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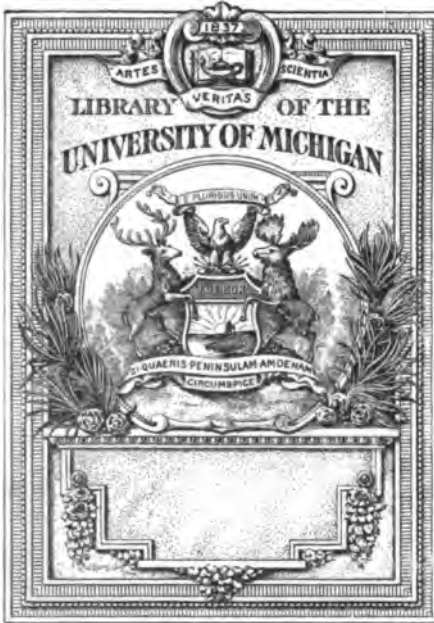
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THE
86660
UNITED STATES JOURNAL
OF
HOMŒOPATHY.

Published Quarterly.

Διὰ τὰ ὁμοία νοῦσος γίνεται, καὶ διὰ τὰ ὁμοία προσφερόμενα ἐκ
νοσεύντων ὑγιαίνονται, . . . διὰ τὸ ἐμέειν ἔμετος παύεται.

ΙΠΠΟΚΡΑΤΗΣ.

Similia Similibus Curantur.

HAHNEMANN.

VOL. II.

NEW-YORK:

C. T. HURLBURT, No. 437 BROOME STREET.

LONDON: MR. HIPPOLYTE BAILLIÈRE, 219 Regent Street.

PARIS: MESSRS. J. B. BAILLIÈRE & FILS, Libraires, Rue Hautefeuille.

MADRID: C. BAILLY BAILLIÈRE, Libraire, Calle del Principe.

1861.

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THE
United States Journal of Homeopathy.

FEBRUARY, 1861.

Original and Translated Papers.

**THE PATHOGENETIC AND THERAPEUTIC POWERS
OF MERCURY.**

BY PROFESSOR F. W. HUNT, OF NEW-YORK.

UNDER the title of alterants, many of the best allopathic authors have arranged those remedies on which they have chiefly relied in the treatment of chronic diseases. It is in prescribing these remedies, and in reasoning upon their *modus operandi*, that those who have not yet acknowledged the universal applicability of Hahnemann's *law of cure* have most nearly approximated to both his theory and his practice; and though they have almost always pushed their treatment so far that the medicinal aggravation of the drug disease excited was as bad or worse than the original malady, yet the principal rules by which physicians have been governed in the use of alterants, and the principles on which they are presumed to act in curing disease, will be found of the greatest importance to the homoeopathist who knows how to employ for good the deadly powers of the worst enemy of human health. Mercury being the most important article of the class, our attention may be entirely confined to it.

Alterants are believed to exert a decided power in subverting disordered functional diseases of long standing, and to displace structural alterations which resist all other modes of treatment. The rule in their application is, to *adapt the quantity given to the degree of excitability of the deranged organs, and protract its use until, by a gradual and slow process, morbid action is overcome.* "By lessening the dose and increasing its frequency," says Wilson Philip, "in proportion as we lessen the immediate, we increase the alterative, effect."—*On the Effects of Minute Doses of Mercury.* London, 1834.

General Effects of Alterants.—1. Mercury, when given in large doses, has a local though alterant action on the digestive organs, increasing the secretions of the liver, intestinal mucous membrane, &c., and causing increased watery evacuations from the intestines.

2. A constitutional agency, partaking of a revolutionary character, evinced by glandular activity, increased flow of saliva, excited circulation, nervous irritability, and a quickening of the capillary circulation of every tissue of the body.

3. But its most important power, as called forth in the treatment of chronic disease, or acute phlegmonous, adhesive inflammation, consists in an "insensible, tranquil, alterative agency, which, although subversive of diseased action, does not interfere with the regular operations of health. The late Prof. Harrison of Cincinnati says that the remedial effects of mercury are "independent of any sensible disturbance of the functions of the body. It acts on the vital properties of the system in virtue of a relation which exists between the state of these vital properties and the article administered. There is no quickened circulation, no increased vital force, in any part of the body—no subversion or disturbance of the accustomed actions of life."—*Western Medical Journal*, vol. xii., p. 536, *et seq.*

In curing diseases, alterants have been supposed to act :

1. By suspending the morbid phenomena. "In iritis, hepatitis, or red hepatization of the lungs, mercury may suspend

the action which produces the deposition of coagulable lymph." It may, indeed, insure the future death of the patient by consumption; but this thought will not trouble the physician who looks only at present difficulties.

2. By substituting their own action. Fever is sometimes at least partially or imperfectly cured by the substitution of the mercurial action for that of the disease. When there is an obstinate persistence of fever or acute inflammation, threatening the destruction of some vital organ by disorganizing change in the structure of important parts, the final resort of the physician has generally been mercury. By using some one of the different preparations which have been long in common use, it may be possible to subvert the original morbid action of the disease, and "substitute" that of the remedy; but it is scarcely possible to know the earliest moment at which this substitution has taken place, and the remedy is persisted in until the "mercurial action" is positively visible. The commencement of pytalism, a real and severe "drug disease," furnishes the first evidence that the remedy has had any effect whatever. There is now developed an active inflammation. The gums are tender, red, swollen; and when pushed further, real ulceration is produced.

Effects of Mercury in Causing Disease.—Alterants may act injuriously:

1. By proving a violent irritant to the stomach.
2. By excessive action on the salivary glands.
3. By inducing eczema and erythema mercuriale, or dry gangrene of the mouth; and also by various characteristic symptoms which continue through life or terminate in scrofula, phthisis, or other disease of the glandular or lymphatic system. Even when pytalism has been induced in the most cautious manner, it often assumes an unfavorable aspect, and a destructive inflammation of the mucous membrane of the mouth and fauces ensues. The character of this inflammation is erysipelatous, spreading, ulcerating, and commonly without suppuration. In other cases, the mercurial action displaces the

diseased action, when the fever remits its violence; but it yields to the superior power of the fever in every febrile exacerbation. The result of all experience shows that mercury is not the true specific for fever; and that, although it has specific powers of great value, they cannot be obtained with safety by the usual "minute doses" of allopathic practice. The best writers of every school regard it, when used in massive or sensible doses, as a "two-edged sword that sometimes cuts right and left." Under mercurial action, the whole glandular and absorbent system is more active; the patient becomes emaciated; all accumulations of fat are taken up and thrown into the general mass of blood; disintegration of the old materials of the body goes on more rapidly than the new supply furnished by recently digested food is deposited. Dr. Farr says that mercury as rapidly and effectually destroys the red blood as venesection. A lady was attacked with hæmatemesis: the stomach and liver were engorged with blood, and her complexion was composed of the tints of the rose and the violet. Under a course of mercury, "she was blanched in six weeks as white as a lily."—(*Watson's Lectures*.) This was the result of full mercurial action, sensibly developed; but we can easily show that these and other most disastrous results often follow where no sensible ptyalism, no sore mouth, no increased flow of saliva, is observed, and the patient is regarded as an incorrigible subject who, not being capable of being salivated, does not deserve to be cured. The remedy, finding that the door of the glandular system does not open to his touch, expends the force of his artillery upon the nerves, and the new phase of life opened to the patient is about as inviting as that "bye-way" to the shades below which the shepherds showed the pilgrims through "the door in the side of the hill." The nervous diseases originated by mercury in persons who are never salivated, include those morbid sensibilities and that loathing of life for which Dr. James Johnson said the name "blue devils" was not half horrible enough!

Mercury has long been the sheet anchor of the physician in

the treatment of inflammatory diseases. It is supposed to have the power of suspending that kind of inflammatory action which results in the effusion of coagulable lymph, either in serous or cellular tissues. This agent, by "defibrinizing the blood," suspends the diseased action, and substitutes its own action. And even here it is never effectual in strongly phlogistic cases; and, besides, its operation is just the opposite of what is desired in all the forms of inflammatory action in which some general dyscrasia disposes to erysipelatous, gangrenous, or scrofulous disease. Allopathic mercurialization deepens and aggravates all forms of disease in debilitated, irritable or nervous constitutions. Having itself the power to produce these very conditions in the strongest persons, and *being capable of curing them, when used in accordance with the homœopathic law*, it always reduces the vital, disease-resisting powers in persons predisposed to any of the above conditions. When mercurials are prescribed for temporary forms of disease, and some amelioration, or even removal, of present symptoms is obtained, this "cure," so called, is generally only temporary. The same patient, whatever the nature of his disease may be, is almost certain to need that kind of curing frequently in the course of a few years; and the oftener he is compelled to resort to the inevitable blue pill to rouse up his torpid liver, the shorter are the intervals between the occasions that call for it. In the tropical and malarial parts of America, as well as the eastern hemisphere, we can point out in any community the persons who have most frequently undergone this treatment. Doctor Morehead, in his "Clinical Researches on the Diseases of India," (vol. 1, p. 206, 1857), thus sums up the results of his observations on the mercurial treatment of the diseases most common in that country: "To all who have, within the last twenty years, had the opportunity of extensively observing disease in India in all classes of the European community, the asthenic state, the dyspeptic symptoms, the injured teeth, the pains in the sides and loins, the habitual foul tongue, the constipated bowels, the pale alvine evacuations,

the depressed spirits and the sense of sinking at the epigastrium—all clearly traceable to the abuse of mercury—must be familiar facts.” We seldom find in medical literature as much truth in one page as is embodied in the above comprehensive sentence. If evidence shall ever be called for to substantiate the verity of every word we have quoted, we volunteer to hunt up the witnesses. These symptoms, every one of which embodies a volume written over, within and without, “with human miseries,” are now all known to be the common effects of mercury. And it is also known that they have been caused, not always by a reckless heroic administration of calomel or blue pill in dangerous diseases, but quite frequently by the most minute doses spoken of in standard works. But they have generally been regarded as original diseases, or the relics of diseases imperfectly subdued. The patient who suffers from any or *all* of them does not say he has been poisoned, and does not charge his physician with mal-practice. We will pass forward to open up another vista of our melancholy panorama.

Influence of Mercurial Inhalations.—The silverers of looking glasses are exposed to the effects of mercury, both by inhalation and touch, and few of the workmen can bear the employment long. Some work on alternate days, and many who try to work more steadily are compelled to be absent from it for weeks and months. The effects of the mercurial vapor on them are thus given by Mr. Thackrah: “Difficult enunciation, pain and constriction at the base of the chest, emaciation, debility, tremors; and lastly, salivation. The gums are often wasted, and the teeth left loose in the sockets. As the fingers and hands are generally the parts first disordered, it appears that the primary impression is on the nervous system at large, and is made through the medium of the skin, rather than that of the lungs. Intemperate men suffer most.”—*On Diseases of Artisans*, p. 112.

It has been abundantly proved that mercury does enter the lungs and make a direct impression on the nerves of those

organs, and is also thence received into the general circulation. Dr. Gorse remarked the increased sensibility of persons who inhaled the fumes of mercury to the slightest changes of temperature. Persons long exposed to breathing mercurial vapor suffer depression of the vital powers; the process of animal calorification is imperfect; and it is quite common for such persons to be affected with ulcerations of the mouth and fauces, and with "painful or rheumatic affections of the periosteum, joints, limbs, and ligaments, particularly after exposure to cold." Eruptions occur on the surface of the body, with other phenomena "to which the term pseudo-syphilis has been applied; as well as many of those symptoms usually denominated cachectic." The same effects occur from what has been called a "mild, but long-continued, mercurial course."

The fact of the rising of mercurial vapors at the common temperature of the atmosphere is proved by the simple experiment of Christison. A small piece of gold is suspended in the mouth of a vial which contains a small quantity of metallic mercury. In a few minutes, the vapor rises and forms an amalgam on the surface of the gold; and this vapor is capable of producing the worst symptoms of mercury, if diffused in an apartment insufficiently ventilated.—(*On Poisons*, p. 391). Schlopfer tried the effects of the vapor of corrosive sublimate, in solution, on rabbits, and found the vapor of six grains fatal in five minutes. When twenty-four grains were sublimed by the blow-pipe, the vapor immediately "produced painful constriction of the throat, with headache, sickness, and vomiting, in several medical students engaged in chemical experiments.

