by further experiment. His present conviction is, that the tubercular matter in the two positions is identical, and he claims to have proved the truth of this opinion in numerous instances.

"Following up the investigation," he feels also entirely confident that *carbuncles* are nothing more "than the same boils, of more gigantic size, indeed, but of the same character, and having the same origin. Like the boils in question, they owe their existence to the deposit of tuberculous matter. In a word, they are simply tuberculous boils; and differ from these only in their more extended dimensions, which sometimes cause several openings to form for their discharge, instead of a single one." This, of course, shows that the consequences of external applications to these will be the same as those shown to result from their use in the effort to dispense or "scatter" boils, with this difference, that the evil results will be greater and more speedy, in the proportion of their augmented size."

The series of observations and reasonings through which the author has endeavored to elucidate the theory of the origin of tubercles, and the mode of preventing or curing it, deserve a close examination; and, whatever may be the degree of success of others in applying his principles to successful practice in individual cases, it must be acknowledged that the cases cited in the work before us sufficiently prove that the difficulty, however great, can be in many desperate cases overcome. We hope our brethren will bring to the subject the same degree of earnest effort that Dr. Gregg has manifested; and that they will exercise equal faithfulness in applying the principles of Hahnemann to the cure of this as well as other hereditary diseases. We shall at all times be ready to publish the results of their experience.

Mineral Waters in Paralysis.—BOURBON L'ARCHAMBAULT.

To the unfortunate subjects of paralytic affections, it has long been the custom to recommend both the internal and the external use of various mineral waters with which our own and European countries abound. All of them have necessarily had warm and strenuous advocates in extolling their individual specific virtues and abundant properties for subduing and eradicating all morbid conditions, and particularly those of the character above mentioned. The indiscriminate use of these healing waters by invalids, and the unscientific and unsatisfactory representation of their chemical and mineral

adaptability to the cure of diseases, so protean in form and character, that are presented for their salutary influences, have heretofore made it a mere matter of doubtful speculation whether the patient was to be benefited or otherwise by their administration. It is too often the habit of practitioners to send their patients to these so-called fountains of life and health, without acquainting themselves with the power to do good or harm that may reside in their bubbling waters. They are recommended in the whole catalogue of urinary disorders, cutaneous affections, &c., &c., when, perhaps, a more intimate knowledge of their constituent elements might deter from such recommendation, and when a little reflection might teach that, in some instances, perhaps, their use would only tend to hasten the evil that it is desired to put off.

We are happy to say, that this difficulty is being removed in a great measure, and the more pleased in being able to record it as another of the very many instances in which the perspicuous illustrations and teachings of homœopathy have shed the light of useful knowledge upon this hitherto obscure and uncertain subject. In a future number of this Journal, we propose to offer to our readers a rendition of an admirable work upon the chemical and mineral waters of France, by Messieurs Socquet and Pétrequin, and their specific homœopathicity to certain morbid conditions, as determined by the unerring Hahnemannian law. By the careful study of works of this character, and with reference to the action of the above law, the practitioner may confidently send his patient to these healing pools of Siloam; and accordingly as he may appreciate their homœopathic pathogenetic properties, so may he anticipate, with every prospect of gratification, their salutary operation. Below, we give extracts from a letter just received by one of the editors of this journal, from a patient, the subject of hemiplegia. His seizure, which first occurred in New-York, was followed by profound paralysis, with the usual cerebral complications. By energetic and skillful homœopathic treatment, he was speedily relieved from the more urgent effects of his attack, and departed for Europe, bearing with him, from his physician, a letter of introduction to our distinguished confrère, Dr. Tessier. He was directed to proceed to the waters of Bourbon l'Archambault, about 300 miles from Paris; and we will give in his own words the course of bathing, &c., which was practised by those having their administration in charge.

“Firstly, the water here is naturally boiling hot, but is tempered by being exposed to the air to any given temperature, and is mostly used in baths. For cases of paralysis, a stone bath of considerable dimensions is used; the patient is led into the bath, and takes a seat at one end, and the bath, which has before been prepared, and is of about the temperature of blood-heat, comes up to his neck. He is then given a miniature hose, emitting a stream of great force, about the eighth of an inch in size. This the patient takes in one hand, and

passes at pleasure from his head to his foot, causing a very agreeable sensation, much like thorough rubbing with a soft crash towel.

“ In this position the patient sits three-quarters of an hour; in the meantime being accompanied by his servant, and visited for a few minutes by the head doctor, who is minute in his inquiries in relation to the feelings, effects, &c. At the end of this time, a sub-official enters the bath-room; the servant leaves, and the bath-room is tightly closed, the water is let off, and a douche of much larger size is brought to bear upon the patient while lying upon a pallet, and the side afflicted thoroughly showered. For about eight minutes he is thus treated; when he is made to stand up in the bath, with his head covered with a canvas cap dipped in cold water, and a bat in his hand (like a large-sized fan) to keep the water from touching the head; the douche is continued while the patient is in this position for seven minutes longer, making one hour for the whole time. The room is opened, and the steam and damp let off, the patient dried with a hot sheet, his night-clothes again put on, and he, warmly covered up, is taken back in his sedan-chair to his bed, which has been prepared with hot sheets for his reception. In this position he remains for about half-an-hour, watched that he may not go to sleep; at the end of which, the clothes having been lightened from time to time, and he having taken a cup of coffee, rises from his bed, dresses, and takes a moderate walk, and rests for another hour, when he is permitted to take a liberal breakfast. The patient usually takes five baths a week, when strength permits, and a full course of twenty baths, when an interval of a month is advised. After which, a repetition of the same number is again gone through; but no baths are given there in cold weather. I have now taken my first course, have used up nearly all my time for repose, and in a few days will return for a second course.”

The following analysis of the waters of Bourbon l'Archambault has also been furnished by our correspondent :

	1,000 grammes yield of solid substances	3.665	
Soluble .	{	Carbonate soda	0.365
		Chloride of sodium	1.075
		Sulphate soda	0.250
		Carbonate of lime	1.120
		“ magnesia	0.470
		Oxide of iron	0.095
		Silica	0.265
		Pseudo-organic matter	0.025
	Free carbonic acid	0.423	
	Protoxide of azote	faint traces.	

The improvement experienced by the writer of the above has been marked, and there is reason to suppose will be permanent. His

minute description of the *modus lavandi*, certainly recalls the luxuriousness of the Turkish bath, so graphically pictured by De Quincey, and more modernly by Bayard Taylor, Willis, &c. A review of the chemical constituents of the water will present many points of homœopathic affinity with the morbid phenomena characterizing his disease; and we hope that the plan proposed by the authors of the work, of which mention was made in the beginning of these few observations, will be prosecuted diligently, and to the enlargement of the principle of treatment that recognizes similitude as the *lex medendi*.

J. A. C.

The American Journal of Materia Medica. Edited by GEO. E. SHIPMAN, M.D. Chicago; Halsey and King, 1860, pp. 48, No. 1, 8vo.

THE object of this publication is certainly highly important; and we hope homœopathists generally will appreciate it. The plan is thus set forth in the introduction: "1st. To indicate the false or impure symptoms in Hahnemann's *Materia Medica Pura*—thus showing more clearly what are pure symptoms. 2d. To publish provings of remedies, which will show the relative value of the symptoms which are pure. 3d. To eke out the insufficiency of provings by intentional or accidental cases of poisoning, which will give us symptoms not to be attained by provings. And, 4th, to confirm the whole by cases of cures." The object is to devote the allotted space exclusively to practical matters, and to conduct the work on the principles first inculcated by Hahnemann. The present number, consisting of forty-eight octavo pages, is chiefly occupied by the review of the symptoms of ACONITE, drawn from the work of Reil and others, including the Vienna provings. The object in view is a very good one, but will require immense labor to complete it. It is commenced in the right spirit, and we shall be pleased to learn that its able and industrious author is receiving the encouragement and approbation of the profession.

Miscellaneous.

The Homœopathic College of the City of New-York.

WE are sure that the above announcement will give pleasure to our readers, and to all interested in the spread of homœopathy throughout our land. After encountering various obstacles, professional and otherwise, we shall have in our city an institution properly recognized by the State, and amply fostered and sustained by individual and public sympathy. In all that contributes to the advancement and dissemination of art and her sister sciences, our city has already given the open hand and heart; and it has always been distinguished for its generous recognition of whatever might subserve the public good, and the enlargement of our national dignity and importance. In the establishment of the above institution, however, there has been a delay, and a seeming indifference to the importance of the founding of a proper and popular exponent of homœopathy, such as a school for teaching its doctrines and giving public expression of its usefulness and accuracy as a science would, naturally be considered; and, inasmuch as New-York is generally the *primum mobile* in all that appertains to every department of science, the inquiry might naturally arise, why has she permitted herself to be outstripped in securing for herself the initiative in this, among the many other contributions to the general good, in which she has borne so conspicuous a part?

To answer this inquiry pertinently and truthfully, would involve a consideration of personal and party opposition and professional ascerbity that illy comports with a proper self-respect, and with the dignity of the cause represented upon these pages. Suffice it to say, that in the face of a steady and determined opposition, despite an uncompromising controversialism, and the unscrupulous defamation of impotent malice, the great Hahnemannian law of cure embodied in the words "*similia similibus curantur*," will find an echo in the halls of this institution, which shall be devoted to its teachings; and our city, though a laggard in the race of progressive medicine, already numbers this among the many institutions of scientific interest for which it is so justly distinguished.

The curriculum of study and professional requirements indicated by the circular put forth by this institution, will commend itself by its full recognition of the importance of a thorough elementary education in all the departments of medicine and the collateral sciences; the advantages of clinical and hospital instruction are amply provided by the numerous hospitals and dispensaries of the city; and the faculty are pledged to an earnest and faithful advocacy of the doctrines of

Hahnemann, as illustrated and confirmed by modern improvements and discoveries.

It is now hoped that the facilities for acquiring a thorough homœopathic medical education may be found sufficient, for the present, in each of the great sections of the Union, to meet the rapidly-increasing demands of the profession and the public.

The position of our Journal in relation to the different homœopathic medical colleges will continue to be what it has been—NATIONAL, not SECTIONAL. It will continue to be the advocate and exponent of "thorough, solid, progressive *homœopathic medical education*" every where. It will continue to maintain that the different "colleges are not rival institutions, but harmonious co-workers in a common cause;" that "the same principles are advocated in the lecture-rooms of each, and the friends of each find their own best interests advanced by the general prosperity of all." The claims of the Homœopathic Medical College of Pennsylvania, the Western Homœopathic College at Cleveland, and the Homœopathic Medical College of Missouri at St. Louis, upon the confidence and esteem of the profession in their respective portions of the continent have been repeatedly presented in our pages (see pages 140 to 144, 577 to 579 of the present volume). In future, we shall endeavor to advance the best interests of all these institutions, as well as of that of the new Homœopathic Medical College of the city of New-York, by disseminating as widely as we can, all that the respective schools may be able to say for themselves. We shall continue to regard the medical schools of Philadelphia, Cleveland, St. Louis, and New-York, not as rivals possessing hostile interests, but, in the language of a distinguished citizen of St. Louis, "as pearls upon the same string;" and we call upon men of science and patriotism everywhere, to unite with us "in tying them around the neck of the same goddess of liberty."

Percussion, Palpation, &c.

It is quite interesting to observe the progress which the art of percussion, auscultation, and palpation has made in the last few years.

Avenbrugger would scarcely recognize his own invention, and Corvisart would be astonished at the perfection to which the labors of Stokes of Dublin, Piorry of Paris, and Traube of Berlin have carried it. The liver can now be traced to its extreme thin edges, the boundaries of the heart accurately defined, and the lung detected at the point where it overlaps the liver; and this too, while other diseases sometimes obscure the usual resonance of these organs. For instance, the lower border of the liver can be accurately determined while immersed in the serous effusion of an abdominal dropsy.

The point of contact of the lung and liver can be defined while the pleural sac is filled with fluid. The experiments made on the dead subject are sometimes very brilliant. The writer has seen the boundaries of the heart, lungs, and liver percussed out so accurately, that steel needles, when thrust into the body, along lines previously drawn with ink, marking the supposed situation of the different organs beneath, did not transfix them, but, on the contrary, the needles passed in a proximity so close, that an ordinary knife-blade could not be admitted between the needle and the organ.

These experiments are now made so frequently and successfully, that they are not spoken of as anything extraordinary; but they do serve to show how much may be accomplished, and to what perfection an art may be brought, when practised exclusively, and prosecuted perseveringly.

o.