In the celebrated case of the British man-of-war *Triumph*, in 1810, the powers of mercury were displayed on a grand scale. This vessel happened to land at Cadiz after two Spanish line-of-battle ships, laden with quicksilver, had been wrecked. Thirty tons of the liquid metal, picked up on the shore, were taken on board the *Triumph*. It was at first confined in bladders. These were placed in barrels, and the

barrels in boxes, stowed away in the bread-room. The bladders were wet, and soon decayed; the heat of the weather caused them to burst; and the greater portion of the metal was secured in casks, though a large quantity escaped and found its way into the crevices of the lower parts of the ship. There, being covered by bilge-water, it soon began to be decomposed. The captain and purser, who slept in cabins into which the fluid metal flowed, were soon severely affected, and efforts were made to purify the ship by removing the bilge-water, provisions, and stores, and then washing every suspected surface. The effects on the officers, men, and animals on board are given by Dr. Burnett, surgeon of the Mediterranean fleet.—(*Medical and Chirurgical Review*, vol. 4.) Every man employed in clearing out the ship, or restowing the hold afterwards, and all in the steward's apartment, were attacked with ptyalism, and further attacks continued to occur for two months or more. Nearly all the sheep, pigs, goats, poultry, mice, cats, and dogs, speedily died. The canary birds were fed on food kept in a corked bottle, but they also died. Many persons suffered from severe ulcerations of the mouth, partial paralysis, bowel complaints. Old ulcers, previously healed, broke out again and assumed a gangrenous appearance. The mercurial vapor developed phthisis pulmonalis in three men who had never before been on the sick list: they all died. Two more were left at Gibraltar, with confirmed phthisis. In two, the ptyalism degenerated into gangrene of the cheeks and tongue, and ended in death. A woman, confined with a broken limb, lost all her teeth, and many exfoliations took place from the upper and lower jaws. The poisonous effects were then attributed to mercury soaked into the bread, and 7,940 lbs. of biscuit were condemned as unfit for use; but the occurrences which afterward took place showed that the metal was chiefly received into the system in a state of vapor.

Mercurial Palsy.—"Tremblement Mercuriale" of the French authors.—Its approach is sometimes sudden, though generally gradual. There are slight convulsive agitations, followed by

tremors of the affected muscles, particularly of the arms, when it occurs among workers in mercury. As it extends to the lower extremities and other parts of the body, the patient becomes incapable of muscular exertion, or ceases to be able to steady his hands to any work requiring neatness and precision. He becomes restless, suffers from abdominal disorders, falling out of the teeth, constipation, a dry and brownish state of the skin, slight convulsions, great depression of nervous power, and entire derangement of general health, which continues for years, and generally for life. The affection is generally caused by long-continued exposure to the fumes of mercury; but it may be excited in a few hours by the breathing of air in which the deadly vapor is, largely diffused, and in this highly attenuated form it is directly applied to the extensive surface of the bronchial tubes and air cells.—See *Merat. Dict. Sci. Medicales*, t. vi., p. 32. *Colson de Trem. Metallique, &c.*

The following striking and instructive case was published by Mr. Mitchell, an English surgeon, in the *Medical & Phys. Journal*, 1831:

“A workman, aged twenty, commenced silvering six months ago. The trembling came on three days after he began to work, and his mouth became sore in six days, and he has continued to suffer more or less to the present time.

“The speech is greatly impeded; the limbs totter when he attempts to stand or walk, which he accomplishes very slowly and with great difficulty, an infirm step and awkward gait; he is unable to convey any substance to the mouth, in consequence of the severity of the tremors; slight subsultus tendinum, confined to the upper extremities; the tongue quivers; gums slightly tender; pulse strong, rather quick; appetite diminished, sleep disturbed, body wasted; he complains, as if feeling oppressed like a load across the lower part of the chest, or as if a substance lay at the bottom of the lungs, as he says, which he conceives to have been drawn in by inspiration; the breathing was quick, accompanied with strictured feeling and cough. He was nearly thrown from a bath by the violence of the trembling; a large quantity of the water was driven, by his excessive agitation, over the sides of the bath; and if two men had not held him steadily in the water, he must have been thrown out before he was capable of remaining quiet.”

“When mercury has been more gradually and in larger quantities introduced into the system, it produces various morbid phenomena, such as protracted tumors (*Hujeland’s Journal* vol. 43), severe ptyalism, gangrene and ulceration of the mouth and throat, palsy, various nervous and inflammatory affections in different parts of the body, protracted dysentery, &c. (*Edin. Med. Essays*, vol. iv., p. 38). Indeed, the effects of mercury on the animal body are doubtless far more diversified than those of any other poison, for, as it acts on a greater number of organs, we might expect its phenomena to be proportionately various.” (Lee’s edit. of *Copland’s Dictionary*, vol. i., p. 155). Jussieu in 1719, reported in the *Mem. de l’Acad. des Sciences*, p. 174, the following effects of mercury on the slaves employed in the quicksilver mines of Almaden: Swellings of the parotids, aphthous sore throat, salivation, eruptions, pustules, scurvy, and tremors. Merat mentions one death from profuse salivation and gangrene, and two others from mercurial marasmus. A barometer maker and his assistant slept in a room in which some mercury in a pot on the stove was heated by a fire made in the stove by mistake. The latter lost all his teeth by salivation; the former was affected by shaking palsy, which lasted the rest of his life.

Effects of Mercury introduced through the Skin.—Mercurial action is often excited by rubbing it on the skin; and it is sometimes produced by placing the metal or some of its preparations, in contact with the skin. A warm bath has been prescribed, in which was dissolved an ounce of corrosive sublimate to twelve gallons of water, repeated every three days. Ptyalism is expected to occur after the third bath. I was once requested to apply some escharotic to a lady’s breast, for the purpose of removing a cancer. When I had declined the undertaking, the opportunity was cheerfully embraced by a man who was more impatient of distinction and had less regard for consequences. He applied a plaster of corrosive sublimate one inch and a half in diameter over

the diseased surface, and encouraged the patient to endure the agony it inflicted by assuring her that the swelling mammary veins were only the "roots" of the cancer ("the crab's claws"), which were rapidly being extracted. She lived several days under the local torture of the burning escharotic—the irritative fever—and finally died from the constitutional effects of the mercury, including the gastric symptoms, and the dysentery characteristic of this poison when taken internally.

Dr. Christison says a gentleman attempted to cure himself of rheumatism by having a half drachm of this article, in an ounce of rum, rubbed on the affected part for several minutes before going to bed. The rubbing only produced a sensation of heat in the part; but, during the night, there were pains in the stomach, retching, and vomiting; purging and tenesmus followed, and became incessant, producing extreme debility; the arm to the shoulder was largely swelled, red, and blistered. Next day, there was a brassy taste in the mouth, tenderness of the gums, and regular salivation supervened. — *On Poisons*, p. 392).

In a case in which nitrate of mercury was rubbed on the hip and thigh, Professor Syme says "intense pain immediately followed, and afterwards shivering; the urine was suppressed five days without any insensibility, and, during its suppression, urea was detected in the blood; ptyalism appeared on the third day, became very profuse, and was followed by exfoliation of the alveolar portion of the lower jaw; recovery slowly took place." — *Edin. Med. & Surg. Jour.*, vol. xlv.

Dr. Schule, of Germany, gives the case of a man who died of excessive salivation. After death, it was discovered that he had carried a small leathern bag on his breast, which contained a few drachms of mercury. He had carried it for six years as a protection against itch and vermin, and had frequently renewed it within that time. — *Medizin. Chirurg. Zeitung*, 1833.

The practice of treating inflammatory diseases by mercu-

rials was commenced in England by Dobson in 1775. The extent to which the mercurial frictions were formerly carried is almost incredible; and, after the violent effects we have already seen of this poison absorbed from the skin, we must believe that it was very frequently followed by disastrous consequences. When "recoveries" are reported, they are not such as we would recognize as *cures*.

The following case, treated by Professor Kuhn, of Pennsylvania University, in 1814, is reported by Professor Chapman, of the same school. A child, six years of age, passed through the different stages of hydrocephalus, taking repeated and large doses of calomel. When the phenomena of effusion on the brain became evident, the doctor commenced rubbing the whole surface of the body twice a day with mercurial ointment of double strength. Long gloves made to reach to the armpits, stockings extending to the groins, a wide belt around the abdomen, and a cap on the head, were all thickly lined with mercurial ointment. On the fourteenth morning, a slight ulceration of the gums was perceptible, and some improvement was apparent; but the treatment was only discontinued after fourteen and a half pounds of the strong ointment had been consumed. "Recovery" followed without any inconvenience from the mercury absorbed.—*Phila. Med. Jour.*, No. xxvi.

Mercurial Parotitis.—This form of mercurial disease never exists as a primary affection, but follows other diseases in which mercury has been used. When the original malady has arrived at that stage in which it seems entirely subdued, and the patient is lingering between disease and convalescence, he suddenly complains of a pain and swelling beneath and in front of the ear. The affected spot soon shows a throbbing tumor, which is extremely tender to pressure by the finger or the pillow; and it increases, becoming painful, lancinating on every motion of the jaw, spreading anteriorly with great rapidity. In a few hours, the whole side of the head becomes involved; the eyelids, lower jaw, side of the neck, all the cellular tissue of the neighboring parts, the periosteum,

muscles, and parenchyma of the glands, are all included in one mass of inflamed tissues rapidly advancing towards suppuration. The skin over the tumor is red, smooth, tense, and glossy; when felt by the hand, it emits a peculiar burning heat, and the hand feels as if pricked by needles. The surface resembles an inflamed spleen covered with serous membrane.

As the disease advances, the pain becomes more intense, burning, and lancinating. Swallowing is now exceedingly painful. The countenance is flushed and livid, and suffocation begins to be threatened. When the intumescence has reached its height, the pain subsides. The head has now a feeling of dull heaviness; the tumor becomes livid; there is deafness of the ear of the affected side, low muttering delirium, with other symptoms of cerebral oppression and deep nervous prostration. The tumor, at this period, begins to present evidences of suppuration; it becomes soft and fluctuating; the abscess soon bursts spontaneously, and discharges, generally in small quantities, a sero-purulent matter, which flows from a surface beginning to assume a gangrenous appearance. But the discharge is not followed by the slightest improvement: the parotid gland continues hard and firm; the cellular tissue begins to slough off in flakes and masses resembling wet tow; the pulse, which in the beginning of the disease was hard, quick, and contracted, becomes now small, weak, and about 150 per minute; the cerebral excitement continues to increase, till the patient sinks from exhaustion, or, if the abscess makes its spontaneous opening inwardly, he suddenly dies from strangulation. The disease usually runs its course in four or five days; it never occurs during the progress of active ptyalism, but follows a sudden subsidence of the ordinary form of mercurial action, or supersedes it in peculiar constitutions.

These are a few only of the deleterious effects of mercury; but they are sufficiently numerous for our present purpose. The advocate for the employment of this agent in massive doses in the treatment of inflammatory diseases, will claim

that the poisonous results of its operation we have presented have only followed its injudicious use; and in this we fully agree with him. We will also admit (and probably prove at another time) that mercury is a *true homœopathic* remedy for many forms of disease; and we shall then be able to show that its truly *curative* effects can be safely obtained. In the mean time, let it be remembered that its poisonous powers are very often exhibited in cases where the quantity employed has been very small indeed—where a high degree of caution and common judgment have been exercised—where the physician has suspended his reputation against the mere dust of the balance of the apothecary's scales, and is astonished to find that he has *lost it*. Every physician who ever prescribed mercury in any form, knows that its action is uncertain and capricious in a great proportion of all the cases in which it is tried. Dr. Farr says a lady told her physician that mercury was a poison to her; and “without asking why, or speculating about it,” he must never give it to her in any quantity whatever. She afterwards met Mr. Chevalier, who prescribed a “single purgative of two grains of calomel, with some bitter extract.” Next morning, she showed the prescription to her ordinary attendant: “Why,” said he, “you have taken the very thing you were anxious to avoid.” She said she thought so, from the sensation in her mouth. “Furious salivation came on in a few hours, and she died at the end of two years, worn out by the effects of mercury, having lost portions of the jaw bone by exfoliation.” Dr. Henderson says he prescribed “the sixth dilution of soluble mercury every four hours” for a swelling on the nose of a lady who was known to be peculiarly sensitive to its influence. “In two days, the mouth began to be affected, and as well-marked an instance of mercurial stomatitis, with loosening of the teeth, purple margins of the gums, salivation, and fœtor, set in as I have ever witnessed.”—*On Homœopathy*, p. 264.