Case of Spontaneous Anæsthesia.

BY GEORGE KELLOGG, M.D., OF TROY.

ON the 13th of May, was called at 10 A.M., to attend Mrs. V., with her seventh child. For the past four months her health had been impaired, owing to some hepatic derangement. I found the pains feeble but regular; presentation natural. Gave a single dose of *pulsatilla* 3°, which soon increased the energy of the throes, and accomplished the delivery at half-past 12 P.M. Observing that after the rupture of the membrane, and during the last few pains, that my patient was entirely passive, and at the crisis of the delivery of the child giving vent to no expression of the supreme relief usually exhibited at that moment, I became somewhat alarmed, fearing syncope; but on making a critical examination, I found the pulse 75, of a good quality, the respiration and skin normal, the expression of the face tranquil, and the whole phenomena simulating a natural slumber. I concluded to patiently wait the result. In a few moments, the expression of the face indicating muscular exertion, I used gentle traction on the funis umbilicalis, which resulted in the delivery of the placenta without any extraordinary manifestations. Now, then, the questions obtruded themselves upon me, What is the *causa et origo* of this anomalous condition? Shall I wait a natural crisis, and for how long a time? The conclusion to which I came, was, that it could not be consequent upon the rapid abstraction of the pressure of the fetus and its appendages from the abdominal viscera; this would induce syncope; the insensibility was not of a syncopic character; there seemed to be no lessening of the vital force, at least no more than would be naturally attendant on ordinary labor; neither was there present any of the precursory symptoms of convulsions,

such as turgidity of the blood-vessels in the vicinity of the brain, no spasmodic action of the muscles of the face—in fact, there were present no abnormal symptoms—no salient points that indicated any specific treatment. Therefore, I concluded to wait the supervention of any unfavorable change. At the expiration of an hour, observing a slight tendency to the characteristic hot sweat of *opium*, I gave her a dose of 3^o. of that remedy; and the re-action which almost immediately followed its administration, was conclusive to my mind that her passivity was the result of a modified hysterical epileptic state, completely in accordance with the pathogenetic effects of *opium*, for she soon became perfectly conscious, and no symptoms other than those incident to her condition, occurred during her convalescence, which was more favorable than after any preceding confinement.

PROCEEDINGS OF MEDICAL SOCIETIES.

Homœopathy in Spain.

PUBLIC CELEBRATION of the ANNIVERSARY of HAHNEMANN'S BIRTH, by the HAHNEMANN SOCIETY of MADRID—Discourses of M. M. HYSERN and NUNEZ.

From the *Bulletin de 'la Société Médicale Homœopathique*, of August, 1860.

THE new Hahnemann Society of Madrid, at their session of the 20th of February ult., resolved to celebrate the anniversary of the birth of Hahnemann by a public convocation, and at the same time to complete the inauguration of their own learned body. The ceremony took place in the hall of the Academy of Jurisprudence; and among those present, we remarked many of the most distinguished in letters, science, politics, the magistracy, army, and press. The occasion was marked by two admirable discourses—one by the President (Dr. Hysern), the other by Dr. Nunez. These two orators were recommended to the particular attention of their hearers by the numerous titles which they bore. The first, by the Grand Cross of the Order of Isabella Catholica, Commander of the Order of Charles III, Officer of our Legion of Honor, Member of the Royal Council of Public Instruction, Professor of the Medical Faculty of Madrid, Honorary Physician to Her Majesty the Queen, &c., &c.; the second (whose merit is well appreciated by all the Homœopathic School of France, because of his distinguished services in the cause at Bordeaux, and his prominent position at our periodical congress), his being dismissed with the insignia of the Grand Cross of the Royal Order of Charles III, Officer of the Legion of Honor, Consulting Physician to the Queen, &c., &c.

Certainly, the Homœopathic School of Spain could not have selected more distinguished representatives; and we can truly declare, that its confidence has been most worthily and most notably justified. Want of space forbids our giving these interesting discourses at length, which we sincerely regret. We will endeavor, however, to indicate the most important features of them.

The President (Dr. Hysern) remarked to his auditors, that he thought he could not more worthily celebrate the nativity of the Father of Homœopathy than by explaining to the distinguished body before him the general principles of his method, and to give a summary idea of the doctrine by reviewing its past, considering its present, and predicting its future. The general principles of the Hahnemannian Doctrine are: 1st. That like cures like; 2d. The cure effected is

produced by the reaction of the vital force; 3d. Every substance capable of modifying the organism, determines within it a primitive effect, and a secondary effect resulting from the reaction of the vital force; 4th. Experiment upon man and animals in a healthy condition, completed by clinical observation, can alone enable the properties of medicine to be recognized; 5th. Remedies should always be administered singly; 6th. Remedies properly selected cure more promptly and effectually from molecular division and in infinitesimal doses, at the same time that they are free from the dangers involved in the use of the crude drug. The speaker then remarked, that many of these principles, like the law of similars and the precept of infinitesimal doses, are direct deductions from simple observation; whilst others, such as those relative to the vital forces, are the results of our own reasoning, thus making them of an order superior to the facts of observation. These two kinds of principles should not be discussed or judged of by the same criterion. By an error of logic, continued M. Hysern, which can alone explain, but not excuse, their blind and obstinate pre-occupation, our adversaries have considered only the purely empirical principles of homœopathy, while its theoretical views, by one and the same criterion—that of pure reason—seemed to attract neither their observation nor experimentation—a mode of proceeding against which we protest in the name of science, of art, of logic, and of common sense. The orator then presented to his audience, in an attractive form, an abridged history of the new doctrine. He showed it springing into existence in 1799, and revealing itself until 1805, by three works, in which the name of homœopathy was not yet declared. (An Essay upon a New Principle, &c., &c.—Experimental Medicine—*Fragmenta de Viribus Medicamentorum Positivis*: Fragmentary Observations upon the Positive Properties of Medicines.) He reminded them that Hahnemann had already published, previously to this period, twenty-nine smaller works, and two larger in two volumes, and that he presented various clinical and pharmaceutical discoveries; noted the appearance, in 1810, of the *Organon*, and its illustrious author opening, in 1811, at Leipsic, a public dispensary, where, with numerous co-laborers, that pathogenetic wealth and abundance were reaped that gave birth to the *Materia Medica Pura* and the *Treatise upon Chronic Diseases*, during which time he struggled against bitter recrimination and calumny, which finally, after nine years patient forbearance, obliged him to seek refuge near the renowned Prince of Anhalt-Coethen. During this persecution, which only served to hasten the progress of the new system, there occurred the first invasion of cholera. This fearful disease, in which the inefficiency of the best directed treatment was made manifest, was the occasion of a triumph for the new method, whose therapeutic properties “penetrated,” continued M. Hysern, “within the human organism in the manner of infinitesimal miasmata, the products of epidemic and contagious maladies.” From this period, too, may be dated the establishment of special hospitals, clinics, public consultations, and pharmacies. “So true is it,” said the speaker, “that there is a system of compensation throughout the world, and that for every malady the generous hand of Providence has given the remedy. The invasion of cholera has, perhaps, advanced half a century the propagation of the grand doctrine of similars.” Passing to the present state of homœopathy, Dr. Hysern established, that it was known in all the countries of the world: that in Germany it had more than 550 representatives, 15 pharmacies, 11 hospitals, 2 public clinics, 11 societies, and 7 journals; in Russia, 60 physicians; 33 in the Scandinavian States; 168 in Italy; 32 in Belgium; 14 in Holland; 204 in England; 434 in France; and 47 in Portugal—1,040 in Europe, without counting Spain. The new world offers a still larger number. 1,656 in North America; 32 in the Antilles; 131 in South America—in all, 1,810; and in the two continents 3,068. He afterwards spoke of the pharmacies, hospitals, dispensaries, and clinics of three large colleges recently established in the United States, of fifty-two societies, and numerous journals—the whole of which gave a picture of the high position that Hahnemann’s doctrine occupied throughout the world. In Spain, the new school, in 1842, was represented by only three or four physicians when Dr. Nunez arrived from France. He founded the Hahnemannian Society of Madrid; infused a vigorous prosecution of the system, by the publication of a journal, and by public and gratuitous consultations.

"In 1850, he obtained, from Her Majesty the Queen, the establishment of two chairs for the teaching of theoretical and clinical homœopathy, by the advice of the Royal Council of Public Instruction. If these two chairs have not been occupied, it has been for reasons independent of the society." "We must hope," added the speaker, "that a government illustrious, and one that fosters art and science, will remove, with a strong arm, every obstacle, and put into execution this great thought—this concession of royalty—conformably with the progress of ideas and of medical science." Things have not yet reached that point in France. After recalling the Academy of Esculapius, and the Spanish Homœopathic Academy, over which he had the honor to preside, and whose principal members and their works he named, M. Hysern announced that the new Hahnemannian Society, recognized by the government, contained thirty-six resident members, and numerous correspondents in the provinces and abroad; that it possessed a *locale* worthy of its efforts; published an official journal, entitled *El Criterio Médico*; united frequently in discussing interesting points in science; and that Spain contained, besides, more than 200 homœopathic practitioners, and fourteen pharmacies devoted to the preparation of the medicines prescribed by them. Then opposing, by a logical and eloquent argument, abounding in stirring and convincing facts, the slow, progressive, majestic method of Hahnemann to the series of systems of Brown, Broussais, Rasori, Tommasini, the rational empiricism of Chomel, the new iatro-chemistry, and modern Hippocratism, and all the systems rapidly succeeding each other and disappearing, one after the other, in the short space of half a century, the learned speaker concluded, that the method inaugurated by Hahnemann, so far from being brought into comparison with these systems, which were "evanescent meteors upon the horizon of science, really constituted a veritable and positive science, which defied the destroying hand of time, and which would go on perfecting itself from day to day, enriching itself by experiment and by the successes of its disciples, and would extend its benefits to all the nations of the earth, and finally take the place to which it is rightfully entitled among those who now reject and condemn it." M. Hysern reminded his hearers, that every great discovery in science had submitted to opposition and abuse. Homœopathy, since its birth, has done the same. He recalled the daily and hourly attacks upon its remedies, doses, and modes of administration, and added, that for more than twenty years its powerless adversaries had not ceased to prognosticate its decadence and death. He would say to them, as Tertullian did to the Senate of degenerate Rome, "We are but of yesterday, and already we occupy your cities, your isles, your dwellings, your municipalities, councils, camps, and tribunes, your *decuriæ*, the palace, Senate, and the Forum. We leave you but your temples."

Perhaps this beautiful quotation anticipates a little the actual reality; but we doubt not that it expresses a not very distant future most truthfully.

DR. ESCALIER.

[To be continued.]

REPORT

Of the Proceedings of the Homœopathic Medical Society of France, in their Session of February 6th, 1860.

Translated from the *Bulletin de la Société Médicale Homœopathique*, of May, 1860.
By J. A. CARMICHAEL, M. D.

AFTER due consideration of preliminary matters, Dr. Escalier expressed a desire to communicate to the Society a case of diphtheria of a grave character, and one that had excited, in his mind, anxious inquiry as to the nature of this formidable affection, and its most appropriate treatment. Eight days previously he had been called to a child of four and a half years, which had already been ailing for eight days. He found it to be of a lymphatic constitution, and very subject

to attacks of coryza and bronchial inflammations, especially during the winter. The present attack was regarded by the parents as a simple influenza, and he had been summoned merely because of some febrile manifestations. Upon seeing the patient, he was struck with its excessive pallor, and with a sero-sanguinolent discharge issuing from the nasal fossæ, accompanied by tumefaction of the face and fetor of the breath. Upon an examination, he found glandular engorgements on each side, and insisted upon seeing the throat, despite the assertions of the parents that the child had not complained of it. Patches were observed disseminated upon the mouth and the tonsils, and the spoon used for examination, when withdrawn, was charged with a soft and sanguinolent membrane. There was a slight alteration of the voice, with thick cough, and occasionally might be heard a slight mucous roll in the larynx, without crepitus or croupiness. Pulse, ninety-two, soft but very full; no thirst, and complete inappetency, with extreme depression. The diagnosis was simple enough. Here was a case of diphtheria of a week's standing, which, commencing in the nose, had invaded successively the whole mouth, the throat, and was progressively extending itself towards the larynx. Mercurius sol. 6^o, two tablespoonfuls every second hour, were prescribed. Next morning there was slight hoarseness in the cough, with more marked alteration of the voice. It was determined to substitute for the mercurius sol., hepar and lachesis 5^o, alternately, every two hours. The night following there was an attack of suffocation, with an impossibility of freeing the upper part of the larynx from the exudation which obstructed it. The mechanical agency of tartar emetic seemed necessarily indicated, and was succeeded by refreshing repose for half a day. During the three following days, the child took successively and alternately hepar, tart. emet. 3^o and 5^o triturations, lachesis 5^o, and bromine 3^o. There was no marked aggravation of the disease; on the contrary, the periods of amendment were more distinct than on the first days. The mouth and throat were in a more satisfactory condition, but the voice became more and more altered; the cough continued thick and took on more frequently a character of hoarseness; and towards three o'clock of the afternoon, and during the night, the pulse became greatly increased. Arsenicum 5^o speedily subdued the last exacerbation, and for six hours there was marked improvement. Continued hepar and arsenicum, 24th dilution; but twenty hours after the pulse became small, thready, and very frequent; the larynx became more and more clogged with the exudation; and there was no wheezing or suffocation; and the little patient expired after fifteen days of the disease and seven of treatment. M. Escalier added, that this case, in its progress and symptoms, seemed to him to pursue the same course as fevers of a grave type, particularly the eruptive. He advanced the opinion, that diphtheria should be ranged among this class of maladies; that from the first, a general form of treatment can only be rationally applied to it; and that the specific seat of lesion, which is peculiar to this affection, constitutes merely a secondary indication, directing the practitioner to the selection of the remedy to be employed. It seems, however, from a recent discussion in the Academy of Medicine, that this secondary circumstance is regarded as the principal indication; and hence, cauterization, the canula, and tracheotomy have been severally suggested, as though, in this disease, we had to deal with a simple, local affection of the upper air passages. M. Escalier could not say whether he could have succeeded in saving the patient if he had been called earlier. Besides, it was proper to add, that a sister of the mother of the child had died of phthisis; that two brothers, younger than herself, had succumbed to an acute cerebral affection; and that she dwelt in a small apartment, opening upon the street by a narrow alley. Of five other cases, four of which had croupy characteristics, to which he had been called to administer since his adoption of the homœopathic form of treatment, three were cured. In two of them, lachesis, alternated either with mercurius, hepar, or tart. emet., seemed to be the principal agent of cure. In the first, the disease was arrested before attacking the larynx, and without cauterization; and the patient was out of danger on the same day that his friend and neighbor—who was attacked at the same time with himself, and who was treated exclusively by cauterization—died. In the second case—that of a child of eight years, to which Dr. E. was called by a brother practitioner—in which the disease had lasted six days, and had attacked

the larynx, in despite of cauterization united with homœopathic medication, the first dose of tart. em. 3° and lachesis 6° dilution arrested the suffocative paroxysms. An expulsion of membrane ensued, and the cure progressed favorably, with only the complication of an aphonia, which lasted two months. Dr. Cretin remarked that the preceding observations of Dr. Escalier were not particularly novel or surprising. He had frequently seen children die with membranous angina, succeeding continued fever; and this termination is not peculiar to this form of angina. It is very frequent, almost constant, in the diphtheria which attacks an organism already prostrated by long continued disease. In 1858, said Dr. Cretin, I was called to a case which a brother practitioner had been prevented from attending. It was that of a child that had complained at first of pain in the throat. The next day the parents called upon my friend for a prescription for what they said was a swelling of the left tonsil. He directed them to put seventeen drops of belladonna 1° in a tumbler of distilled water, and to give a dessert-spoonful every three hours. Two days passed without any aggravation of the symptoms. On the third day the condition of the child became suddenly alarming. In the absence of my friend, I was called in haste. I found the patient very much depressed; left submaxillary glands excessively swollen; left tonsil enlarged, projecting far into the throat, covered with a whitish false membrane like mother of pearl, very adherent, and impossible to detach it with an instrument; skin dry, not very hot; pulse 120; tongue foul. Prescribed belladonna tinct., four drops, in a tumbler of distilled water, and lachesis 1° dilution, sixteen drops, in same quantity of water—one table-spoonful of each, alternately, every hour. The next day my friend replaced lachesis with hepar sulph. 1st trituration to 100°, and alternated, like the preceding, every hour. In the evening the false membrane was reduced to a sort of pulp or jelly, and the next morning had disappeared. The tonsil continued large, and three days afterwards burst. The child was considered cured, when, after an interval of two days, the right tonsil became affected in turn. This new inflammation presented the same characters as the preceding, and passed through the same phases to suppuration. On the tenth day of the disease all seemed favorable: the throat was free; deglutition unimpeded. But there was no return of appetite; the skin continued dry; pulse varied from 100 to 108; child feeble and depressed. This condition was not improved by the successive administration of nux, china, and metallum alb. The prognosis was now unfavorable, for the conviction had some time before forced itself upon me, that in pseudo membranous angina, as well as in fevers of a grave nature, the issue is rarely favorable if the convalescence is not immediate, free, and rapid. My prognosis was, unfortunately, soon realized. The patient died after six weeks suffering. There was no re-establishment of the digestive functions; the chest exhausted by a constant cough, the cause of which the most critical auscultation failed to discover; constant fever; dry skin; and uninterrupted emaciation.

Some months later, continued Dr. Cretin, I was called to see a girl of eleven years, "*in extremis*." For six weeks she had been affected with a diarrhœa, which neither opiates nor astringents of all sorts had been able to arrest. Finally, M. Trousseau was called in consultation. The learned professor had prescribed pills and injections of the nitrate of silver: these, like the preceding remedies, were ineffectual. M. Trousseau then had recourse to ipecac., calomel, and, finally, to injections of sulphate of copper. Instead of producing the slightest amelioration, the symptoms were so much aggravated, that one of the attending physicians pronounced death imminent. In despair, recourse was had to homœopathy. I found the child in a complete marasmus; skin dry, features drawn, extreme emaciation, which rendered the volume of the abdomen more enormous—the latter, in the absence of tympanitis, &c., seeming to be an engorgement of the mesenteric ganglia. The tongue, buccal and pharyngeal mucous membrane, were covered with small white patches, solid and difficult to detach. Was this plastic exudation, which rendered the prognosis so unfavorable, the result of a poisoning, as it were, produced by intestinal disease of long standing, or should it be attributed to the general and local action of the remedies which had been employed? I propose to test this by future experimentation. I shall submit to the same treatment which this unfortunate child underwent, a

vigorous and healthy animal—a dog, for example; and I very much doubt if he will survive it. Be this as it may, under the influence of *mercurius corrosivus* and *nux vomica*, the diarrhoea diminished but did not yield; there was no return of appetite or strength. M. Petroz, who kindly visited the case with me, prescribed, without any good result, the black sulphuret of mercury. The child was taken with a cough, similar to that in the case of diphtheria which was previously mentioned, and the origin of which auscultation failed to detect. The diarrhoea continued. The membranous patches, which diminished during the application of the *mercurius sulph. nigr.*, re-appeared and covered the intestinal mucous surface, even to the anus; and after six weeks more of veritable phthisis, the patient expired. In these two cases, so distinct in their origin, there were the same fatal termination, mode of death, gradual decay, prostration of the vital powers, an incapacity in the organism to receive the influence of remedies of every variety of dilution, and, in a word, the same previous toxication. Is this not a picture of those unfortunate patients, who, having survived tracheotomy, perish slowly under the influence of the poison which has impregnated the system in some way, and which can neither be eliminated nor neutralized? The fatal termination in typhoid fever, which, having run its course, and convalescence not being immediate and entire, seem to me to be produced in the same way, and by the same cause. The local lesions are generally in a condition of resolution or cicatrization, and sometimes have entirely disappeared. It is not the false membrane, nor the intestinal lesion, but it is the poison which kills the patient. As regards cauterization in pharyngeal diphtheria, so far from having any doubts as to its utility, I do not hesitate to urge its radical proscriptio. Very many times did I witness its application during my noviciate, and very many times have I had recourse to it myself; but it has left me with nothing but melancholy results to report, and to deplore. Recently, when urged by my friend M. Petroz, in order to meet what seemed the imperative exigencies of the case, and in a measure to divide our mutual responsibility, I cauterized the throat of a child, whose condition was not yet hopeless; but, in accordance with the convictions which I had acquired by a comparison of recent facts, the disease progressed with frightful rapidity. On the same day, the diphtheria propagated itself to the larynx; and at 10 o'clock in the evening, that is to say, sixteen hours after the cauterization, the child perished, asphyxiated by a genuine croup. From that day, I have carried the war into Africa against cauterization in diphtheria. I have sworn to resist this procedure everywhere, always, with all the energy I possess. M. Marchal (de Calvi), in a work of some repute, and in which he advises the employment of alkalies, opposes cauterization, and cites instances similar to those I have witnessed. I confine myself, then, in the treatment of pharyngeal and laryngeal diphtheria, to the exclusive employment of homoeopathic remedies, excepting the use of tracheotomy, should there be a necessity for it. Up to the present time, however, I have not had occasion either to perform this operation or to advise its performance. I am fully convinced, that the treatment of diphtheria should be essentially preventive. It is of the greatest importance that the physician should be called, on the appearance of the slightest indisposition in children, though it be apparently the simplest form of throat affection, or even a common catarrh; and I believe that it was chiefly owing to this precaution, that in the practice of M. Cabarrus, of M. Petroz, and my own, since 1854, there occurred only four unfavorable results, those four being readily traceable to delay in seeking advice. Among them, is the case of the child which I first mentioned, whose disease was considered so slight by the parents, and the neglect of which for three days I regard as having had a decisive and fatal effect upon the progress and termination of the malady. The second was that of a child of four years, which was treated at first for a simple amygdalitis, afterwards was submitted for several days to the use of astringent gargles, insufflations of alum, chlorate of potash, and to cauterization with the nitrate of silver. Here, as always, M. Cabarrus was called when the case seemed hopeless. During his absence, I administered belladonna and lachesis, which were followed by a marked amelioration; but it is probable that these remedies only produced a temporary remission. On the third day, the condition of the

patient not appearing to be improved, lachesis was replaced by hepar sulph. During the night, the symptoms re-appeared with great violence. In the morning, I found the child laboring under great anxiety; the oppression was extreme; a laryngo-tracheal r le, rough and prolonged at each expiration, was heard; face pale and extremities cold. There was neither cyanosis nor an sthesia, nor was suffocation imminent. I did not conceal from the parents the gravity of the case. I told them that the disease had extended into the larynx. An emetic dose of tart. antimony seemed advisable. It was at this time that M. Bouchut was calling the attention of the medical world to the tubage of the larynx. M. Trousseau had not yet done justice to this American discovery, to the success of which there were wanting a veritable Barnum and some genuine Yankees. Between my visits of the morning and afternoon, M. Bouchut was called in. He left his tubes, in case the operation, which he did not think was yet necessary, should become urgent. He prescribed tartar emetic in large doses, according to the formula adopted by him at the Hospital Saint  Eug nie. From the first day of my attendance, I had insisted upon the removal of a sister of the patient. M. Bouchut, they told me, had declared this precaution to be useless. The patient was not tubed, and died the next day. M. Bouchut denied the existence of croup: if that be true, how explain his denial of my diagnosis, and his prescription of large doses of tartar emetic? also, his precaution in leaving his tubes, in case the operation should become urgent? Here is a question of scientific and professional honesty, the solution of which is very simple.

The third case, was that of a young girl of eleven years, who was taken with a catarrh on Saturday. On Sunday she went out with her parents. On Monday there was slight throat trouble, which was attributed to the fatigue of the day before. The pain continued on Tuesday. My friend was called, but did not see the child until Wednesday afternoon. There was very extensive pharyngeal diphtheria. By active and rational treatment, the disease was prevented from progressing at first; but soon it was ineffectual. The diphtheria suddenly extended itself into the larynx, and on the following Wednesday the patient perished with croupal asphyxia. Four days of neglect had permitted the poison to penetrate the organism, and to render it rebellious to remedial action.

The fourth was a child of three years, in which after four days the croup supervened with such intensity that it took off the patient in the course of twenty-four hours. I administered bryonia without avail in the dose indicated by Curie; finding no benefit after eighteen hours, I made a second trial of emetics, after the plan of M. Constant (de Contras,) by which he says he cured seven out of nine cases of croup; the result was unfavorable. I believe in the possibility of curing diphtheria in a great number of cases, according to the mode of treatment adopted from the first. I have already cited many cases, and shall publish other observations which justify this assertion. I think that in laryngeal diphtheria, that is to say, in croup, the cures even by hom opathic treatment, are more rare than is supposed, but I am convinced that with the precautions I have indicated, (viz., combating the primary coryza, amygdalitis, and the prodromic catarrh,) a great many diphtheri  may be prevented from developing themselves in the pharynx or larynx, or extending from the first to the second of these organs. In any event the axiom *Principiis obsta* is no less true, and of no less practical importance.