Dr. Watson says “the most distressing effects of mercury more commonly follow the use of extremely small quantities.”—*Lectures*, p. 133.

Here a number of important practical points arise which require a more full consideration than our space at present permits. At a future time, we will endeavor to concentrate a few of the rays of scientific observation on—

1. The influence of mercury on certain dyscratic or psoric constitutions.
2. Its influence on patients affected with renal disease.
3. On the connection of mercurial action with gangrene of the mouth in malarial diseases.
4. The true sphere of mercurial action in the treatment of disease.

AMENORRHŒA AND ITS CONSEQUENCES.

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

At a meeting of the Hahnemann Academy of Medicine, I reported the prompt action of *pulsatilla* 30° in a case of amenorrhœa of some six months' duration, which had resisted the ordinary emmenagogues used by the old school, such as Hooper's female pills, the emmenagogue pill composed of *ferrum myrrh.* and *aloes*, together with the usual auxiliaries, warm sits-baths, sinapized *pediluvia.* &c.; and I remarked that the action of *pulsatilla* in this case, could not have been a mere coincidence, from the fact that the same person had suffered twice from suppression within a period of two years, had been treated similarly, and with like results. During a desultory debate, a doubt arose respecting the expediency of prescribing for the amenorrhœa; and the "regular" appearance of the menses in anæmic and consumptive persons was considered by some rather unfavorable than otherwise.

The first position meets with a qualified concurrence, viz.: when the suppression is depending upon an impoverished

state of the system, or an obstruction from change of structure, adhesions, &c., caused by mechanical injuries or ordinary inflammation; but the latter is qualified by the term "regular," and therefore it does not admit of the liberal construction of passive hæmorrhage from asthenia.

Before referring to the effects of amenorrhœa, it may not be foreign to the subject to briefly notice the history and philosophy, physiologically considered, of its antecedent, menstruation,—the chief characteristic of womanhood, the advent of which imparts a new stimulus to all of the organs, producing physical changes no less remarkable than the revolution which takes place in the moral. In the language of Dewees, "it is a moment of all others, the most replete with consequences to the inexperienced and confiding female"—the period when nature perfects her work; and this crisis rarely fails to prove its importance by the announcement of a variety of symptoms of greater or less severity, particularly in those whose nervous systems have been rendered morbidly sensitive by physical training and moral culture. In such, it is not uncommon to witness a variety of alarming symptoms of a nervous character, such as vertigo, a sense of suffocation, palpitation of the heart, startings, loathings and cravings, convulsions, epilepsy, and "chorea sancti viti," which are the evidences of the wonderful change that the system is undergoing; and all of these symptoms are relieved, the storm within calmed, equilibriums established, and the system quieted, by a trifling discharge from the vagina, and it not necessarily colored,—which fact goes to confirm the identity of the action which produces these fluids, though so different in their appearance.

It is not necessary to refer to tabular statements to show the time when young females begin to menstruate in cold climates, how much earlier in warm, or the time when this action becomes established in those of sedentary habits in our populous cities, compared with those of active lives in our rural districts; but suffice it to say that it is a function, the regular maintenance of which, from its first appearance to the

catamenial climacteric (or change of life), has always been considered necessary to health. The ancients were scrupulously exact upon this point. They considered the health of the women materially connected with the menstrual discharge, and they looked upon repose of both body and mind as essential to the healthy performance of menstruation. At the present day, its regular appearance and maintenance constitute an important item of care and solicitude in the rearing of our daughters, and in prescribing for those who are committed to our professional care, and it is justly regarded as the "*sine qua non*" to the important process of impregnation, or, at least, to be regarded as the meter of the conceptive power; and the exception to this rule is to be answered by the old logical axiom, "*exceptio probat regulum.*"

Then, from the time that the female is in a condition to meet and overcome the contingencies of impregnation and delivery, the catamenia commences; which is nothing more nor less than ovulation, attended with a sero-sanguineous discharge from the cavity of the body of the uterus, which organ throws off a decidua at each menstruation, occurring about every twenty-eight days.

I am aware that it has been a mooted question, and is at present, to some extent, respecting the true source of the menstrual flow. Some refer it to the ovaries, others to the fallopian tubes; some, again, to the cavity of the body of the uterus; while others say it is the cervix uteri and the vagina. But, from recent discoveries and experiments made by all pathologists, there can be no doubt as to its source. But the character of the menstrual fluid is not so clearly established in my mind, notwithstanding chemical analyses and microscopic observation present the true constituents of the blood, plus mucus, epithelial scales, and cytoïd corpuscles, which are supposed to be furnished by the decidua thrown off from the interior of the uterus, and that the mucus and the acid secretion of the vagina defibrinates the blood, thereby destroying its coagulability. Dr. Tilt says that he considers a theory

as an intellectual staircase ; but the above appears more like an intellectual chain, wanting several important links, or as a telescope of not sufficient power to bring all of the facts necessary to establish the Hippocratean theory within our admiring view, that we may chronicle and turn to a practical account facts of some moment to modern science. If we grant that all of the elements of the blood have been observed in the menstrual discharge, it is no evidence that the menstrual fluid is not a secretion. Cannot pure blood commingle with a secretion? We are all cognizant of the fact that blood exudes from the mouths of the vessels of the interior of the uterus, especially after its walls become denuded of the deciduous membrane. But what forms that membrane? What is it? And what is its interconnecting media to the uterus? Of what does this granular matter and cylinder epitheliums which are thrown from the cavity of the uterus consist? Our knowledge of anatomy furnishes us with the fact that the lining membrane of the uterus is mucous, composed of immature nucleated areolar tissue without elastic fibres; that it is coated with a ciliated epithelium; that the vibrations of the cilia are from without inward, and that it is completely studded with mucous glands, similar in structure to those of other mucous membranes, having its membrana propria epithelium of spheroidal cells, and excretory ducts. The membrane has also its sub-mucous cellular tissue and connecting media to the muscular coat of the uterus. The office of mucous membranes is too well understood by all of us, for our reasoning powers to be so stultified by the "ipse dixit" of any man, whatever his position may be, as to entertain any other ideas concerning the office of this mucous membrane, with its mucous glands and their excretory ducts, than for the secretion of that peculiar semi-transparent, vitreous, or crystalline mucus peculiar to that region—the fluid which commingles with the blood that exudes from the uterine capillaries—the material which chemical analyses considers the plus, or additional, to the true elements of the blood; the secretion bearing a closer relation

to ovulation, and of greater importance to the female economy, at the menstrual periods, than the discharge of the "*liquor sanguinis*."

We are often consulted in cases which present all of the characteristics of imperfect menstruation, and upon making inquiries in regard to the functions of the uterus are informed, to our surprise, that the patient is "perfectly regular;" and upon learning that, would not philosophising further present the following queries? Have these periodical discharges been normal menstruations? Have they been anything more than mere hæmorrhages of "pure blood," depending upon a congested state of the organs of reproduction, minus the decidua and secretion peculiar to the lining membrane of the uterus, and necessary to complete normal ovulation? If we examine the discharges from the uterus after delivery (the lochia), we will find their true characters entirely antagonistic to the notions entertained by some, viz., that it is pus from the denudation of the muscular fibres, and the formation of a new mucous membrane, under the influence of an inflammatory process. Every close observer is familiar with the fact that the lochia in a healthy female is very far from that of a purulent character, and also, that it presents the three different appearances, viz.: "*lochia cruenta, lochia serosa and lochia alba, vel mucosa, vel lactea,*" corresponding with the three different stages in the condition of the internal uterine surface after delivery; and chemistry has proven their identity in part with the uterine secretion in an impregnated state, and altogether dissimilar to the mucous- and muco-serous appearing discharges from the vagina occasionally occurring during gestation. Then the secretions referred to must be peculiar to the uterus, and approximating closely, in point of constituents, to the almost colorless discharges observable in some who are supposed to be suffering from partial amenorrhœa, but in all other respects in the full enjoyment of health.

It is not the most robust and healthy-appearing female whose menstruation is most profuse. The discharge from them

is very deficient in the secretion peculiar to the uterus. "It is mostly," in the language of Hippocrates, "pure blood," and is generally attended with pain, constituting what is termed "dysmenorrhœa." It is the fair delicate female of superior mental endowments who menstruates most freely, and the discharge contains but a small amount of the constituents of blood. As a prominent reason, it may be offered, that it wholly depends upon physical organization, which I accept, knowing that plethora and congestions do not exist; consequently, the economy of the system does not require periodical hæmorrhages for its relief, and the healthful condition of the individual proves the menstrual discharge to be a secretion peculiar to ovulation, having its origin in the ovaries, the fallopian tubes, and the mucous surface of the uterus, and commingling with effete products from the disintegration of the tissue involved, and that the discharge of pure blood is not essential to normal ovulation. These facts are of sufficient importance to entitle them to consideration, if they are not in strict accordance with the established theory. Some of the ancients entertained strange and somewhat amusing ideas respecting the character of the menstrual discharge. The distinguished Roman, Pliny, regarded it as very deleterious, and attributed to it the most baleful effects upon both animate and inanimate matter. La Motte relates a story strongly corroborating Pliny's views. Moses looked upon women as impure during their catamenial flow, and as continuing so until such time as they were well absteyed. His directions respecting the observances during this period were exceedingly strict and pointed. We find the following metaphor in Isaiah: "Thou shalt cast them away as a menstruous cloth," &c.

Haller, Borden, Sanders, John Hunter, Fourcroy, and other physiologists, unhesitatingly pronounce menstruation a secretion. Mr. Hunter says, "it is neither similar to blood taken from a vein of the same person, nor to that which is extravasated by an accident in any other part of the body; but it is

a species of blood changed, separated and thrown off by an action of the vessels of the uterus, similar to that of secretion. Lee says that most physiologists have adopted similar views, and consider it a peculiar function of the lining membrane of the uterus, analogous to secretion. Dewees says, "If mere blood were evacuated from the uterus at the menstrual periods, it would be, strictly speaking, a hæmorrhage; but that that is not the case, the whole phenomena of this process seem most positively to declare." Tilt, on menstruation, fully agrees with those who consider the menstrual discharge as a secretion, and believes that the universal prejudice concerning its noxious properties to be well-founded. He cites several interesting cases in support of his views.

I am aware that Dr. Peaslee says that the menstrual fluid is to be regarded histologically, merely as a hæmorrhage periodically recurring from the interior of the uterus; and some of our modern physiologists have adopted similar views, which are in harmony with those advanced by Hippocrates over two thousand years ago, who says that "the menstrual discharge is pure blood, as pure as that of a victim, if the victim be in health." And notwithstanding that Carpenter is of a similar opinion, and guarded in studied phrase to express it, he as often applies the term "secretion" as any other to this discharge.