M. Raymond was astonished to hear two diseases confounded, whose characters seemed to him so entirely distinct: viz. croup and diphtheria. The latter was most generally located in the throat, and was known as a membranous angina, and the two maladies exhibited the most marked differences. Croup rarely attacked any others than children, and fixed itself by preference upon such as were robust, sanguineous, and sturdy, and is the more grave as these conditions are more marked. It always occupies primarily the larynx, the false membranes which characterize it are strong, dense, fibrinous, and frequently organized; the principal symptoms are harsh cough, raucous, and as it were, stuffed with laryngeal spasm, and finally, asphyxia and suffocation. Membranous angina on the contrary, belongs to all ages; it affects principally feeble and

lymphatic subjects, those living in unhealthy localities, and whose vital activity is most deficient. The false membranes are composed of a thin exudation, pulpy, and of a nature rather mucous than fibrinous or membraniform. When the disease extends to the upper part of the larynx, which it rarely passes, the acute wheezing of croup is not heard; there are no spasms nor attacks of suffocation, (witness the cases reported by M. Escallier,) but a sort of mucous ronchus, and the symptoms of slow and progressive asphyxia. He would show hereafter that the same differences existed in the treatment of the two affections.

Dr. Curie said, the arguments used by M. Raymond to establish a distinction between croup and membranous angina were not satisfactory, and he would persist in considering the two diseases as identical, at least as regards their nature. The essential anatomical characteristic in both, is the production of false membranes, and if these should present any differences in aspect or structure, it should be attributed to differences of location; it is not surprising to find the false membranes occupying the larynx, more smooth, more resisting, and at the same time less thick than those seated in the throat, if the attrition which the first are compelled to experience by the constant passage of air through a narrow canal, be taken into consideration; nor may this be regarded as an absolute differential characteristic, for the false membranes which have remained upon the tonsil for a considerable time become very consistent—nay, may even become definitively organized—if one may judge by an example which was reported by a distinguished fellow-member, M. Follet de Pont Andemer. In fact, the false membrane begins in the nasal fossæ, the pharynx, on the tonsils, or directly in the larynx; it may end by invading this organ, and subsequently the trachea and bronchi; moreover, it may occupy all the natural openings, and all traumatic surfaces. M. Raymond is correct, in saying that in croup, death occurs by suffocation, and in angina by exhaustion; but that only proves that in croup the asphyxia is too prompt to permit any other termination except in rare cases; in fine, in order to establish characteristic differences between the two maladies, may we appeal to certain symptoms which are of themselves subject to variation, such as the absence or difference in the quality of the cough when the angina penetrates the larynx? In considering croup and angina as contagious affections, can they be transmitted sometimes in one form and sometimes in another, or in other words can croup by transmission give rise to membranous angina? The solution of this question, which it seems to me should be made affirmatively, would cover the whole ground of discussion.

E. Raymond replied, that the difference which he had wished to establish, did not apply alone to the special characteristics of the false membranes, but to the temperaments of the subjects which each disease attacked in preference, and to the invasion and progress of each affection.

M. Cretin agreed with M. Curie, and observed that when the disease commences in the larynx, if the symptoms manifest themselves slowly, the false membranes extend to the pharynx and are reproduced upon wounds, if any should exist. M. Raymond responded, that croup occurred most frequently in subjects surrounded with all the advantages of temperament and hygienic condition; whilst membranous angina only attacked those suffering from the want of those advantages. He repeated with emphasis, that the symptoms of diphtheria of the larynx, consequent upon that of the nose and throat, differed essentially from those of croup proper. In the first, there was none of the dry, wheezing, whistling cough, or violent attacks of suffocation that belonged to croup: on the contrary, there was observed a sort of obstruction by a deposit of mucous, with a thick cough, and the patient perished from a sort of general toxication, rather than from the violence of the local disorder. M. Raymond's views were approved by M. Molin. M. Cretin did not deny the reality of the distinct forms established by M. Raymond, but they were only forms appertaining to certain conditions of location and temperament in different subjects; these differences undoubtedly led to a difference in the treatment; but a variety in the form did not necessarily imply a difference in the nature of the diseases. He added, by way of further proof, that if the symptoms of croup which threatened life, were dissipated by tracheotomy, the disease generally continued on slowly, and the patient fell into

an adynamic condition, such as occurred in those affected with diphtheria proper. M. de la Pommerais, in support of the preceding opinion, said that for two years he had been an inmate of the hospital for children, and that he had often seen a robust, healthy child, which was affected with croup, and which was brought into a ward where there was no diphtheria, give rise on the next day to pharyngeal or nasal diphtheria in subjects which were already in a feeble condition; moreover, he had seen the year previously, in the same family, a child die of diphtheria without croup, and subsequently the latter develop itself in two other children.

M. Serrand thought that the treatment would settle the question under discussion, and invited the opinions of members upon this point.

M. Raymond declared belladonna to be the best remedy when the disease was confined to the throat in membranous angina proper, at least, he had found it a positive specific when used at the 6th dilution, during an epidemic which he had seen and treated at Chalons in 1858. In croup proper, and at its commencement, he had seen remarkable results from iodine, (bitter tincture) six drops in a tumbler of water, one tablespoonful every hour.

M. Cretin observed that this difference in the treatment does not establish any difference in the nature of the two affections; it only demonstrates an elective and local action in the remedies, instead of a specific influence properly called.

M. Curie thought that if any specific be admitted at all in the treatment of diphtheria, it should be attributed to bryonia. In 25 or 30 cases of well marked pseudo membranous angina, a croup that he had treated, particularly during the winters of 1857, 58 and 59, he had lost but a single case, and that under circumstances so unusual, that there seemed no objection to the mode of treatment. I will speak presently, said he, of the unfavorable termination in detailing the case; for the present it is only necessary to say that it was an infant of 16 months, to which I was called on the fourth day, and at the moment that suffocation was imminent, tracheotomy was at once performed; but the child died with cerebral symptoms, and paralysis of the chordæ vocales. I am satisfied that on the day of the patient's death, there were no false membranes in the larynx, a fact which I established by means of a sound. One of my friends, continued Dr. Curie, Dr. Lintilhac, has related to me an unsuccessful case in which bryonia was used; it was, according to him, one of those frightful cases which are sometimes met with, and which give the idea of malignity; child died on third day without sufficient lesion to explain the cause of death. I mention these facts as a matter of conscience, and because I cannot control them, but I will mention that Dr. Lintilhac has assured me that bryonia has succeeded in all the other cases which have come under his care. As regards the dose, I give to a child of six years, six drops of the bitter tincture in sugared water, in the twenty-four hours, by fractional doses each hour, and continue it during the whole treatment. Generally, the disease is suspended at the end of 12 hours; that is to say, that the false membranes make no more progress; the difficulty of respiration is diminished, and the mucous membrane becomes more moist from this moment; the false membranes which are not organized become gradually resolved, and generally about 48 hours later, those which have any consistence begin to detach themselves; the process of detachment lasting usually about 15 days. I can give no exact formula for the continuance of the disease, inasmuch as this depended greatly upon its gravity, and upon the degree of development which it may have attained, and we are not always called in at the commencement. I can only say that in membranous angina where the febrile re-action is not very great, and the false membranes few and of no great consistence, they will disappear completely between 48 and 72 hours. They may remain a longer or shorter period. I had occasion to treat a case of angina of three months' duration; one month elapsed before all the false membranes disappeared. When we have to deal with a case of croup, and as we can scarcely hope for the rejection of the false membranes before the lapse of 48 hours, it is readily seen that tracheotomy must be resorted to, if the respiration be not sufficiently unimpeded to permit delay; but if the latter be free, and there is no positive suffocation, I

should abstain from it, and I am persuaded that it may be avoided altogether in a large majority of cases.

As our honorable Vice President, M. Teste, is not present to-day, I would recall to your recollection, that to him is due the credit of having, many years since, indicated the advantages of the employment of bryonia, alternated with ipecac., in the treatment of membranous affections of the mouth. He insists upon the necessity of alternating these two remedies. With all due respect to his reasoning, &c., I am inclined, from my own experience, to attribute all the merit of success to bryonia alone. During the discussion held by the Academy of Medicine upon diphtheritic affections, when their utter powerlessness was declared, and the gauntlet was thrown down to homœopathy, I responded by addressing a letter to the President. I did not present myself as the champion in this contest, but I simply proposed for their experimentation the method which I have just submitted to you. There was not only no response given to the letter, but it was never laid before that body. Hence we must conclude, that the Academy, in her maternal solicitude, keeps away from her children whatever may be dangerous and hurtful to them.

M. Cretin had never tried bryonia but on one occasion, and then discontinued its use at the end of twenty-four hours, as no amelioration was visible. In this case there was no better success from other remedies; and it was proper to add, that the disease had made considerable progress when he was called in.

M. Serraud called the attention of members to the fact of treating the disease, in all its periods and forms, with a single remedy. This would indicate that we possessed a veritable specific, which is in direct opposition to the principles established by the founder of homœopathy; but he recognized the necessity of insisting upon the use of the same remedy, despite any modifications of the symptoms, as long as it was doing good. Upon this point of practice, M. Love followed the same rule as M. Serraud. He administered arsenic for seventeen days in succession in typhoid fever.

M. Escalier was astonished that M. Curie, who had boasted so much of lachesis in scarlatina, had not resorted to this remedy, which was more homœopathically indicated than bryonia in diphtheritic angina. M. Petroz, he remembered, had spoken most favorably of it, as it had on two occasions been very servicable to him. M. Cretin declared that many cures had been effected by it. M. Cramirzy had seen bromine succeed frequently. A short time previously he was called to a child (the seventh which was attacked, six others having died) whose condition was rapidly growing worse. He administered the bromuret of mercury, and had the satisfaction of relieving the patient. M. Patin had published, in the *Art Médicale*, a case of cure by bromine 6°, and the communication of M. Ozanam, at the Institute, upon the marvellous effects of bromuretted water, might be remembered.

M. M. Desterne and Escalier had observed no appreciable effects from dynamized bromine. M. Love had witnessed the constant aggravation of a case by bromuretted water, which he cured with iodium 6°.

M. de la Pommerais regretted that the discussion had led to the neglect of the importance that should be given to antipsoric medication in the treatment of these diseases.

The meeting was adjourned at eleven o'clock, and the discussion postponed to the 15th.

JOURNAL OF THE ACADEMY OF MEDICINE, PARIS.

Translated from *L'Art Medical*, of April, 1860, by J. A. CARMICHAEL, M.D., of New-York.

In the report published by the journals of the session of the Academy of Medicine (allopathic) before the last, we read the following :

M. Malgaigne.—"Unfortunate is it for the present condition of medicine, which forgetting the study of disease, seeks its indications in pathological anatomy ; and without doubt it may be said that its therapeia is but a confused collection of the most contradictory theories : hence it has been compelled to record in one hospital an inferior success to that reported by another in which homœopathy was adopted."

M. Barth (excitedly)—"A lie !!!" (Frequent and tumultuous ejaculations to the same purpose.)

M. Malgaigne.—"I hope it may be so, but is that true ?"

What is it that occasioned this timid affirmation on the part of *M. Malgaigne*, and the vehement denial on that of *M. Barth* ? An official statistical report prepared by the administration of the hospitals, which was communicated to me by the Director of Saint Marguerite's Hospital, and which I published in 1852, in reply to a letter addressed to me by Dr. Fredault upon homœopathic medication.* Below we give the statistical report.

Summary of the comparative results of diseases treated at Saint Marguerite's Hospital during the years of 1849-50 and 51, by homœopathy, in the wards St. Benjamin and St. Anne, composed of 100 beds—and by the ordinary method, in wards St. Augustine and St. Genevieve of 99 beds. During the three years 1849, 50 and 51, there were in the homœopathic department 399 deaths in 4,663 cases, $8 \frac{4}{100}$ or 85 in 1,000."

During the same time, and treated allopathically, there were 411 deaths in 3,724 cases, $11 \frac{3}{100}$ or 113 in 1,000. Such is the report that disturbs the repose of these statisticians. It is not with the vehement giving of the "lie" !!! accompanied with violent and tumultuous ejaculations, that an official report as authentic as the above should be met. If one feels any solicitude for his probity and scientific accuracy, he should prove that his facts have been falsified and perverted, and hence deserve no credence ; but ejaculations, accompanied with frequent and tumultuous protestations only demonstrate the existence of a cabal now in the performance of a comedy. As regards the report of St. Marguerite's Hospital ; if *M. Barth* had reference to it, we return him the lie !! in a more direct and formal manner, and defy him to oppose a single argument that is not the offspring of fraudulent imposture. After the reign of terror which has been organized against us by the representatives of the old school, the day of liberty and truth in medicine has dawned. Physicians and students will not be condemned to fill their minds with "a confused collection of the most contradictory theories,"† nor patients submit to the grievous applications inculcated by them.

J. P. TESSIER.

* Homœopathic Treatment. Comparative Mortality of Diseases treated at St. Marguerite's Hospital, in 1849-50-51. Answer to a letter of Dr. Fredault, by J. P. Tessier, physician to St. Marguerite's Hospital.

† Definition of allopathy by *M. Malgaigne*.

Opening of the New Medical College in New-York City.

THE NEW-YORK HOMŒOPATHIC MEDICAL COLLEGE was formally opened on the evening of the 15th of October. On the occasion of the *inauguration*, the principal hall was well filled by an interested and appreciative audience. Addresses were made by Ex-Mayor Tiemann, President of the Board of Trustees, by S. Barlow, M.D., President of the New-York County Homœopathic Medical Society, by Ex-Recorder Smith, A. Oakey Hall, James F. Hall, Horace H. Day, Esquires, and also by some members of the Faculty of the College. On the following day, the first of the series of introductory lectures of the several professors was given by Professor Wm. E. Payne, M.D. The friends of homœopathy have thus succeeded in establishing a flourishing school in the centre of the American metropolis. Its future is assured by the devotion of its founders and the sympathy of the public.

The College building is located at 116 East 20th Street, corner of 3d Avenue, and rear of Gramercy Park House. Its pleasant and eligible location is well adapted to the purposes for which it is designed, and the arrangement of its lecture rooms is both convenient and suitable. The opening of the course thus far, in point of number and respectability of the attending class, is propitious and gratifying, and renders the future success of the Institution beyond a question. A sufficient guarantee for this is also afforded by the well-known ability of the gentlemen occupying the respective chairs.

The class, up to the present time, numbers thirty-four matriculates, and its increase before the term is advanced, is well assured. The hospital facilities of New-York are too well known to require a detailed notice; and they, together with ample resources for the investigation of practical anatomy and clinical instruction, will be freely afforded to the student. To our sister institutions we extend the hand of cordial fellowship; and hope that, being engaged in the common object of the diffusion of medical science for the benefit of humanity, a laudable spirit of emulation in so commendable an enterprise, will stimulate the efforts of each and all.

Progress of Homœopathy.

LIVERPOOL.—In this city a fund of £2,000 has been raised by voluntary contributions, for the establishment of a homœopathic dispensary; and the town council, by a large majority, on a division, added £50 for the same object from the surplus borough funds.

This will no doubt be enlarged by further efforts, "and a substantial and useful building will, ere many months, be the result." *The British Journal of Homœopathy* says, "We think the town council have hit with great wisdom the true point in the patronage of science, viz. giving it support, and at the same time perfect freedom." "They simply grant the dispensary a share in the fund devoted to medical charities, on the ground that it is a medical charity, served by qualified medical men, and resorted to voluntarily by suffering patients." "We hope other public bodies will follow the example set by the Liverpool town council; and in bestowing medical charity on a mixed public, not regard homœopathy or allopathy, but simply *medicine*, according to the proportion of the wants of the community."

CANADA WEST.—The progress of homœopathy in the British provinces has recently been highly encouraging. The governor general, in view of the increasing numbers and high respectability of the advocates of our system of practice, has lately recognized the justice of its claims, by the appointment of a homœopathist to the responsible office of coroner. The representative of the Queen in Canada has placed homœopathy on an equal footing with the venerable system of practice, which has hitherto received more than its due share of government patronage. Alex. T. Bull, M.D., of London. C. W., is the first homœopathist appointed to the office of coroner in Canada.

Negative Legislation in Medicine.

BY S. M. CATE, M.D., RECENTLY OF AUGUSTA, MAINE.

THE anniversaries of our scientific bodies are occasions for both pleasure and profit. We will not now advert to the social and personal results, nor to the advantages thus gained to science. The fruit there is too obvious and well cared for to need commendation. Attention is rather invited to the annual building of platforms, or statement of principles common to such bodies and occasions.

Without questioning the propriety of such a statement of the fundamental principles and governing aims of all scientific bodies as shall serve to make known the cause in which they work, there is yet room to fear that the effort will not always stop within the required limits. Human nature is weak. As of old, pretension is easy, and assumption without effort. May we profit by the teaching of history, and lay our course clear of such difficulties; remembering, that negative legislation in science decreed that the earth did not revolve on its axis; that the blood did not circulate; that steam could not be

applied to propelling boats on inland waters; that the ocean could not be crossed with it; with thousands of other equally positive assumptions of scientific bodies, which subsequent facts have proved wholly unfounded and untrue. It were well to pause before the truths of homœopathy become clogged with the dead weight of negative legislation.

We are all agreed that the homœopathic law, *similia*, is true. We assert our faith that it is co-extensive with disease, (meaning by disease, those conditions that are amenable to medicine, and not such as require mechanical helps); that is, that the law extends so far as disease does. This is well, and no one is offended; for there is much breadth yet left, to which none can yet lay claim, and over which no one may say what extends, because no one knows. But if the statement is made, that "the homœopathic law is universal in its control of dynamic medicinal forces," we claim, thus, that it not only equals diseased action in its length, but also in all its breadth; and thus, we set up the decree that there is no other law, and no other method of cure that does not range under this law.

If, with clear vision it is seen, that behind the law, *similia* has laid its course—and by good logic we can claim that before, also, it stretches forward till disease terminates—that is well. While we thus gather the wheat from our cultivated field, all the world will rejoice at the numbered bushels; but when we attempt to tell what lies in all the vast wilderness where no adventurous foot has trod, thoughtful men will hesitate, and ask if it were not best first to know, and then publish our truth.

The attempt, either directly or indirectly, to say that in our science perfection has been attained—that our books and our heads have reached the limits beyond which there is no progress, is worse than mental agrarianism; for it does not merely attempt to divide the mental domain of the rich among the poor, but it denies that there is any other than our scientific property.

Then let us be positive. Let us proclaim our law to be true; and in the culture and application of it to the cure of the sick, bring some fruit that shall assuage suffering and prolong life. Thus, in rearing a building from the stones of positive truth, we shall make good advancement. If there are other laws, we shall leave it to other hands and other times to discover them. Enough for us to grapple and cultivate what we have. But in doing that, may our voices never be heard in proclaiming that there is no truth beyond our possession.

Salem, Mass, June 1st, 1860.

NEW-YORK HOMŒOPATHIC DISPENSARY.

Vaccine Virus for the Supply of Physicians.

The Trustees of the New-York Homœopathic Dispensary announce to homœopathic physicians, that a supply of pure and fresh vaccine matter will be kept constantly on hand at the Dispensary, which will be furnished them upon application, free of charge. To physicians, however, not residing in the city of New-York or Brooklyn, a charge of \$1 will be made for an entire scab, or for twelve points, which will be sent by mail upon receipt of the money, to any part of the United States.

The greatest care will invariably be taken to use only the vesicles and scabs which are perfectly pure.

By order of the Board of Trustees.

HENRY B. MILLARD, M.D.,
House Physician.

New-York Homœopathic Dispensary, 1133 Broadway.
August 1st, 1860.

Science in the Kitchen—Improvement in Bread Making.

ACID PHOSPHATE OF LIME AND BI-CARBONATE OF SODA.—Prof. Horsford, of Harvard College, Cambridge, in a communication dated October 1, 1859, says, he has been experimenting since 1854 in search of a substitute for cream of tartar in the process of bread making. "I tried," says he, "in a great variety of ways, as numerous others have tried, without success, to find some form of muriatic acid which could be mixed with bi-carbonate of soda, so as, after raising the dough or paste, common salt should be found in the product. To this desirable end, insuperable difficulties presented themselves. I sought some form of harmless organic acid, suited to all the conditions of the problem; but this effort, and many others, were alike fruitless. At length it occurred to me to find, if possible, an acid constituent present in all the cereals and healthful food, and place this in the necessary conditions to fulfil the wants of the problem; and at the same time, in such form, that when absorbed, if needed, innocent or readily and healthfully removed, if not required. Of all such constituents, no one is so important as phosphoric acid. Physiological and chemical research have shown, that wherever in the body there is an organ of important functions, there nature has provided a store of phosphates. They are present in the juices, the tissues, the muscles, and, in a large measure, in all the brain and nervous matter, and in larger measure still in the bones. The grains we consume contain them; the flesh we eat contains them; the bones we boil and consume contain them. The French army was formerly supplied with

rations of dissolved bone, prepared at high temperatures in Papin's digester, in the form of small cakes, which a little hot water resolved into soup. The bran which we withdraw from our wheat contains four times as much phosphoric acid as the flour which we convert into bread. The natural provision in the animal economy for the removal of surplus phosphates, as in the waste and renewal of bones, is well known."

Further experiment led to the adoption of "phosphoric acid," in a form of "*acid phosphate of lime*." After effervescence "with moist carbonate of soda, it leaves phosphate of soda (a constituent of the blood), and phosphate of lime, which is an essential constituent of food."

We have received samples of the "cream tartar substitute," prepared according to the method devised by Professor Horsford, as explained in some later communications; and we have so far tested the properties of the bread made by this process, as to be satisfied that in a hygienic point of view it is entirely unobjectionable. We have directed its continued use for a considerable time in dyspeptic cases, in which bread, made light by any fermenting yeast and leaven processes, had been proved to be poisonous; and where cream of tartar and tartaric acid had long been abandoned, as causing deleterious effects. The bread made with this "substitute" is white, of good consistence, light, and is believed to produce no injurious effect, even in persons who are highly sensitive to all morbid influences. It is particularly well suited for making light all kinds of pastry and fine cake, in which cream tartar or ammonia are commonly used. The agents in New-York are Sackett, Belcher, and Co., 26 Pearl St. In comparing the bread made with cream tartar substitute with that made light by the effervescence of muriatic acid and bi-carbonate of soda, the following conclusion is reached. The latter process, when well carried out, according to the direction we have given (in the *North American Journal of Homœopathy*, February, 1859, p. 315), is better suited for making bread in "loaves" of the common size made by bakers. The former is preferable for pastry of all kinds. They may both be considered as entirely healthful, and free from all the deleterious properties which, in the article above referred to, are ascribed to the kinds of bread now generally in use.

From the "PRAGER MEDICINISCHE MOUATSCHRIFT."

Translated from the German by J. LILIENTHAL, M.D., New-York.

Hooping Cough—By Dr. AEGIDI.

IN epidemics of latter years, *digitalis purp.* has proved itself such a specific, that I hardly ever used any other remedy. I prescribe, according to circumstances, from two to four times a day a teaspoonful

of a mixture containing one drop of 1°, 2°, or 3° dilution of *digitalis*, with four teaspoonfuls of fresh water, to be continued as long as amendment is visible. During aggravation, we leave off the remedy, and rest. This is usually the point of restoration, and curative effects follow. When the low dilution failed, another remedy was indicated.

Laryngismus Spasmodicus—By Dr. KAFKA, of Prague.

A light-haired boy, five years old, pale, but strong, got whooping-cough, September, 1859. It began with a common bronchial catarrh, and when entering the spasmodic stage, symptoms of cerebral hyperæmia, with a slight touch of photophobia and adypsia. *Belladonna* 3° was curative for those symptoms, although the number and intensity of the attacks, especially during the night, remained. The attacks appeared now with a remarkable long drawn and catching inspiration, lasting sometimes longer than usual, and producing great anxiety—without cyanosis—and ending with vomiting of food. *Veratrum* 3°, every three hours. About the 20th of October, new symptoms appeared. At the moment of inspiration, without anxiety, or cyanosis, or pain, the respiration became *crowing and lengthened*, as in laryngismus stridulus. Then followed some normal breathing, interrupted again by that crowing and lengthened inspiration. During play, eating, laughing, even during sleep, the laryngismus continued, and as the attacks got worse, with anxiety and restlessness, I put him, (looking at it as *simple spasm of the glottis*) on *moschus*, 12° dilution, every two hours, a drop on *sugar of milk*. (I went as high as the 12° dilution, as the eleventh shows yet the penetrating smell of musk.) In three days the laryngismus was removed, and the whooping cough was cured by the end of October.