But suppose its true character to be still a subject for theoretical speculation—a mooted point, as imperfectly understood as are the reasons for the changes in the ovaries and uterus, and the accompanying discharges, recurring at intervals of every twenty-eight days—we know as little of the essence of secretion, as we know of the essence of thought. Our imperfect knowledge of the first principles of organic structure, and the necessary condition of disintegration to its functions, are no less obscure than the veil which is wisely thrown over the mysteries of reproduction. Yet observation has proven how important is an appreciation of the influence of the organs of generation over the destiny of woman, and

how necessary is the "regular" appearance of the menstrua during the child-bearing period of her life, excepting the terms of gestation and lactation. It is a fact established by observation from the earliest period of our profession, all authority regarding it as the "*signum et præsidium sanitatis*." Fortunately for the progress of medical science, the conditions of disease do not rank among the essence of things; "they occupy a secondary grade." In the absence of the most positive proof, reasoning "*a priori*" would lead us to infer that a function thus important cannot be interfered with sufficiently to produce amenorrhœa, without apprehending the most serious consequences; and when it does occur to the already invalid, it constitutes a prominent link in the chain of unfavorable prognosis, and a new element of discord in an already shattered constitution.

The periodically swollen and turgid state of the ovaries is an acknowledged fact, and likewise their diminution in size immediately after menstruation; which proves not only a concurrent action of these organs with the uterus, but that the latter is the excretor to their relief. Tilt observes, "we may therefore admit that, if by any cause, this state of congestion were carried too far or protracted beyond the usual time, general inflammation would be very prone to attack, not only these organs, but all of the pelvic tissues would be involved in the action." Ovaritis always becomes developed at the time, or shortly after, the menstrual discharge should appear. According to some, amenorrhœa gives rise to ovaritis in such as have not borne children, and to metritis in those who have. A suppression certainly has a two-fold influence: first, by the retention of what was to have been excreted, and the consequent congestion of the organs which secrete the menstrual discharge; secondly, by the arrest of the ovarian discharge, and the subsequent oppression of the system by a reflexed influence of a nervous character. That there is a reflex nervous influence, no one will deny; for how else can we account for the alarming symptoms, such as convulsions,

delirium, and even sudden death, produced principally and solely by the suppression of this discharge?

When a suppression does not produce general but merely local congestion or transient determination, (if it occurs frequently), it either seeks relief by hæmorrhage from the nose, lungs, stomach, or from the hæmorrhoidal vessels, and thereby it is the cause of vicarious action; and it is prone to lead to other disorders in the immediate vicinity of the determination, such as deposition, indurations, hypertrophy, and change of structure, from the increased secretion, with an addition of more or less of the watery, saline, and albuminous parts of the blood being involved in the deposit. Then the organ or viscus is ready to be acted upon, or to assume a growth of a non-malignant or malignant character, according to the dyscrasia of the system, if predisposition exists. The pathologist can trace in this condition, a train of morbid phenomena leading along the track of accidental production to the formation of morbid tissue, growing, and involving the machinery of the living body.

Again, we have more than the concomitants of flux, hæmorrhage, and parenchymatous change from suppression: these are the results of but one phase, viz., local congestion or determination. But when we regard it in another aspect, we shall find a condition (pathologically considered) threatening the peculiar functions of these organs with destruction; also, it will present a class of diseases which have their origin in the poisonous effects of effete products, that have not been eliminated from the system, but commingle with the blood in its peripheral system, producing all the effects of imperfect nutrition and mal-assimilation.

Physiology teaches that beside the arrested flow in menstrual suppression, there is an interruption of the normal current of nervous influence, which takes its periodical and centripetal course from the ovaries. Cannot this abnormal condition, by reacting on the ganglionic nervous system, give rise to chlorosis, rheumatism, dropsy, and consumption? And

may it not introduce an element of discord into the recesses of the cerebro-spinal system, producing more than the innumerable phases of hysteria, such as delirium and hebitude, and even permanently dethrone the mind, and bring the victim, morally, to a condition but little above the brute creation? (There is an analogous case in this city, under treatment at the present time.)

Thus I have referred to a few of the many effects to be apprehended from amenorrhœa; not conditions of the system upon which suppression depend, but those resulting from suppression. And when amenorrhœa occurs in those who are "anæmic," or amidst that assemblage of morbid phenomena observable in phthisis, it constitutes another link in the chain of unfavorable prognosis, by evidencing a still greater physical derangement.



SEMEIOTICS OF HEART DISEASE.

(From the papers of a deceased German Physician.)

Communicated by Dr. ROTH, of Paris, and translated for the *U. S. Journal of Homœopathy*, by C. W. TORREY, M.D., of New-York.

1. ANATOMICALLY, it has been established within our medical epoch, that

a. The apex of the heart does not lie behind the fifth or sixth ribs, as used to be taught, but in the interspace between the fourth and fifth, and three-quarter centimetres inside a line drawn vertically from the left nipple downwards.

b. The base of the heart does not lie behind the cartilages of the third and fourth ribs, but a portion of it is covered by the sternum, while the remainder lies outwards from the cartilage of the second rib.

c. The left side of the heart slopes downwards from right

to left inside the nipple, from the lower edge of the second rib to the apex at the upper edge of the fourth.

d. The right side of the heart, nearly covered by the sternum, is separated by the diaphragm from the liver and transverse colon.

c. But little of the heart lies in contact with the anterior wall of the thorax. The left lung covers the left side of the heart, including its base, but not its apex, which is free. The right lung extends down the upper half of the mediastinum, covering the right side of the base of the heart.

The liver borders on the right side of the heart.

The apex of the heart lies upon the stomach, from which the diaphragm separates it.

With the anterior thoracic wall, the heart is in contact only in a space of three-quarter centimetres height and breadth, to the left of the mediastinum, under the third and fourth ribs.

2. Physiological data :

a. The heart-beat is visible and palpable at the apex in a point that the end of one's finger may cover, excepting in fat persons, and in women of large breasts.

b. The normal heart-beat consists of two acts, and corresponding sounds, in quick succession.

The first is the closure of the auriculo or atrio-ventricular orifices by the mitral (bicuspid and tricuspid) valves. [*This German nomenclature will be preserved throughout this article*]. It is clearest at the apex, whence it is called, therefore, the atrio-ventricular or *mitral beat*. It is also called the *lower beat* (das untere ycklapp.) After the first beat, a momentary pause succeeds.

Now follows the second beat, formed by the semilunar valves in closing the orifice between the ventricles and the large arteries: it is therefore called the arterial or sigmoidal beat.

This arterial beat, shorter, clearer, more distinct at the base of the heart, is called thence also the *upper beat*. It is followed by a longer pause.

The two beats in their succession constitute one integral action of the heart (*herzumlauf*).

Each heart impulsion engenders an arterial pulsation, of which 60 to 70 per minute may be regarded an average; the range in health, irrespective even of the differences in age, being very wide for different individuals. I have known it as low as 32 to 34 per minute, without any signs of disease.

d. The normal beat, although most distinct at the apex and base of the heart, is audible in more remote regions of the thorax, but not to the right, or on the back.

It is most distinct in young and thin bodies. To hear the *first lower mitral atrio-ventricular* beat, it is often necessary to place the subject in a sitting posture. When the stomach is inflated, this beat produces a silvery sound, which must not be confounded with the silvery sound of pneumo-thorax.

e. The *first* beat, most distinct at the apex, corresponds to the *systole* or heart-contraction, the apex striking against the thoracic wall, while the mitral valves rise to close the atrio-ventricular orifices.

The *second upper arterial* or *sigmoidal* beat, most distinct at the base of the heart, corresponds to its *diastole* or expansion.

During this second time, the sigmoid valves fall and close the ventriculo-arterial passage. The mitral valves simultaneously rise and re-open the auriculo-ventricular passage.

g. The normal sounds of the heart are occasioned by the closing of its valves. Their opening gives no sign in health.

At the first *time* or beat, the mitral valves close audibly and palpably, while the sigmoid valves open unheard and unfelt.

At the second *time* or beat, the sigmoid valves close audibly and palpably, while the mitral valves open unheard and unfelt.

We shall continue to designate as *first time* the first lower, mitral atrio-ventricular venous systolic beat; and as *second time* the second upper sigmoid semi-lunar arterial diastolic beat.

f. On the normal subject, the relative position of the heart may be exactly defined.

The edges of the lungs are resonant under percussion, while immediately over the heart this is dull. The dullness begins at the apex of the heart, and extends the breadth of two fingers upwards, then, from the left edge of the sternum, two fingers breadth outwards—three to four centimetres in height and breadth lying below and to the inside of the nipple.

Percussion does not directly reveal the boundary line between the liver and the heart. The sound which percussion yields over the heart is not completely dead, only subdued. There is always a slight resonance and slight resistance under the finger in percussing.

3. The pathological signs of heart diseases are manifested by auscultation, by inspection, by palpation, and by percussion in which touch, as well as hearing, is employed.

Many diseases of the heart may be diagnosed without auscultation, and many abnormalities in the heart's action exist which auscultation fails to announce. In most cases, its proper use is to confirm a diagnosis formed from a study of the physiological symptoms.

4. Auscultation, either mediate, through the stethoscope, or direct, with the ear alone, affords two distinct kinds of signs.

a. Sounds which result from an abnormal change in the heart-beats themselves.

b. Sounds, abnormal and distinct from the regular heart-beats.

Much mischief has arisen from a misunderstanding, more particularly of the latter.

5. Newly-formed morbid sounds are

a. Pericardial. [Friction sounds, as of rustling of leather rubbing or stretching; of grating, *bruits de frolement, de cuir neuf, de craquement et de tiraillement redu de raclement.*]

b. Endocardial: blowing, sawing, or rasping.

c. Exocardial, or outside the heart and pericardium.

The endocardial and exocardial are for the most part *blowing*

or bellows sounds (susceptible of modification into whistling and hissing sounds). The friction sound is pericardial.

6. The bellows sound, aptly expressed by the French word *souffle*, may be simulated by forcing the air from the mouth through the half-closed and rounded lips. It is heard from the interior of the heart—

a. As a light puff which accompanies and lengthens the beat.

b. Somewhat stronger, it partially obscures the beat, and may be of such force as to render it inaudible. It is sometimes constant and of equal force; in other cases, it increases and decreases. It may be either narrowly circumscribed or more extended; but is always most distinct in one and the same spot. Usually synchronic with the first beat, it sometimes corresponds with the second, sometimes with both, as a vibrating *souffle*. Its coincidences are not absolute; the *souffle* either precedes or follows, although almost imperceptibly, the normal beat. To express this fact, the words presystolic and persystolic, prediastolic and perdiastolic, have been proposed by Gendvin; but I think with Skoda that these distinctions have no real value.

7. The *souffle* is liable to be confounded

a. With the friction sound of muscles.

b. With the normal lung sounds.

c. With the pleuritic friction sounds.

d. With the friction sounds of pericarditis.

Noise is occasioned by muscular friction only when the thorax is not exactly supported. It disappears when the patient is placed in a comfortable position.

8. As causes of the *souffle*, authors are agreed to recognize.

a. Shock of the blood against rugosities abnormally formed upon the polished interiors of the heart and great vessels. This *souffle* is called *organic*.

b. As, in many cases, no organic lesions are discernable, yet a *souffle* existed during life. This has been ascribed to a

diminished density of the blood common to various cachectic states, and even in the premonitory stages of certain acute diseases, but most decided in chlorosis, whence this *souffle* has been termed *chlorotic*, and the term has been extended to every *souffle* not essentially organic.

9. In order to decide upon which of these two characters a *souffle* depends in any given case, we examine whether the *souffle* is synchronic with the *first time* (lower or systolic sound),* or to the *second time* (upper diastolic sound).†

It is now (1856) settled that a *souffle*, during the *second time*, is organic. Half the question is thus solved. But the chlorotic *souffle*, heard always during the *first time*, does not exclude the organic *souffle*, since this may be also perceived during the *first time*.

10. It remains to examine at what point the *souffle* is most distinct. If at the apex, it is organic; if at the base, it is chlorotic.

11. Does this suffice to establish the diagnosis? No; the other physical as well as functional symptoms of the malady in question must coincide.

12. Given, a heart-sound indicative of organic lesion [the *souffle*, rasp, or saw, or groaning murmur], how shall we ascertain the particular lesion? Is it endocarditis? Is it simple hypertrophy? Is it an abnormal communication between the ventricles? Is it a dilatation of the heart by valvular disease? How distinguish these affections by means of auscultation? [To simplify, the *souffle* only will be taken into consideration.]