Effect of Psychological Influences on Operations—By Dr. HEYFELDER, of St. Petersburg.

A sensible man, of forty-eight years, underwent the cutting operation for *fistula in ano*, under the influence of chloroform, and waked up as soon as it was finished. About three drachms of it were used, and the loss of blood did not amount to much. He passed the first day very comfortably, when a visitor asked him “if he had received the Holy Sacrament” before the operation. This question produced in the patient a remarkable nervous irritation; losing all courage, he put his worldly affairs in order, made his will, and died sixty hours after the operation. *Post mortem* examination showed nothing abnormal. Dr. Heyfelder makes also the interesting remark, that the Russians are afraid of the knife in operations, whereas they bravely bear the cauterization with red-hot iron. Fins and Poles bear operations with the knife with stoic equanimity.

Remarkable Effect of Linseed.

Chabrely relates four cases of most remarkable idiosyncracies against *semen lini*. In three cases, poultices of linseed produced a papulous erythem, similar to urticaria, with great itching and severe oppression of the chest, which soon went off, by leaving off the poultice, and did not return when they were resumed. The internal use of a decoction of *semen lini* produced the same symptoms.—*Journ. de Bord.*, Aug. 1859.

Severe Causes—Small Effects—By Dr. CARL MÜLLER, of Brux.

F. W., a drunkard, forty-two years old, was shot by a pistol, so that the ball entered the back, and made its exit at the pit of the stomach; and after striking the window sill, it fell to the floor. The wound bled profusely, and was considered mortal, yet with simple bandaging, diet, and the use of arnica, he recovered in a short time, without any detriment to his general health. That man had always so many hairbreadth escapes, that he goes among his neighbors under the name of the "Iron Frank." But in this and similar cases, I have found that drunken people can bear severe falls and other exposures without dangerous results.



Obituary.

CHARLES B. DARLING, M.D.

In Lyndon, Vt., June 10th, of consumption, Charles B. Darling, M.D., aged forty-one years, eleven months and eleven days. Dr. Darling graduated at the Medical College, Woodstock, Vt., in the spring of 1844, and commenced the practice of medicine at Lyndon. After an experience of three years in treating disease according to the doctrines of the school in which he had been educated, he became interested in the principles of Hahnemann. Being himself an invalid, he tested the new doctrines on himself as well as on his patients; and his success was sufficient to establish him fully in the principles of homœopathy, and extend his practice and reputation. After enjoying for thirteen years a high degree of professional success, his health failed, and he died of pulmonary consumption, lamented and honored by a large circle of friends. He was highly popular as a physician, was distinguished for a kind and generous disposition, and was in all respects a man of great piety, public spirit, and nobleness of heart.

DR. J. L. STODDARD.

At his residence, Glen's Falls, N. Y., April 9th, 1860, Dr. J. L. Stoddard. We gather from the eloquent eulogy of B. F. Cornell, M.D., the following interesting particulars of his life and character. Dr. Stoddard was born at Moreau, N. Y., May 9th, 1817. He is described by his former preceptor as a "diffident, retiring, sedate, candid, and truthful boy, but little given to mirthfulness and hilarity, and seldom mingling with his fellows in their sports and pastimes." At a suitable age, he was apprenticed to the cabinet-making trade; but at the age of eighteen, he was compelled to relinquish it by bad health. For two years he was unable to follow any business; but, being much of his time with his physician, he acquired some knowledge of medical science, and in 1839, at the age of twenty-one, he established himself in his former business at Glen's Fall. His old disease, which had not been eradicated, now returned in the form of dyspepsia; and unable to work, he devoted his time to mental improvement. In 1847, his disease had become hopeless: "the spine was involved in the general wreck; severe, continued, and distressing pain in his head was the result, from which he could find no relief, and which continued till a spasmodic fit, of an epileptic character, alarmed him and his family." At this time he became acquainted with Dr. Cornell, who had been for three years engaged in testing the truth of homœopathy. A trial of his skill on a case of many years standing, which had resisted all the powers of allopathy, not only confirmed Dr. Cornell in the new doctrines, but made a zealous convert of his friend, who at once became a student, and soon a practitioner of homœopathy. "He commenced a regular course of study, in which he found his former reading of much benefit, and although he examined carefully all the branches of the profession, his mind found in the science of homœopathy a peculiar charm. Hahnemann was his medical standard of perfection, and he lived a firm disciple." Dr. Cornell says: "No physician of my acquaintance kept up so fully with the homœopathic literature of the day." He could not rest till he had in his possession every new publication and periodical, even if he had to sacrifice domestic comforts to obtain it. Thus, for twelve years, he continued to read and practice, till he rose by his unaided energy from the obscure position of a cabinet-maker's apprentice, in the face of the most violent and malevolent opposition, to the confidence of a large circle of respectable and

intelligent people; and when stricken down, was engaged in an extensive and remunerative practice. In every relation of life, his character was exemplary; and his influence as a citizen, a man, and a Christian, was felt and acknowledged by an extensive community.

JAMES MELROSE, M.D.

Died at Canton, Illinois, July 5, 1860, James Melrose, M.D. Dr. Melrose was one of the most distinguished physicians of the "Prairie State," and an efficient member of the Illinois Homœopathic Medical Association. From the year 1844, he has been numbered among the bold and enterprising advocates of homœopathy in the West. At that time the principles of Hahnemann were so imperfectly known to Western physicians as well as to the people, and the few converts who professed to believe in them were so little able to defend them before the public, that it required the heroism of a martyr to raise the standard of "infinitesimal globules" in a country where the sheet anchor of the multitude consisted of *calomel in ponderous doses*. It was at such a time and in such a country that Dr. James Melrose raised the flag of homœopathy, and nailed it to the mast. From that time to the present, his name has been conspicuous among the leaders of Medical Reform. His loss is felt not only by his personal friends but by the medical profession at large.

The following circular has been issued by authority of the Society of which he was a member:

*Office of the Recording Secretary of the Illinois }
State Homœopathic Medical Association. }
DUBUQUE, Iowa, July 23, 1860.*

E. E. Marcy, M.D.

Dear Sir and Colleague:—Respect for the memory of an enlightened and consistent member of our Association, prompts me to perform the painful duty of announcing to you the death—at Canton, Ill., Thursday, 5th July—of our esteemed colleague, JAMES MELROSE, M.D. For twenty years past, Dr. Melrose has been a resident of Illinois, and for sixteen years has he been an honored and successful practitioner of homœopathy. Becoming a follower of Hahnemann at a time when it was no holiday sport to practice homœopathy, Dr. M. has ever unwaveringly adhered to the faith, and has won for himself troops of friends, who mourn his loss, and long will cherish his memory. In him the Association has lost an earnest friend, Homœopathy a faithful exponent, and Society an ornament. He is the first who has been removed by death from the ranks of our Association, and it is fitting his demise should not pass unnoticed. An appropriate memoir will be prepared to present to the Association at its next annual meeting; meantime, it is well that we, herein, recognize the fact that our sincere sympathy is due his bereaved family, on whom his loss falls with a soul-crushing power.

Very truly, &c.,

EDWARD A. GUILBERT, Rec'g Sec'y.

Phar-ma-copoeia and Toxicology.

FRAGMENTS BY J. S. DOUGLAS, M. D., OF MILWAUKEE.

Fragment 1

Is suggested by reading the medical history of ipecac and other drugs. The first broad and obvious proposition suggested by such perusal is — that the allopathic school of medicine, with their present means of information, can never attain to a competent knowledge of the properties of drugs; that their use of drugs must be forever wholly empirical or experimental; that when they administer a drug to a patient, they cannot know whether it will be followed by benefit or mischief, and, therefore, that the daily practice of medicine by that school is full of danger to the patient — and danger of a two-fold character, viz: 1st, of failing to do what the medicines are given to do; and 2d, of doing what is not intended.

The proofs of this proposition we proceed to furnish.

The properties of drugs consist of the powers they possess to effect changes and modifications in the sensations, the functions, and the structures of the human organism.

The means hitherto and at present employed to attain a knowledge of those properties are two.

1st. The observation of toxical doses, taken by accident or design.

2d. The observation of their effects upon the sick.

Of the first method little need be said. We shall see, hereafter, that such observations are of no practical value; and for the present we confine ourselves to the second, viz, clinical observation.

A patient with a fever takes a drug. Will any man lay claim to the acumen necessary to separate all the morbid sensations growing out of the disease from those produced by the drug, and say which belong to the one and which to the other category? Can he judge with any more certainty in regard to the derangements of function? Dr. Oliver Wendell Holmes, in his address before the Massachusetts Medical Society, says that Dr. Hooker believes that *typhus syn-copalis* of a preceding generation in New England, "was often, in fact, a brandy and opium disease." He proceeds with the following apposite questions: How is a physician to distinguish between the irritation produced by his blister, from that caused by the inflammation it was meant to cure? How can he tell the exhaustion produced by his evacuants, from the collapse belonging to the disease they were meant to remove?"

It is true, that after long observation, a few of the grosser and more palpable effects of drugs may be determined; but that is all. Thus it has been discovered, that one drug inverts the action of the stomach,

•

and produces vomiting; another stimulates the peristaltic action of the intestines, and produces purging; another increases the urinary secretions; and another sweats, &c. And upon a few such gross, palpable, and often toxic effects, a correspondingly clumsy classification is founded, under the names of emetics, cathartics, diuretics, sudorifics, &c. In this way, after centuries of observation, *calcareo carbonica* has been discovered to possess the two properties of an absorbent and antacid—both merely mechanical or chemical properties—and that is all, of a drug whose well ascertained dynamic effects upon the organism, as in a short time eliminated by the homœopathic process of proving, require some fourteen pages in the bare enumeration.

Magnesia, during an observation of ages, has thus been ascertained to possess the two properties of an antacid and a laxative, while its real pathogenesis equals that of *calcareo*. Neither of these drugs (and the same may be said of a hundred others) has ever been suspected (independently of homœopathic provings) of exerting a dynamic influence on the brain, modifying the intellectual and moral state, upon the nose, mouth, teeth, tongue, pharynx, stomach, the sexual system, the urinary organs, and, in short, impressing the whole organism with changes which may weigh heavily in the scale of life and death. And these two drugs are fair samples of the progress made by these methods of acquiring a knowledge of the properties of drugs in general.

And when death closes the confused, living experiment, the morbid anatomist is no more able to say which of the organic changes he finds are attributable to the disease, and which to the drugs taken to cure it.

But the clinical method, fruitless as it is at best, is rendered still more so by the fact, that the observation is seldom made upon a single drug—prescriptions being much more frequently made of from two to a dozen acting together, whether in concert or in antagonism, the observer is unable to say. It is utterly inconceivable, that when a patient, suffering a thousand abnormal sensations and functional derangements, is, at the same time, under the influence of half a dozen drugs, the physician can distinguish the confused effects of each one of these from all the rest, and all of them from the mass of disordered sensations and functions resulting from the disease, or that the most acute can any better distinguish the effects of each in the production of morbid structure?

Who cannot see that a tolerable knowledge of the properties of drugs can *never* be obtained by the methods hitherto employed? It is no wonder that Dr. Forbes should confess that this branch of medical science has scarcely made any practical progress in the last 2,000 years, and that it is yet in its "very infancy." A very infant, at 3,000 or 5,000 years of age, does not promise a speedy manhood. It cannot approximate adolescence even in any conceivable period of time. More knowledge of a drug is obtained by a single homœopathic proving by a single man in health, than can be obtained by the whole medical world in a century by all other methods. An hour's reading in an homœopathic *materia medica*, on any given drug, will impart more

accurate information in regard to its properties than can be obtained from all the allopathic books ever published.

Another thought is suggested in this connection. It is true, that the splendid results of the homœopathic method of arriving at a knowledge of the true properties of drugs, has induced allopathic physicians, of late, to give more attention to the pathogenesis of drugs, and to acknowledge its importance. But we confess we are not able to see clearly why they should. We confess to such obtuseness, that we are not able clearly to perceive what adequate motive one who rejects the law of *similia* can have to prosecute inquiries in this direction. For, suppose he has a perfect knowledge of the pathogenesis of a given drug, what practical benefit does he derive from it? Suppose, for example, one of these learned gentlemen to witness the pathogenetic effects of an overdose of belladonna. He watches the dilated pupil, impaired vision, dryness of throat, difficulty of deglutition, delirium, and convulsions, and finally torpor and lethargy. Well, he is enlightened in regard to some of the more obvious properties of belladonna. But how much is he enlightened in regard to its therapeutic applications. How much better can he employ it in the treatment of diseases? Not at all. The practical use of these observations is only negative. These symptoms of belladonna would simply warn him not to administer it in any affection resembling what he had witnessed, or where there was a tendency to such a state. For the "orthodox" school not only repudiates the law of *similia*, but go further, and declare that drugs are positively contra-indicated in affections similar to those which they produce. Thus, Pereira, in his *materia medica*, asserts that drugs given in affections similar to those which they produce, must be inevitably mischievous; and he indulges his imagination in depicting the disastrous consequences which must ensue from giving irritants, like arsenic, in irritations of the stomach, and cantharides in inflammation of the bladder! A knowledge, then, of the properties of drugs (their pathogeneses) must prevent *their* employment of them in the only cases in which they have any proper application. Mere empirical employment and chance would lead to the more frequent use of drugs in their appropriate places, than a false principle which forbids their use in all cases in which they are really appropriate or useful. Hence, our allopathic brethren are empirically led into the daily use of drugs in diseases in which, on their own principles, they are clearly contra-indicated. They employ them simply because experience has shown them to be useful. Hence, too, the anxiety to find some plausible explanation of their *methodus medendi*, which does not involve the idea of *similia*, and their evident relief when such an exposition is supposed to be reached.

This brings us back to our starting point, ipecac, as an illustration of the several points hinted at.

The knowledge obtained of the properties of this drug by an observation of 150 years, is comprised in the following from the United States Dispensatory: "Ipecac, in large doses, is emetic; in smaller,

diaphoretic and expectorant; and in still *smaller*, stimulant to the stomach, exciting appetite, and facilitating digestion. In quantities not quite sufficient to vomit, it produces nausea, and frequently acts on the bowels." Besides this, it produces a sort of asthma, and is an irritant to an abraded surface and the eye, when applied to them.

Several reflections are suggested by this allopathic history of this drug.

1. It would be difficult to prove that a "scientific observation of 150 years has made any important additions to the knowledge imparted to the Portuguese by the natives of Brazil, from whom the first knowledge of it was derived, except, perhaps, the fact that it produces asthma, which fact only contra-indicates its use in all asthmatic affections on their own principles. As an emetic, it seems to be the understanding that it effects cures, not by any dynamic property, but simply by its emetic power: for the only consideration which prevails in the choice of emetics is the mildness, the thoroughness, and the safety with which they perform the kind of mechanical operation of emptying the stomach. So, in the cases in which it is employed as a diaphoretic, the only consideration seems to be the simple power of producing sweat without a great amount of mischief in other directions; and any other drug that would produce sweat with an equally small amount of mischief, would be equally eligible. In all these applications they have no conception of the specific dynamic energy with which the drug is manifesting its modifying influence upon every portion and tissue of the organism, and which makes it often a matter of life and death importance whether ipecac or some other drug is selected as the emetic or diaphoretic.

2. This drug affords a striking illustration of the remark, that chance or empirical use has led to the daily employment of drugs by our allopathic brethren in diseases from which they would be excluded by a knowledge of their pathogenesis, and the application of their own principles. Thus, though full details are given by Pereira, and others, of the asthma produced by ipecac, yet, in the face of this forbidding fact, asthma, in all its forms, is one of the most prominent diseases in which they recommend its use, as well as in numerous other diseases of the respiratory organs having symptoms resembling asthma, as cough, difficult breathing, suffocation, &c. Again, it is recommended and employed in disorders of the stomach, and indigestion, though its most prominent and obvious effect is to produce disorders of the stomach and destruction of appetite and digestion. It is even prescribed, on high authorities, as an anti-emetic!

3. This drug illustrates the anxiety of the profession to find any sort of explanation of the *methodus medendi* but the right one. Brettoneau observed, that it produced irritation of an abraded surface and of the eye when applied to them. This became the key to its medicinal action. It produced its emetic and cathartic effects by its power of irritating the gastro-intestinal mucous membrane. But the same men who advocated this theory spoke in raptures of the magical

manner in which it cured diarrhœa. But did it *produce* catharsis, and *cure* diarrhœa, by virtue of its power to irritate the mucous membrane? It must have been quite magical. But Pereira, possibly annoyed by the *similia* aspect of so many of its cures, is evidently complacent over a *scientific* explanation of its mode of curing one disease at least, viz: dysentery. This, he says, it cures by virtue of its anti-peristaltic action! This explanation, from so high an authority, is really astonishing. The establishment of anti-peristaltic action cures dysentery! Why, an anti-peristaltic action already exists in dysentery in a high degree; and it is this very action that produces its most prominent and distressing symptoms, viz: the total suspension of alvine evacuations; the painful, but ineffectual urging to stool, &c.; and it can only be cured by restoring the natural peristaltic action. You must try again, doctor, before you succeed in establishing any other *rationale*, in this case, than that of *similia*. This unties all the puzzle-knots; and explains, in the most satisfactory manner, all the cures performed by ipecac, as well as all other drugs.

Finally, the pertinacity with which professional men cling to a favorite but false theory in the face of innumerable facts, all going to disprove it, is only equalled by the philosopher who presented a favorite theory to a friend, and asked his opinion of it. "It is a fine theory," said his friend, "and the only objection to it is, that all the facts are against it." "So much the worse for the facts, then," replied the imperturbable philosopher.

Fragment 2.

One of the most obvious features of the allopathic materia medicas, both past and present, is the endless vascillation and diversity of opinions which pervade them in regard to the properties of drugs, and their action on the living organism. This constant vascillation proves that nothing is fixed—that there is no certainty in regard to the curative powers of drugs, as we have shown; there cannot be, from the prevailing modes of investigation.

Another obvious feature is, the proofs constantly furnished of the truth of the doctrine of *similia*. Let us give a few illustrations; and first, from the history of *arnica*.

More than 250 years ago, this drug was held in high repute by the profession, especially by physicians in France, Germany, and Sweden; and it is really surprising how well it was appreciated. It was recommended and reported successful in mechanical injuries, traumatic peripneumonia, uterine hæmorrhage, gout, muscular contractions, gangrene, jaundice caused by contusions, paralysis, amaurosis caused by cerebral affections, &c. &c. But, notwithstanding this appreciation of its qualities by European physicians, Cullen, in his *Materia Medica* of 1803, says, he knows very little about it; and does not choose to risk any opinion upon it. The American Dispensatory of 1810, simply speaks of it as a stimulant in a low pulse and paralysis; and says, in too large doses, it produces anxiety, burning

and shooting pains, and even dangerous hæmorrhages, vomiting, vertigo, and coma, (a wonderfully good pathogenesis). It enumerates the diseases in which it was formerly recommended; says that, in some cases, it has produced bad effects, and is contra-indicated by a predisposition to hæmorrhage and internal congestions.

Chapman, in 1827, seems oblivious of its existence.

Pereira, in 1846, mentions it as a stimulant, and dismisses it, with the remark, that "it is very little used in this country."

Wood and Bache, in their Dispensatory (1851), say it is very little used; and by the United States pharmacopœia has been placed with medicines not strictly officinal. They report, however, the diseases for which it was formerly recommended; and say, "it has *recently* come into use as a *domestic* remedy." This last remark is certainly true (thanks to homœopathy), and it is a pity that learned professional men are not as sagacious as the laity, who have learned its value and adopted its use.

But this invaluable drug, once so well appreciated by the profession, has, for many years, been becoming less and less understood; and is at last, by the highest authorities of that same profession, officially dismissed, and turned over to domestic use. *Sic transit, &c.*

Two queries are naturally suggested by the history of this drug, and the similar history of many others. 1st. How did individuals, so long ago, without the aid of provings, acquire so just an appreciation of certain drugs, as they seem to have had? Was it by a sort of intentional perception, or by pure accident? Whichever it was, it was evidently to a great degree individual and personal, and unsupported by such proof as to render it permanent and transmissible to others.

2d. How does such accurate knowledge, once possessed, become so quickly and easily lost?

This is more easily answered. Having no law to guide their therapeutic applications, and no provings by which their properties are accurately ascertained, they are empirically applied to every form of disease; and, under all circumstances, failures are, of course, more frequent than successes. Mischief is often done by their abuse; experiences become hopelessly contradictory; and, in the conflicts of opinion in regard to their use, and contradictions in regard to their effects, they are at length abandoned by a bewildered profession as uncertain and dangerous.

The homœopathic materia medica can never, by any possibility, be subject to such mutations. The reputation of a drug, with us, is based upon infallible provings, by which its properties are exactly ascertained. An unerring law directs its therapeutic application; and, as neither can ever change, the reputation of the drug must remain for ever the same.

Crocus illustrates the ready mutations which the estimation of drugs must necessarily undergo in a school of medicine whose materia medica has no scientific basis. Its properties were tolerably appre-

ciated by Hippocrates, and some Greek and Arabian physicians. One asserted that it produced laughing delirium; another, that it caused mental dejection; others, that it produced dangerous and even fatal uterine hæmorrhage; while others ascribe to it headache, prostration of strength, apoplexy, and death; nearly all which properties have been confirmed by homœopathic provings. It was used by these ancients as a resolvent in indolent tumors; for spasms, asthma, and hooping-cough; as an antiseptic, emmenagogue, &c. But, at length, Dr. Alexander asserted that it was inert—possessing no medicinal properties at all; and straightway the whole profession renounced it, and handed it over to old women and nurses, as no longer worthy of professional patronage, except in the way of holding out false colors, by giving a fair and inviting tinge to various nauseous tinctures and compounds.

But the infallible ordeal of provings demonstrates, that the dictum of Dr. Alexander did not deprive *crocus* of its medicinal virtues, any more than that of the august tribunal of the Inquisition deprived the earth of motion; and that it yet possesses powerful and valuable, and we may add, dangerous, properties in the hands of ignorant mothers and nurses, to whom it is transferred by a bewildered profession.

Fragment 3.

The allopathic materia medica itself furnishes abundant proofs of the truth of the great fundamental doctrine of homœopathy, *similia similibus curantur*. So true is this, that one might take up one of these volumes, and read a long way, completely deceived in its character, and really supposing he was reading a work imbued with the homœopathic principle, and written expressly in its defence. Let one try the experiment long enough to read what is said in Pereira's *Materia Medica* on the pathogenesis and the therapeutic applications of *iodine*. He will there find that it produces general irritability and restlessness, trembling of the limbs, and tendency to convulsive movements, and that it is recommended for the cure of chronic diseases of the nervous system, as paralysis and chorea.

It produces a long catalogue of skin diseases, as erythema, urticaria, prurigo, acne, and eczema; and it is prescribed for a long catalogue of skin diseases, embracing many of the same and analogous eruptions.

Violent coryza, irritation of the throat and air passages, dry and constant cough, dyspnœa, blood-spitting, and nervous phthisis, are among its symptoms, and phthisis and bronchitis are cured by it.

Flow of saliva, constant desire to spit, and looseness of the teeth are among its recognized effects; and it is the sheet-anchor in the cure of mercurial salivation, presenting the same symptoms.

Pereira proceeds to say, in apparent zeal for the truth of *similia*, that if induration and enlargement of the liver are curable, *iodine*, either alone or in combination with *mercury*, is the remedy to effect

it; and then proceeds to record examples of enlargement of the liver produced by it. He asserts, that it produces swelling of the legs and cures dropsy. It produces extreme pungent heat of the skin and erythema, and cures erysipelas.

It causes anorexia, dryness of the tongue, irritation of the *prima viæ*, nausea, vomiting, pains of the stomach, violent colic, and almost every form of derangement of the digestive organs; and, at the same time, it is a tonic, strengthens the digestive organs, increases the appetite, and cures a multitude of digestive disorders!