13. Valvular diseases constitute the most frequent cases in which the organic *souffle* is heard.‡

a. Are the valves, supposed to be at fault in a given case, and whose beat is muffled by a *souffle*, the mitral or the sigmoid?

* The systolic *souffle* is always *extra* ventricular.

† The diastolic *souffle* is always *intra* ventricular.

‡ Nineteen-twentieths occur on the left side, and of these the great majority affect the aortic valve.

b. Is the *souffle* due to insufficient size of the orifice, or to incapacity of the valves completely to close these orifices?

c. Is the valvular cause of the *souffle* located at the right or at the left side of the heart?

14. Answer to 13, *a.* *Souffle*: mitral, or sigmoid? We recall (2, *b.*) that the mitral sound is more distinct at the apex, and the sigmoid at the base. If then, the organic *souffle* be more distinct at the apex, it betokens mitral lesions; if at the base, sigmoid lesions.

15. Answer to 13, *b.* Insufficiency, or contraction? We recall (2, *c.*) that the first lower or mitral heart-beat is systolic; that while the mitral valves close, the sigmoid open, and the blood is propelled into the aorta and pulmonary artery.

If the sigmoid orifices be contracted, the increased friction of the blood against them occasions a *souffle* at the base. (A new abnormal sound this, since the passage of blood is silent when the sigmoid orifice is normal.)

If the mitral valves have undergone morbid changes of their structure which incapacitate them for closing the atrio-ventricular orifices, then, as the blood regurgitates into the ventricle, its friction against the imperfectly closed orifice makes a bellows sound. Therefore, a *souffle*, during the first time, may be occasioned as well by *insufficiency* of the mitral valves as by *contraction* of the sigmoid orifice.

And so, *mutatis mutandis*, a *souffle*, at the second or diastolic time, may be as well the result of insufficiency of the sigmoid valves as of contraction of the mitral orifices. (The last is, however, an extremely rare cause of *souffle*.—WATSON.) For at the second upper or diastolic time, the sigmoid valves close, the mitral open, and the blood, in passing through from the auricles into the ventricles, will announce by a *souffle* any impediment which constriction of the mitral orifice opposes to it; and a *souffle* may equally announce the regurgitation of blood from the arteries into the ventricles, consequent upon

inadequacy of the sigmoid valves to close their gates completely.*

16. So we seem to be wavering between two lesions which yield the same sign; but, connecting the statements just made with the axiom (14) that organic *souffle*, most distinct at the *apex*, betokens *mitral* lesions, we conclude that *insufficiency* is the character of this lesion. Thus (a) mitral insufficiency gives *souffle* most distinct at the *apex*, during the *first time*. And again, as (14) organic *souffle*, most distinct at the *base*, betokens *sigmoid* lesions, we conclude, from the preceding statements, that *contracted orifice* is the character of this lesion. Thus (b) sigmoid contraction gives *souffle* most distinct at the *base*, during the *second time*.

While reversing the *times* (c), mitral contraction yields *souffle* most distinct at the *apex* during the *second time*; and (d) sigmoidal insufficiency yields a *souffle* most distinct at the *base* during the *first time*.

17. A double *souffle* is, sometimes, one accompanying each *time* of the heart. If both *souffles* be most distinct at the *apex*, we infer from the preceding considerations (16, a and c) that while the mitral valves do not close sufficiently, the mitral orifices are at the same time contracted.

If both *souffles* be most distinct at the *base*, we infer (16, b and d) sigmoidal insufficiency and contraction.

18. (a) *Souffle* most distinct at *apex* during the *first time*, and at *base* during the second time.

This indicates (16, a and b) mitral insufficiency, with sigmoidal contraction.

b. *Souffle* most distinct at the *base* during *first time*, and at *apex* during *second time*.

This indicates (16, d and e) sigmoidal insufficiency, with mitral contraction.

* The pulse of aortic regurgitation is sudden, hammering or jerking. This, with diastolic *souffle*, while the short clack of the second sound is absent or muffled, renders it certain, says Dr. Watson, that the aortic orifice is patulous during the diastole. He had never heard the *souffle* of regurgitation from the pulmonic valves.

c. Double *souffles*, distinct both at base and apex, during *first time* afford (16, a and d) presumption of insufficiency in both the mitral and sigmoid valves.

d. Double *souffles*, distinct both at base and apex, during *second time*, afford (16, b and c) presumption of contraction both at the mitral and sigmoid orifices.

19. These signs, in their varied combinations, have a relative value, but are not absolutely pathognomonic. Uncertainty exists alike with regard to the organic and the chlorotic *souffles*, for not unfrequently an autopsy reveals contraction of the mitral orifices and insufficiency of the sigmoid valves, without any *souffle* having been audible during the life of the patient. The absence of the *souffle*, in these cases, has been referred to feebleness of the diastolic movement, which is rather a collapse of the heart than an active contraction. If the mitral orifices be contracted, but little blood flows out of the auricles into the ventricles; and not being driven with much force, meets with no impediment in its passage sufficient to produce a *souffle*. And although the sigmoid valves be insufficient to prevent reflux of the blood from the arteries, the production of a *souffle* must depend upon the volume and force of such reflux. Diastolic *souffles* are rare: thus, extensive valvular disorganization may exist, without being revealed by *souffles* at the *second time*.

20. Does the energetic systole of the *first time* ensure, as has been pretended, the evidence of any existing disorganization by a *souffle*!

The systolic contraction is, indeed, energetic, so energetic as to be capable of producing a *souffle*, even in the absence of valvular disease.

A *souffle* has often been heard during the *first time* at the apex, indicating (16, a) mitral insufficiency; and the autopsy has revealed instead contraction of the mitral orifice, which, according to the foregoing rules, should yield a *souffle* only during the *second time*. A subtle explanation of this has been rendered. Instance a contraction of the bicuspid orifice: the

two apices of the mitre diseased cohere, forming a funnel, the upper orifice of which turns towards the left auricle, while the lower extends into the left ventricle; so that, instead of an auriculo-ventricular orifice, we have a shallow canal with two openings. The walls of this canal become cartilaginous and osseous; its lower orifice gapes, constituting a permanent insufficiency, while its upper orifice presents a contraction. Now, during the energetic systole, one stream of blood is impelled into the aorta, while another is driven back into the auricle through the permanent opening of the contracted canal, with production of a *souffle*. A *souffle*, most distinct during the *first time* at the apex, may then indicate either mitral insufficiency or mitral contraction. Auscultation fails to distinguish a simple insufficiency of the mitral valve from an insufficiency complicated with contraction.

For the practical physician, it suffices to know that he has to deal with incurable valvular disease. When this exists, it is not slow to manifest itself; but the functional symptoms of other organs—of the lungs, liver, pleura, &c.—must be questioned, in order to clear up all doubtful indications.

Upon which side of the heart does the morbid change exist?—
To determine this, the following rules were at first laid down:

If contraction or insufficiency exist in the left side of the heart, the *souffle* sound, which obscures the normal beat, becomes more indistinct as the ear is more remote from the left side; so that at a certain distance (*in epigastrio*) only the normal beat is heard. The reverse occurs, if the right side of the heart be diseased.

25. This rule, it is now said, is only true with regard to the mitral valves, but not available for disease of the sigmoid valves, inasmuch as the sound from the aortal valves extends along this vessel, behind the sternum, to the right clavicle, and the sounds of the *arteria pulmonalis* to the left clavicle.

Even here, the general symptoms must be taken into consideration. For instance, in contraction of the left mitral orifice, the contracted radial pulse; in disease of the right side

of the heart, the venous pulsation, the cyanosis, œdema of the feet, &c. &c.

26. The charges of the inadequacy of auscultation in valvular diseases may be repeated with respect to simple hypertrophy of the heart.

I find the apex of the heart lower down, and further to the left; the strokes of the heart more powerful. I feel a peculiar tremble (*schnurrendes zittern*), and recognize hypertrophy.

I feel this peculiar trembling at the apex; I notice difficult breathing, cyanosis, œdema of the feet; and I infer contraction of the mitral orifice.

I perceive that the pulse is small, almost imperceptible, whereas the heart beats strongly: I infer that the left mitral orifice is diseased.

What do I gain by auscultating? What more can auscultation do than to confirm my already satisfactory diagnosis?

27. In endocarditis and the abnormal communications of the ventricles, again auscultation plays an insignificant part.

Auscultation is useful within the proper limits, but by no means deserves that first rank among the physical signs which it has usurped in diseases of the heart.

If, on examination of diseases of the heart, we were not always so ready with the stethoscope, or read absence in soufflé a disorganization of tissues, how much mischief would be avoided! how much aimless and injurious therapeutic interference would be spared!



OBSERVATIONS ON PUERPERAL FEVER.

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

Predisposing Causes.

IN order to obtain a clear understanding of the nature and extent of some diseases, it is necessary to investigate their antecedents, and to rightly estimate the influence which may be exerted by conditions of the system existing immediately previous to their development. The affection now under consideration appears to be one of those diseases; and, after considering the changes produced in the system by pregnancy, the fatigue and oppression of gestation, the exertion and excitement of labor, the sudden removal of tension at delivery, and the subsequent intoned condition of parts, we ought not to be surprised at the frequency, or the serious nature, of puerperal fever.

The pressure on the venous trunks during pregnancy interferes with the regularity of the circulation, encourages congestion in distant parts, and predisposes to the development of disease. This influence is mainly felt in the lower extremities, in the sinuses of the brain, and in the heart and lungs. Pressure upon the bowels sometimes interferes with the office of fœcation, and occasionally produces a painful dysenteric affection in confinement. The impressibility of the nervous system is increased, and the gravid uterus becomes the centre of numerous sympathies; and many perverted actions, growing out of this change of relationship, may tend to the development of pathological conditions.

The depression at the approach of labor, and the excitement which follows as the process advances, both exert a powerful influence on the nervous system generally, and especially on the brain and spinal marrow. The contraction of the uterine fibres during pains, diminishes the flow of blood through the vessels of the uterus during the pains, and

of course disturbs the equilibrium of the circulation of other parts. Morbid anxiety on the part of the patient, long-protracted labors, and the exhausting effect of fruitless efforts under discouraging circumstances, not only have a tendency to produce puerperal disorders, but are apt to excite to activity any latent hereditary predisposition that may be existing to the congestive, convulsive, or maniacal forms of disease.

An agency, of recent introduction to the practice of midwifery, deserves to be mentioned in this connection. I allude to anæsthesia,—a great pet with strong-minded women. I believe anæsthetic agents have the power to wake up disease in parts rendered liable by changes already mentioned, and are capable, by virtue of their penetrating qualities, of vitiating the very current of life; and that, while they annihilate the sensibilities of the patient, they so far cripple the reactive energies of the system, as to prevent recoveries from attacks of disease that would have taken place, had it not been for their agency.

I believe, also, that the benefits (were there never any injurious effects from their use) of those agents are vastly over-rated. They interfere with the force and regularity of the pains, nullify the ability of the patient to bear down, and thus deprive her of the benefit of voluntary efforts. I hold that a practitioner is not justifiable in administering anæsthetic agents in cases of *natural* labor; but I am willing to admit that in some, perhaps many, preternatural cases, their employment is not only justifiable, but expedient. If one of two evils must be suffered, let the least one be chosen. I think the advocates for anæsthesia err in supposing that the pains of labor furnish a parallel for the pains of a surgical operation. The influence and the tendencies of the two are dissimilar. One is, at least in part, physiological, and the other is always morbid.

In order to prevent the exhausting effects of long-continued suffering and fruitless efforts, the practitioner should be always

ready to render the needful assistance, whether it be medicinal, manual, or instrumental, at the appropriate time. The shock of labor sometimes overwhelms the nervous system so completely, that reaction does not take place, and the patient dies from exhaustion of the vital energies. Again, we may have metritis, uterine phlebitis, or peritonitis, and consequent puerperal fever may be excited by the parturient act, as the result of changes which took place during pregnancy.

The effect on the system caused by the loss of fluids is prostrating in its tendency. The evacuation of the liquor amnii, although it forms no part of the circulation of the mother, yet its sudden withdrawal, like the discharge of water in ascites, or of pus from an abscess, has a similar effect upon the system; but the healthy and robust do not visibly suffer from these causes.

That portion of the internal surface of the womb to which the placenta was attached during the pregnancy becomes denuded, and like an open sore, on the removal of the placenta at delivery, and often permitting an occasion for local inflammations, which may extend to other tissues, and involve the whole system in fever. Damp and ill-ventilated apartments, getting up too soon, dread of puerperal diseases, excessive watchfulness, over anxiety about any thing, fear, and other exciting passions of the mind, strongly predispose the patient to attacks of fever. It is supposed by some that the small coagulæ that plug up the mouths of the uterine vessels on the internal surface of the uterus from which the placenta was removed may undergo decomposition, and, either by local irritation or absorption, cause fever; and it is also believed that, in case the lochia be too long retained in the cavity of the uterus, they may undergo a similar change, and so act upon the veins and sinuses, either by contact or imbibition, as to cause local inflammation and general fever. And I see no reason why the absorption of half-putrid fluids from such a source should not produce disastrous consequences, similar to those caused by the absorption of fluids

from the decomposing subject under dissection, or from the ox that has died of murrain.

Pregnancy frequently suspends the progress of phthisis pulmonalis until after delivery ; and if a pregnant woman be attacked with any disease that will ultimately prove fatal, as a general thing, delivery will take place before death.

Normal Conditions.

The shock given to the system by labor, together with the mental and nervous excitement, generally subsides in the course of six or eight hours ; and the pulse, which ranges from ninety to one hundred beats in a minute, usually comes down within that time to about eighty, and in some cases falls below the number of pulsations in ordinary health. But if the discharge from the womb should be considerable, and the after-pains severe, the pulse is apt to become small, and to run up to one hundred and twenty beats in a minute. A few hours of refreshing sleep, however, generally restores the equilibrium.

The uterus, immediately after delivery, is nearly as large as an infant's head at birth, and weighs about a pound and a half ; it is sensitive, and may be felt in the hypogastric region. The *clonic* contractions of the uterine fibres, by their alternate action and relaxation, admit of the passage of the blood from the vessels of the uterus into its cavity, which is expelled, in the form of coagulæ, therefrom, either in the fluid or coagulated form ; and when of considerable quantity, constitutes uterine hæmorrhage. But the *tonic* contractions of the uterus expel the circulating fluids remaining in the vessels into its cavity, and they pass off in the form of lochia. By this process, from the seventh to the tenth day after delivery, the size of the womb is so far diminished, as to allow of its descent into the cavity of the pelvis, so that its fundus can scarcely be felt above the pubis. The process of diminution goes on until the organ is reduced to the unimpregnated size, and weighs about two ounces and a half.

The portion of the internal surface of the uterus, to which the placenta was attached, is granulated and raised above the portion covered by the decidua. The os and cervix uteri are covered with ecchymosis after labor, and nicks, or small lacerations, are frequently observable at the edges of the mouth. The vagina is relaxed and distended, but soon recovers its tone and former calibre. The vulva is usually swollen for four or five days, and in the course of recovery often feels heated and sore. In protracted labors, where the child's head occupies the pelvis for a long time, and presses upon the neck of the bladder—a circumstance that is more common in first than in subsequent labors—the volition to pass urine is sometimes interrupted for a time, and the catheter has to be used until the power returns.

For the first day or two after delivery, especially if after pains be present, small coagulæ occasionally pass away; and for the next six or seven days, the red color of the lochia continues, but is thin and watery, and does not coagulate. Subsequently, it becomes yellowish or of a greenish color, is serous in its character, with occasional signs of pure blood, and continues to flow until about the eighteenth day. The discharge sometimes stops by the tenth day, and even earlier, while in other cases it continues for three or four weeks, gradually tapering off into a mucous character, more or less healthy, or passes through a puruloid condition before it reaches the healthy standard. The odor is sometimes exceedingly offensive.

The patient usually perspires during labor, and sometimes so freely as to completely saturate her clothing, and render a change of garments necessary soon after delivery. The rapid dilatation of the womb before delivery, and the tonic contraction of the organ afterwards, are frequently accompanied with rigors of considerable force, without coldness, which timid persons sometimes mistake for chills. The urine is generally passed in two or three hours after delivery, but in some cases not for six or eight hours; and occasionally we meet with cases in which the inclination is never felt until the effort

is made. In cases where perspiration is excessive, the urine is apt to be scanty and high-colored, and voided but seldom.

The bowels, when not moved by the influence of medicine or enemas, generally move about the fifth day, but sometimes as early as the second, and sometimes as late as the tenth.

Milk is sometimes secreted as early as the sixth month of pregnancy; occasionally a few days before, or about the time of delivery; but generally not until from thirty-six to sixty hours afterwards. The secretion is usually preceded by increased size, heaviness, soreness, and tension of the breasts, and is sometimes attended with slight creeps of cold, followed by heat of skin, headache, acceleration of pulse, and more or less interruption of the lochial discharge. But in a day or two, and sometimes in the course of a few hours, these symptoms all subside, and the secretions and excretions go on as usual.

Abnormal Conditions.

The predisposing influences already mentioned sometimes cause the development of some latent disorders of the system, or rouse into morbid activity some mental or moral constitutional peculiarity of the patient. The nervous shock already spoken of may throw the patient into a state of collapse, and render fruitless all efforts at resuscitation. Death may take place in the course of a few hours, without the debilitating effects of hæmorrhage or other tangible cause, and without leaving any discoverable lesions after death. In some cases, the fatal effect of the shock has not taken place until the second or third week of confinement. Strong mental excitement has been known to produce in susceptible patients a state of syncope, from which they could not be roused.

The pulse should be carefully watched by the practitioner where any suspicion exists of there having been too much nervous tension, mental distress, or a predisposition to puerperal disturbance of any kind, in order that timely medical treatment may be instituted should any alarming symptoms arise. Should the pulse, in the course of ten or twelve hours

after delivery, not come down to something like the healthy standard, say from seventy to eighty beats in a minute, the physician ought to be on his guard; for if the pulse continues at one hundred or one hundred and ten, with quickness in its beat, he has good reason to fear uterine hæmorrhage, inflammation, or puerperal fever. And especially if, with this state of pulse indicated, the uterus should not decrease in size as it ought to do; and still more particularly if, on the fourth or fifth day, the uterus should increase in size and become sensitive to pressure, and the lochia be too scanty. These symptoms are to be distinguished from the sensitiveness that occasionally attends severe after-pains, and the temporary distension of the uterus from retained coagulæ.

The expression of the countenance should be also noticed. Where the features are sharpened, and looks of anxiety are expressed, with the senses rendered morbidly acute, or unnaturally dull, with hurried, panting respiration, and a frequent quick pulse, mischief may be suspected.

The lochia should be particularly inquired after, although considerable latitude may be allowed for difference of color, quantity, and length of continuance. In cases of abortion, there is very little discharge after the ovum is expelled. In premature labor, there is usually less than at full time, and its duration is shorter. At full time, as a general thing, the lochia will be less and of shorter duration where there is a small placenta than where there is a large one. The discharge is generally less after still-born children, especially if the fœtus has died some time previous to delivery. Were it not for the protection afforded by the membranes, the tendency to putridity of the fœtus might hazard the health of the mother; but the arrangement of the membrana decidua is such as to shield the uterus from contact with the decomposing mass, and prevent absorption therefrom; and hence we very seldom see any unpleasant symptoms occur in cases of the kind. The importance of changes in color and quantity of the lochia may generally be judged by the accompanying symptoms and

general condition of the patient. The discharge sometimes, though rarely, ceases as early as the fifth day, without any serious consequences following. It often becomes pale and diminishes very much in quantity, and then becomes deeper in color and increased in quantity. A hard stool, sitting up, or other exercise, will often increase or provoke the discharge after it has nearly ceased.

Any deviation of the lochia from the usual or healthy standard, either in quality or quantity, is apt to be noticed by the patient and the nurse; for a change in the character of the discharges is always looked upon with suspicion, whether it be healthy or unhealthy. The quantity is a relative matter: it may be scanty, and yet be healthy in its character, and continue the usual length of time. On the other hand, it may be copious, run through the regular course from deep-red to pale-red, and then become mixed with mucus of a yellowish color, and so on, until it terminates in the natural secretion of the parts.

The discharges sometimes assume an acrid and watery character, of a yellow or greenish color, and without odor, or they may become brown, with a putrid and offensive odor. In other instances, they run off into a kind of leucorrhœa, which may become very troublesome. These unhealthy discharges generally result from disordered action; but they are sometimes attributable to the retention of a small portion of placenta or membranes, or they may result from small clots which may occupy the mouths of the veins and sinuses, which undergo decomposition and come away with the lochia.

Secondary hæmorrhage may occur from accidental causes—exertion, sitting up too soon, &c.—any time within the first two or three weeks of confinement. The lochia usually cease in about three weeks; but we frequently see a slight return of the red discharge in the fifth week, when the patient begins to walk about the house and go up and down stairs.

CLINICAL OBSERVATIONS ON CLEMATIS ERRECTA.

BY DR. DESTERNE.

Translated from the "Journal de la Société Gallicane," by J. A. CARMICHAEL, M.D., of N.Y.

(Continued from page 445, vol. 1.)

CHRONIC DISEASES OF THE SKIN.

RUCKERT considers *clematis* less suited to pustular than to those vesicular eruptions that cause excessive itching, and are filled with lymph which they throw off and become covered with small brownish crusts, between which exist slightly moist spaces. This discharge favors the gradual extension of the eruption. The remedy is undoubtedly suited to eruptions accompanied with swelling, heat, and redness of the affected parts.

Hahnemann says that *clematis* has been too much neglected in the treatment of exanthemata with serpiginous crusts. With him, it has eminently succeeded in the papular forms (papula, acne, sycosis). He has found it specific and acting rapidly in pustular diseases, too, in which it seemed much more indicated than in eczema, impetigo, brillæ, and ecthyma.

According to Hirschel, *clematis* renders some service in nodulated eruptions, papulæ, acne, sycosis, &c. "I have found it," he adds, "more efficacious in eczema, impetigo, the bullæ, ecthyma, &c., particularly in the vesicular form."

Clematis has been employed with advantage in lupus or malignant tetter, so denominated by Willan and Bateman.—*Léon Simon the elder: Scrofulous Diseases, archiv. tome vi., p. 448.*

We extract from M. Jahr's treatise on diseases of the skin the following observations: "*Clematis* is useful principally in the dermatoses produced by solar action, in those characterized by an inflamed condition of the skin; in hypertrophy of the dermis, in the bullar variety; in cutaneous affections accompanied with emaciation; in psoriasis, psoriasis inveterata,

psora palmaris and plantaris ; in chronic discharging eruptions ; in chronic eczema, particularly of the legs ; in psora, complicated with small ulcerations ; in impetigo figurata and phagedenic tetter. Generally, *clematis* will be indicated if there be a scaly crust upon the thigh, from which exudes a yellowish ichorous and corrosive humor, and resting upon a red and excoriated base, discharging, and covered with numerous vesicles, which increase, and the discharge from which forms new crusts, attended with intolerable itching, emaciation and engorgement of the inguinal glands, redness and tumefaction of the skin, and scabby pustules all over the body. At the increase of the moon, the eruption is red and moist ; at its decrease, pale and dry.”—*Jahr Traité des Maladies de la Peau*, p. 134.