After reading all this, and more like it, might not one be well betrayed into the delusion that he was reading a homœopathic work? But, if so, he would be undeceived before he was through; for he soon perceives that the writer is beginning to discourse nonsense. Listen. "*Iodine* is not adapted to febrile and inflammatory diseases, but contra-indicated, because it produces fever and inflammation!" Doctor, why have you deceived us so long, by leading us through such a catalogue of diseases, which you acknowledge are produced by *iodine*, and then recommending *iodine* for the cure of the same diseases, when they occur spontaneously? Or, admitting and recommending its use in this long catalogue of contra-indicated cases, why do you bolt at the point of fevers and inflammations, as solitary exceptions to your own practice? Why did you not tell us, honestly, that it was contra-indicated in all the other cases in which you prescribe it? Do enlighten us, and give us your *rationale*; for just in its present *status* the thing looks very much mystified. How is it that *iodine* both produces and cures enlarged liver, &c. &c., and may not perform the same fact for fever and inflammation? Hark! we are about to be enlightened. Hear him. "*Iodine* causes and cures enlarged liver;" from which we are to infer, that *iodine* "*exerts some specific influence*" on the liver. Very satisfactory, indeed! Well, Doctor, how does *iodine* produce such extreme emaciation? He replies, that the two distinguishing properties of *iodine*, by which it produces emaciation and the dissipation of enlargements of glandular and other structures, are, its power of producing liquefaction and absorption. Very satisfactory, again! But, Doctor, you have told us, that some emaciated patients thrive and grow fat on *iodine*. Is this, also, a feat of the two powers of liquefaction and absorption? We pause—but "further deponent saith not." But we are probably to infer that it "*exerts some specific influence*" on the solids.

But, seriously, is it easy to conceive of a more successful self-contradiction and self-mystification on a very plain subject?

The attempted explanations of writers of the "orthodox" school, of the *methodus medendi* of drugs, are, in general, unmitigated absurdities.

[To be continued.]

PATHOGENETIC CHARACTERISTICS OF DRUGS.

BY J. S. DOUGLAS, M.D., OF MILWAUKEE.

Continued from page 548.

Aurum Muriaticum.

WARTS on the tongue. Warts and condylomata at the anus and on the prepuce. Flat ulcers on the scrotum, secreting a fetid ichor.

Baryta Carbonica.

The mental symptoms are somewhat peculiar—a peculiar dread of men. When walking in the street, she imagines that men are laughing at her, and criticising her to disadvantage. This makes her so fearful, that she dares not look up, or look at anybody, and she sweats over the whole body. She is suddenly overwhelmed with an evil apprehension; she imagines, for instance, that a beloved friend has suddenly fallen sick, and is dying. Very easily frightened; a little noise in the street seems to her like cries of fire; it frightens her so, that all her limbs tremble. The highest degree of irresoluteness; she proposes a little journey, but as soon as she makes preparation, she changes her mind; she wavers between opposite resolutions; all self-confidence has disappeared; great fearfulness and cowardice.

Sense of tension of the whole face, with loathing and diarrhœa; sensation as if the skin of the face were covered with cobweb; very disagreeable feeling over the skin of the face; the hairy scalp, and especially the temples, feel as if something were lightly drawn over the parts, with a sensation of coldness in the face.

The whole mouth is filled with inflamed vesicles, especially the palate and inside of the cheeks. Hardness on the middle of the tongue, burning when touched; burning sense of excoriation on the tip of the tongue; a fissure on the left border of the tongue, which feels sore and excoriated; pain on the side of the tongue, as from blisters; acuminated vesicles on the middle of the tongue; burning blisters on the tip of the tongue, of long duration.

Attacks of choking in the throat after dinner, when sitting or writing, with a sensation as if the thyroid body were pressed in, and as if breathing were impeded by it. Contraction in the throat, with sensation during deglutition, as if a plug were lodged in the region of the larynx; worse in the afternoon.

Repugnance to fruit, especially to plums. Painful writhing sensation in the stomach while eating, when the food is descending into it, as if it had to force its way through and over sore places.

Red, excoriated, moist, burning place between the scrotum and the thigh. Numbness of the sexual organs, for some minutes.

Swelling on the nape of the neck, which, little by little, spreads over the whole head, with redness and pain of the skin, as from

ulceration, accompanied by considerable swelling of the glands in this region for several days.

The skin of the tips of the fingers becomes chapped and peels off. Sudden attacks of momentary pain of the right knee, as if the parts were being ripped with a knife, making the leg feel lame. Intolerable tingling over the whole body, especially in the back, hips, legs, malleoli, the dorsa of the feet and fingers, waking him at night, and forcing him to scratch continually.

Inability to rest on the right side, owing to orgasm of the blood ; palpitation of the heart, with soreness of the heart and anxiety.

The following is not peculiar, but highly characteristic : A little wound becomes easily sore ; a splinter, for instance, having got into a finger, and having been pulled out again, the finger does not heal ; the throbbing and ulceration in it prevent her from sleeping.

Baryta Muriatica.

Tinea capitis, extending to the sides and posterior portion of the neck. (*Arsenicum* produces similar eruption on the head). Swelling induration of the abdominal gland (See *Conium*). Fetid, ichorous ulcers in the inguinal region.

Belladonna.

The mental symptoms of *Belladonna*, as a whole, present a peculiar picture. The following are individual peculiarities : Intolerable anguish during the time she is free from rage, with desire to die. Merry craziness ; while laughing or singing, she constantly touches things around her. (These, and other symptoms of merry craziness, have their analogues in *veratrum*, *opium*, *hyosciamus*, *cuprum*, *stramonium*, *cicuta*, and *alcohol*.)

She feels of those around her ; at times she seats herself ; at times she acts as if she were washing, or as if she counted money, or as if she were drinking ; she mutters, as if asleep ; she talks like a maniac, with staring, protruded eyes ; talks about dogs that swarm around her ; converses with a late sister in the churchyard ; beautiful images present themselves to her, as by a charm ; he is afraid of an imaginary black dog, the gallows, &c. ; he sees ghosts and insects ; gets vexed easily, and then weeps ; he tears things around him, bites and strikes, and when restrained, spits at those around him, strikes himself, curses, and uses horrible words. (These symptoms of rage much resemble those of *stramonium* and *hyosciamus*.) Head : (Continuous and forcible distension of the whole brain ; headache close above the orbits, as though the brain were pressed out ; the eyes remain forcibly closed, on account of the pain, the pupils being contracted to the highest degree, and the voice scarcely audible. An aching in the forehead frequently obliges him to stand still ; when walking, at every step, the brain feels as if it were ascending and

descending in the forehead, the pain decreased by strongly pressing upon the parts; violent pulsations in the forehead, with pain as if the bone were being raised; sense of cold in the brain, in the centre of the forehead; sense of swashing in the brain; sensation, externally, as if the muscles of the forehead and eyes were contracted; swelling of the head, and redness of the whole body. The hair, which had been electric, ceased to be so.

An extreme paleness of the face is instantaneously changed to redness, with cold cheeks and hot forehead; sweat only on the face.

Scarlet redness of the skin of the body, especially the face, with great cerebral action; red swollen face, with staring eyes; erysipelas of the face (in common with *graph.*, *lachesis*, and *rhus*).

Risus sardonius, continual trembling and winking of the eyelids, dimness of sight, alternating with cramps of the hands and feet.

She sees things wrong side up (*stramonium* produces an oblique appearance of all objects.) The eyeballs turn convulsively in a circle.

Inflammatory swelling of the parotid gland (in common with *chamomilla*).

The papillæ of the tongue are bright red, inflamed, and swollen. (*Emetic tartar* produces red tongue, with raised papillæ).

Aversion to every kind of liquid; she demeans herself like a fury when seeing it. Violent, burning, unquenchable thirst, with inability to swallow the least drop, or with aversion to drinks. (Inability to swallow is a symptom of *cicuta vir. hyosciamus* and *lachesis*, but without the thirst).

Chronic spasm of the stomach, always occurring during a meal; colic, as if a spot in the abdomen were seized with nails; a griping, clutching, seizing with talons. (See *Ipecac*).

Eruption resembling measles; scarlet spots, and scarlet redness on various parts, sometimes with hot swelling of the parts.

Paroxysms of stiffness, and immobility of all the limbs, or of single limbs only.

The breasts become filled with milk (in a female who is not pregnant,) the milk running out.

Benzoic Acid.

Extensive ulcerations of the tongue, with deeply chapped or fungoid surfaces.

Fetid, watery, white stools, very copious and exhausting in infants.

Urine of aromatic odour and saline taste, highly colored, sometimes the color of brandy; the urinous odor exceedingly strong. Urine of the above character of greater specific gravity than healthy urine, of a very deep red color, and depositing no sediment.

Berberis Vulgaris.

Catarrh of the nose, lasting for months, with catarrh of the antra highmorania and frontal cavities, with moderate secretion of a yellowish or greenish mucus, more copious in the morning, and having a pungent smell or taste. The urine is somewhat peculiar.

Striking paleness of face, with a dingy grayish tinge, sunken cheeks, and deep-seated eyes, surrounded with bluish or blackish gray borders; for a long time, has a fatigued and worn-out expression of countenance.

Bismuth.

Sensation as if the anterior half of the brain were turning in a circle.

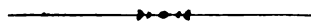
Cadaverous smell of the eructations and the evacuations. Blue color of the fore-arm and thigh.

Borax.

As in trichiasis, the hairs of the child become entangled at the extremities, and adhere to one another. If these hairs are cut off, the remaining hairs become entangled. The eyelashes turn themselves inward to the eye, inflaming it.

The palate of the infant seems wrinkled, and it often screams when sucking. The mucous membrane of the palate in front seems burnt and shrivelled, and is especially painful when chewing.

[To be continued.]



TO OUR PATRONS.

THE present number completes the First Volume of the *United States Journal of Homœopathy*. The task of conducting a scientific Periodical, which shall be a consistent and yet liberal exponent of homœopathic medicine, and which shall present to the profession whatever of interest occurs in the collateral sciences pertaining to the art, as well as new facts and new developments which are constantly manifested in actual practice, is one of no small magnitude. This Journal was commenced, and has been continued, with the single idea of becoming an organ of the school, an instrument for the advancement of the homœopathic theory and practice of medicine, and a medium through which all ideas having a tendency to enhance the practical value of the Hahnemannian principle might be expressed. All private interests, whether in the form of personal adulation, egotistical assumptions, or the indulgence of petty malice and spite against other members of the profession, have found no place in these pages. And we can refer with honest pride and gratification to the valuable contributions of our numerous writers. We are proud of the varied practical observations of medical men, from almost every section of the United States, which enrich our pages. We are proud of the honesty of purpose, the disinterestedness, and the uniform devotion to the good cause, which have ever actuated our contributors. It is to men of this stamp that the friends of homœopathy are to look for all real aid in the promulgation and extension of their doctrines. To such as these alone must be entrusted the duties of teaching, of practising, and of propagating the tenets of our school, if we would preserve it from the absurdities and egotistical trash of eclectic empirics and pretenders.

It gives us much pleasure to announce, that the patronage of the Journal has been so liberal, as to place it upon a *permanent foundation*. Our subscription list already reaches nearly 600, and is steadily and rapidly increasing. The Publisher, therefore, will endeavor to enhance still further the value of the publication, by the enlistment

of new foreign contributors, as well as the introduction of reviews of, and judicious extracts from, new medical books, periodicals, &c.

To the patrons of the Journal we beg to extend our cordial thanks for their active sympathy and co-operation. Their patronage, their literary aid, and their frequent and earnest words of encouragement, have all been well-timed, and have been the means of elevating their publication to an enviable position. They have expended their money, their influence, and their literary labor in the service of a great and good cause, in the elucidation and propagation of principles of vital interest to suffering humanity, and in the discussion of scientific facts pertaining to homœopathic medicine. Fortunately, principles and facts, practical observations and new discoveries pertaining to the healing art, have alone monopolized these pages. No quack or boastful pretender ever has or ever can make use of this Journal to thrust himself before the public, or in any other manner to subserve his private ambition or revenge.

In the future, as in the past, we shall endeavor to sustain the cause of true homœopathy. Professing and practising before the world a certain system of medicine, it will be our aim to defend, explain, and extend that system. This Journal does not hold aloft before the world the standard of *similia similibus curantur*, and yet, meanly and assassin-like, attempt at every opportunity to defile that standard. No! The *United States Journal of Homœopathy* is true and faithful to the cause it professes. It will never embrace the beneficent with one arm, while attempting to stab her to the heart with the other.

The programme which was originally announced some ten years ago by one of the editors of this Journal, will continue to be pursued, as it embraces all that is most required by the profession. Original papers, especially those of a *practical* character, will occupy by far the most space, although translations from standard works, of articles bearing upon our art, will receive due attention.

In conclusion, we beg to say to our Patrons and Correspondents, that *your patronage, your literary aid, your practical experience and notes for publication, can alone enable the Journal to retain the proud position it now occupies.*

Therefore, Gentlemen, your subscriptions for 1861, and a quarterly article from your pens.

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