From the clinique of Dr. Roth, the following cases are cited :

1. *A Chronic Exanthem on the right side of the Knee, sequence of Contusion.*—Seven weeks after having been kicked by a horse, numerous vesicles appeared, containing alkaline and corrosive serum. The articulation, hitherto painful and swollen, now recovered its freedom of motion. Afterwards, at every new moon, and later, every fortnight, painful and itching pustules broke out on his face, ears, and exposed parts of the hands. This eruption was ushered in by agitations of the limbs and thighs, itching and tingling over the whole body, persisting through the night. The parts uncovered were always the chief sufferers. At one time, the genitals and anus were painfully swollen. The face swelled from the first, and the patient, unable to open his eyes, could scarcely be recognized. The skin of the hands had a psoriform aspect. It was dry and entire, with the exception of a few fissures here and there. Sometimes, mingled with the burning pains, were darting itchings, provoking to scratch. A millet-sized pustule, enlarging, discharged a little, and left a raw surface. From the time of seizure, during three or four weeks, slight lancinating pains of the face and ears ; the complexion, slightly yellow, indicated some alteration in the functions of the liver, possibly

from the shock of fright at the kick. After various futile measures, *tinct. clematis erecta* was prescribed, one drop each week. At first, the remedy seemed to act favorably—the pains disappeared from the hands; but twelve days thereafter, the precursory signs of the eruption reappeared at night. *Rhus toxicodendron*, two drops 1°, was exhibited every eight days for many months, and the patient was cured.—*Obs.* 1299, by *Dr. Schneiber*.

The second case reported by Dr. Roth is classed under the head of tetter. It shows, like the preceding, the insufficiency of *clematis* (or its inadequate administration). R., a child of ten years, had been affected for some years with an eruption, which at first covered only a small portion of the upper part of the thigh. It was generally visible only in summer, disappearing in autumn and winter. It afterwards enlarged, and was accompanied with heat, but seemed to diminish again as the moon waned; the upper part of the left thigh was covered with a scaly crust; from the interstices exuded a corrosive pus; from time to time, the scales fell and left a moist surface covered with vesicles which increased and secreted as before. Wherever the skin was touched by this pus, new vesicles would form. The whole upper part of the right thigh was thus covered, and the eruption reached other parts of the body, breast, arms and back; the itching was insupportable; when warm in bed, the relief by scratching only momentary; the glands of the groin and axillæ were swollen and hard; body emaciated; muscles soft and relaxed; the face anxious and full. After forbidding coffee, *℞. staphysagria* 30° (20th December, 1820): aggravation up to the 24th; the itching more violent. After the 24th, it began to diminish, many vesicles dried up, and a tense, rough and bluish skin formed. On February 10th, *clematis*, one drop of the 6th dilution: the thighs and body cleared; the scaly crusts fell; a few vesicles remained, but caused no irritation. 24th.—The newly-formed skin is rough, and new vesicles appeared, with itching and burning. This, with the roughness of the skin, seems to indicate *rhus* 9°.

31st.—All the vesicles have dried up; the skin of the thighs is now rough and red. 14th Feb.—Skin becoming soft and white. 5th March.—No trace of the exanthema; no swelling of the glands. During May and July, *rhus* 9°, occasionally, completed the cure; and since then, his health has been good.—*Gross*, 1822.

OUR MATERIA MEDICA.

BY HENRY C. PRESTON, A.M., M.D., OF ST. JOHN'S, NEW-BRUNSWICK.

UNDER this head, I propose publishing extracts from a letter from a professional brother in London, with my answer to the same; inasmuch as this correspondence shows what difficulties young practitioners encounter in first studying the homœopathic materia medica, and applying it in practice, and also embraces the few remarks I designed to make concerning the proper appreciation of our materia medica, with my opinions as to the correct way of analyzing the pathogeneses of remedies, and the difficulty which at present lies in the way of establishing a new system of pathogenetic grouping.

As I deem it highly derogatory to the character of a gentleman to publish private correspondence without permission, I shall of course omit all personal allusions, and only transcribe what directly pertains to the subject, which, I trust, may not prove uninteresting to those, to whom only I would venture to give my opinion, viz., the younger portion of our profession.

“DEAR SIR: I have this day received the *North American Journal of Homœopathy* for February; and being especially interested in your article on “the use of high potencies,” as indicating an earnest desire to promote the cause of scientific

homœopathy, I am emboldened to reach out my hand to you across the broad Atlantic, and to ask you to accept of my sympathy and thanks, and at the same time, when you have a few minutes leisure, to give me a few lines in reference to some points which I will mention immediately.

“ I feel strongly the tendency of homœopathy to drift off into empiricism; but I do not think the tendency has yet been effectually met, and doubt whether we must not look for a check in the discovery of a new law of pathogenetic grouping. I am a young homœopathic practitioner—have never practised allopathically, but have, of course, gone through the curriculum of allopathic study. For my knowledge of homœopathy, I have been recently left to my own study and resources. I have never seen any practice but my own. I have had some success, but not so much as I think I ought to have had, or should have had, if I could have wielded my homœopathic instruments more skilfully. I have always wished to practice pure homœopathy, and have generally succeeded in doing some good, though not all the good that I wish, by the use of dilutions from the 3d decimal up to the 200th. But I have felt myself baffled in my efforts to avoid routinism. The books say, “you must study the pathogenesis of drugs, and not always depend upon a repertory in order to make your equation between a disease and its remedy.” They tell me never to administer a remedy, unless I am sure of its exact or utmost approximate homœopathicity to the case. But it is advice more easily given than followed. I go to the materia medica, and am immediately bewildered by the chaotic confusion I find there—especially in Hahnemann’s Chronic Diseases. All the medicines seem alike, and all equally confused! By no system or drilling can I find any method of bringing my mind *en rapport* with the long list of apparently unrelated symptoms. I have tried, and the more I try, the more signal is my failure. There is no point of attachment between my memory and the facts which claim a niche in it. I know a few general facts about most of the remedies,

but I am sure I should not have discovered them from the pathogeneses. They stand outside of it. Perhaps they may appeal to it with some success for confirmation; but I want to know how they were originally deduced from these unarrangeable data, and how I am to make fresh deductions for myself. If I try to find the remedy for a particular case by using a repertory as a finger-post to the materia medica, the bewilderment is in many cases as great; and, after floundering about amongst an interminable list of medicines that suit special ruling symptoms, I am quite unable to decide which covers either the worst or the most important symptoms.

“ I do not think I should shrink from hard study, if I could feel it brought some result; but, with such experience as this, I sometimes feel wearied with unprofitable toil, and am almost thrown back upon the empiricism I abhor, and led to look to the clinical results of others, instead of relying upon my own independent knowledge.

“ I have sometimes thought it would be an advantage, if those who, like yourself, have to some extent mastered the tremendous difficulties of the materia medica would report their experience, and tell their brethren how their knowledge was acquired. I do not wish to strike my colors, and declare myself defeated, and I think I may, perhaps, in the course of some time (perhaps years), do some service to the profession, if I can collect the experience of thoughtful and careful practitioners upon this point, and discover the most practicable avenues to a mastery of the materia medica. The directions given in the introduction to Hull's *Jahr* are to me almost unintelligible, and I have never met with any one who has followed them out. Dr. Hall has translated “ *Hirschel's Rules and Examples for the Study of Pharmacodynamics,*” but that is as cumbrous, almost, as the materia medica.

“ May I ask you the great favor to tell me your experience, in as few words as you like, on the following points :

“ How your own knowledge of the materia medica has been obtained ?

“ How you avoid routinism in practice ?

“ In what way you make use of a repertory ?

“ Also, I should like to know of any books, in English, French or German, where intelligible directions may be obtained, if you know of such.

“ And as it is my wish to obtain the independent testimony of as many as possible who have more or less mastered this difficulty (for I suppose it is a case of plus and minus in every one's experience), I should be obliged if you can give me the names and addresses of other gentlemen to whom I may refer, who practice conscientiously, and do not throw Hahnemann's directions overboard until they are sure they have improved upon them.

“ I have no doubt you have well considered the step you have taken in retiring from the *North American Journal of Homœopathy* ; but I very much regret it, and hope it will still be a medium for the influence of men like Dr. Marcy and yourself, and that your contributions will not cease from its pages.

“ Apologizing for intruding thus upon your time,

“ I am yours, very respectfully, &c. &c.

— — — .”

To the above communication, I returned the following answer :

“ St. John — — — .

“ MY DEAR DOCTOR : So long a time has elapsed since the receipt of your letter, that I am almost ashamed to undertake an answer ; but from the spirit in which you write, and from your earnestness in desiring the opinions of practitioners older than yourself, I am constrained to avail myself of the first opportunity that has occurred to me, to apologize for my long delay and seeming neglect of your very complimentary letter, to thank you for your congratulations and kind wishes, and to endeavor to answer your interrogatories, as far as my experience will allow me so to do.

“ My opinions in regard to the tendency of our school to run into eclecticism, you have already read ; and I need not enlarge on this point further than to say, that the evil you complain of, viz. routinism, or the settling down upon certain remedies as specifics, is a very natural, and perhaps the greatest, cause of this tendency, and you are in nowise different from the great majority of practitioners. It is an evil that all of us have to make vigorous efforts to avoid, because it is so much easier to have specifics at command for every thing, than closely and carefully to study each case, and compare its symptoms with those of the drugs that have been proved ; and yet the latter is the only scientific way of practising homœopathy.

“ The books say truly, and all the earlier practitioners, and the oldest homœopathic physicians still living, say, “ you must study the pathogeneses of drugs, and not depend upon a repertory in order to make your equation between a disease and its remedy.” The difficulty you find in doing this, the bewilderment occasioned by reading over a large group of symptoms of each drug, is no more than every practitioner experiences at first ; but it seems to me, the more he studies the materia medica, the more he fixes in his mind the general complex of symptoms which assimilate that of the disease he wishes to treat ; in other words, the sooner he comprehends the genius and sphere of action of each remedy.

“ This being accomplished, the physician cannot be considered guilty of routinism if he uses the same remedy in any number of cases consecutively, or whenever he finds a set of symptoms corresponding to that remedy.

“ If you have studied the homœopathic materia medica closely and carefully, are you sure that the same general facts which you say you know about remedies stand outside of, and have not been discovered from, the pathogenesis ? What general facts could you have acquired, outside of the homœopathic materia medica, with regard to the therapeutic action of *calcareæ*, *carbo vegetabilis*, *silicea*, *sepia*, and a host of

others? Where can we obtain any knowledge of the therapeutic properties of any of the antipsorics, except from the study of their pathogeneses? Surely not *a priori*, or from their clinical results, as their pathogeneses were published by Hahnemann long before any number of clinical experiences could have established their claim as remedies. From my own experience and reading, I am led to believe that all facts appertaining to the therapeutic action of drugs were *very general* indeed until the time of Hahnemann; and, until he published his materia medica, very little was known of the special affinity of any drug to any one disease. All the old systems of medicine proceeded upon the same plan, which we, who have been educated allopathically (as it is called), find so much more natural to our minds, and which we are constantly tempted to follow, viz., diseases arranged under certain general names, and remedies classified according to the one prominent effect which clinical experience alone attributed to them. Thus we had come to consider *rhubarb*, *magnesia*, and others, as cathartics. This we now find is *very general*, and only expresses one very general clinical result of crude doses; but the genius, or proper curative sphere of action, of these remedies was never known until their pathogeneses were obtained, and then they were found to be not mere cathartics, but remedies embracing a wide sphere of action, and applicable to many cases where they would never have been thought of before.

“I mention these familiar instances, to remind you how few and circumscribed are the general facts which you think you have obtained outside of the homœopathic materia medica. And it seems to me that, on reflection, instead of being “sure that you could never have discovered them from the pathogenesis,” you will fully agree with me that, without this pathogenesis, you could never have discovered them at all.

“The rule never to administer a remedy unless “sure of its exact or utmost approximate homœopathicity to the case,” is good in general, but, like all other rules, must have its

exceptions. If you have a patient suffering from convulsions, croup, or other violent and dangerous disease, it will certainly not do to wait for a remedy until the physician has time to look over his *materia medica*, and find out the drug most nearly corresponding to the symptoms before him. Something must be done at once; and, in my humble opinion, the man who has not enough of the *materia medica* in his head to enable him promptly to decide upon the appropriate remedy, is not fit to practice homœopathy. I imagine, however, that it is not this class of cases which causes the most hesitation on the part of the physician, or for which the rule is made. It is, rather, chronic cases, or those of very difficult diagnosis, where the utmost care is required in the selection of the exact remedy, and where it is better to let the patient go without medicine, or amuse him with *sacch. lactis*, than to give him the wrong prescription. In such cases, we cannot be too careful in the selection of the remedy; and it is in precisely such cases that Hahnemann and the earlier homœopaths were more successful, because they were more careful and exact in the choice of the medicines they employed. Now, if they, with many of the older practitioners still living, think it necessary to make a careful digest of the morbid symptoms, and compare them with the pathogeneses of the drugs, before they prescribe for a patient, how much more should we, who have not had half their experience!

“ I cannot agree with many, to whose superior knowledge and experience I willingly yield deference and respect, that symptoms alone are sufficient to enable me to practice medicine successfully. At least, I cannot feel satisfied to prescribe for a patient unless I can form in my own mind some idea of the pathological disturbance I am called upon to treat, and then can find in the pathogenesis of the remedy symptoms that have especial affinity to that particular pathological disturbance. I know of physicians, that are generally successful in practice, who even boast that they do not want to know any thing of pathology—who, in fact, are mere

mechanical symptomatologists. But it is such men as these who are constantly tied to books, and who can never make a proper prescription without a thorough comparison of the symptoms of the disease and the remedy, no matter what may be the emergency. It is related of one such practitioner, and quite a distinguished homœopath he is too, that he allowed an infant to lie in spasms half an hour, before he could decide from his books that *belladonna* was the appropriate remedy for convulsions during dentition. A man who confines himself so closely to books, it seems to me, can never form an opinion independent of them; and from his very dependence upon them, will never accumulate much knowledge of the *materia medica* in his brain, where it should be stored and ready for use at any time. But still, on the other hand, it is quite true that a man never can gain any knowledge of the *materia medica* without constant and careful study, and that study should always accompany the observation of disease, in order to fix it in his mind.

“ I have thus candidly and briefly commented upon the ideas suggested in your letter, and now will briefly answer your interrogatories.

“ First, my own knowledge of the *materia medica*, such as it is, (and I confess it very imperfect), has been gradually obtained by studying carefully, the pathogeneses of the different remedies in order to find the nearest approximation to the morbid symptoms I was called upon to treat. This is a brief answer, and I fear, will be as unsatisfactory as the directions you have received from books; but it is about all I can say. The ladder which leads up into the tree of knowledge is so enshrouded with the thick foliage of the trunk and branches, that it is difficult for those who have gone only a little way up, to turn around and see the successive steps by which they have arisen. A child grows up to manhood, and then finds himself possessed of a certain amount of knowledge, without being able to tell how or by what gradual process it has been acquired. Certain it is, that he has had to

study and think ; and the more earnestly and constantly he has done this, the more knowledge he has accumulated. So, of my own experience, I can only say, if I have any knowledge of the materia medica, it has only been acquired by constant study and the application of what facts I possessed to actual practice. At first, I was as much bewildered as any one can be, at the vast array of apparently unrelated symptoms ; but the more I knew of the remedies in their similarity and successful application to the different phases of disease, the less unrelated appeared the pathogenetic symptoms, and the more easy became the analytical mental process by which I could in each case perceive the relation of the drug to the morbid symptoms I was treating. In studying the materia medica with reference to a case of disease, my plan has usually been to satisfy myself first, as to the *locus morbi*, and then as to the extent of pathological disturbance. This, of course, is not always easily attained ; but we can come near to it in almost every case of internal disease. If we cannot, we must rely on symptoms alone, and find the drug which comprehends most of them. But we generally can form some idea of the pathological sphere affected ; and when that is found, it is easy, by searching, to find out the remedy which has the nearest affinity for that sphere. Of two or more drugs, having the same pathogenetic symptoms, I should give the preference to that one whose pathological sphere corresponds most nearly with the pathological disturbance I had to treat. To illustrate my meaning, suppose I had a case of scarlatinous dropsy to treat. The pathology of this disease I believe to be, absorption of the scarlatinous virus by the kidneys. Now, I should give the preference to *zinc* and *cantharis*, because their pathological sphere is the kidney and its relative organs, rather than to *arsenic* and *digitalis*, &c., which have the same, or nearly the same, pathogenetic symptoms of anasarca, &c., but whose pathological sphere is more in the brain and nervous system. How, except by the pathogenetic symptoms of those medicines which we find in the

materia medica, or by proving the drugs ourselves upon the healthy, could we ever learn the facts that *zinc* and *cantharis* cause dropsy by their specific action upon the kidneys, while *arsenic* and *digitalis* produce the same results, by impairing the integrity of the spinal marrow and the ganglionic and capillary nerves?

“ It is this sort of pathogenetic grouping, perhaps, which would render the materia medica of homœopathy more serviceable to the young practitioner; but I question whether we have, as yet, remedies or provings enough to make such a grouping of any permanent benefit, because it would be liable to constant changes, as new remedies, new provings, and new clinical experiences are constantly unfolding. For my own part, I see no other course left for the scientific men of our profession, but to go on accumulating facts, and, like Hahnemann, publishing the pathogenetic symptoms obtained by all provers. It is impossible, in my opinion, to decide at this stage of our experience which are valuable and which are valueless among symptoms that have not been and cannot be arranged more systematically until a greater amount of knowledge is accumulated with regard both to diseases and remedies.

“ Your second question I have already answered in part, by confessing that I cannot always avoid routinism, if by that you mean giving the same remedies in the routine of every day's practice, because I find the same symptoms occurring every day. I perhaps give *aconite*, *belladonna*, *bryonia*, *nuxvomica*, and some others every day of my life. Inflammatory affections always require *aconite*, at least in the outset, and it is the homœopathic remedy I must use with every patient who exhibits these affections. But I do not call this routinism; and if it is, it is both justifiable and necessary, besides being in perfect accordance with the principles of homœopathy. What I call routinism, and what I suppose you mean by the term, is the practice of confining oneself to a very few remedies, deemed specifics, which are used very

generally for all cases, without even studying each case by itself, or endeavoring to ascertain the pathogenesis of any other drugs. Such men I know, who never carry more than a dozen medicines in their pocket case, and find among them a remedy for every case of disease they meet. But such men are not very successful, in the treatment of chronic cases at least, and their little knowledge is based entirely on the clinical results of others. They do not deserve the name of homœopaths. I avoid such routinism by usually carrying with me four cases of medicines of different dilutions, from the third to the highest, and my day-book exhibits a wide range of medicines, as well as dilutions, which I have prescribed daily for some years. But there is scarcely a day in which I do not refer to the materia medica, either using the *Symptomen Codex* of Jahr, or referring to all the published provings I can procure—the Vienna provings, Hering's provings, published in German, Hahnemann's and Stapf's materia medica, and whatever other works treat of the pathogenesis of drugs. Of one thing I can assure you, that I study now quite as much, if not more, than I did when I first commenced homœopathic practice twelve years ago; although it is perhaps easier to attain the desired results of study now than it was then.

“ Your third interrogatory is very easily answered. I never make use of a repertory, and regard such a work as scarcely desirable for any one. It is quite as easy for me to find the homœopathicity of a drug in any number of pages of symptoms as in a repertory; and although I tried, at first, to use one, I was soon obliged to give it up as a profitless task, and have not looked at one since.

“ With many apologies for my long delay in answering your letter, and I ought to add, for my long answer,

“ I am yours, truly and patiently,

“ H. C. P.”

DISEASES AND PATHOLOGY OF THE RESPIRATORY ORGANS.

BY J. H. WARD, M.D., OF NEW YORK.

AFFECTIONS of these organs are among the most important as well as the most frequent of all our local diseases. "The heart and lungs form, with the brain," as Borden observes, "the tripod of life." Hence it is that any considerable interference with the normal functions of these organs, from any cause whatever, is so often followed by such suddenly fatal results. Yet it is surprising, sometimes, to see with what energy and tenacity nature upholds these props of human life. The heart labors on, though immersed in a mass of waters within its own sac, while impeded by its own bulk, and even encroached upon and materially hindered by other diseased organs from performing its customary duties. The brain allows itself to be cut and even mutilated, without refusing to send its life-giving energies to every part of the system. The lungs may undergo a process of inflammation and condensation, and even disintegration, to a certain extent, without extinguishing life.

On the other hand, there are few diseases with which the lungs are not more or less complicated. The brain seldom becomes affected, unless consecutive to these organs. Idiopathic fever, in which the lungs are not involved, rarely terminates in death. It is of the highest importance to be able to recognize the lesions of the thoracic viscera. The brain has symptoms so peculiarly its own, that its diseases are readily recognizable. The abdomen is, from its softness and pliability, accessible to palpation alone. But the extent and variety of the affections of the thoracic viscera, encased as they are within hard and bony walls, demand other modes of investigation than palpation or the mere symptoms. The discovery of Avenbrugger and the labors of Laaenec have cleared up the uncertainties which, previously to these times,

invested the diseases of the respiratory organs. Auscultation and percussion are among the most valuable discoveries that have ever enriched science; and there are few among medical men of this day who have not acquired some knowledge of their uses and operations. Still later, the introduction of the laryngoscope to the notice of the medical world seems, by its own intrinsic merit, to complete what was wanting in determining the exact condition of the *air passages*. However little this instrument may now be known, it will in time become indispensable to a medical repertory.

To the mere symptomatologist, these adjuvantia to a more accurate diagnosis will not be thought necessary. These refined explorers in the world of symptoms would, in search of a therapeutic indication, regard the ominous mole on the cheek, or a twinge in the muscles of the back, as of more importance than the fine *crepitant râle* of an approaching pneumonia, or the delicate but faithful murmurs of an overtaxed and overburdened heart. Those, however, who recognize every attempt to render our knowledge more definite and less dependent on mere inference, as a step in advance in the right direction, will be ready, with me, to enter on a more thorough study of the diseases which affect peculiarly the air passages, and among which, the first presenting itself is

Laryngitis, both acute and chronic.

Laryngitis, as the term implies, is an inflammation of the mucous surfaces which line the laryngeal cavity, including the epiglottis, but is sometimes exactly limited to the larynx. The natural appearance of the laryngeal mucous surface is of a pale-pink color; the mucous membrane is of extreme tenuity, and adheres very strongly to the tissue beneath it. It is studded all over with mucous glands or follicles; and the cartilages and ligaments are enveloped with a quantity of areolar tissue which is liable to become infiltrated when inflamed, and to terminate in that rapidly fatal disease called *cedema glottitis*. Gen. Washington and Josephine Bonaparte

were victims to this disease. Practitioners are acquainted with the general symptoms of laryngitis, a disease not at all intractable, if seen early—not more so than other inflammatory affections. It is its situation that gives it much of its importance; for if an inflammation of equal intensity should occur in by-parts of the system, it would not involve or even threaten life. But an inflammation of the larynx, even of small extent, should always excite alarm and lead to prompt and vigorous measures. The line of treatment is also well known, and the homœopathic practitioner, with *aconitum*, *belladonna*, *prot. iod. merc.*, *bichrom.*, *potass.*, *bromine*, and *iodine* itself, meets with a success not obtained by any other mode of treatment. The formation of the so-called false membrane in young subjects, and of œdema of the glottis in adults, is the immediate cause of most of the fatal results in laryngitis. Now, the reason why this plastic exudation takes place only in infants, or very rarely, at least, in adults, and *vice versa* of œdema glottitis, has never been satisfactorily explained. Dr. Stokes thinks “that it is owing to a greater predominance of the white tissue in young subjects.” Dr. Dickson, of South Carolina, says “it is owing to the difference in the constitution or rather composition, of the blood.” Dr. Williams, with greater plausibility, starts the idea “that the inflammation involves the sub-mucous areola tissue, which is very abundant during youth; and that the natural product of the phlegmonous inflammation transudes readily through the thin, delicate mucous membrane proper to that age.” In the case of the adult, the infiltration consequent upon inflammation pushes or swells out the mucous membrane, too thick already to admit of serous transudation, and terminates in that frightfully fatal disorder, œdema glottitis. On the other hand, the same inflammation produces precisely the same result with respect to the lymphatic vessels, so numerous in this region, namely, the secretion of lymph in abnormal quantities; but the tenuity of mucous membrane in the young allows the lymph to ooze through, and, coming

in contact with the atmospheric air, to coagulate, and with the fibrin of the blood to form the so-called false membrane.

It will be seen that the pathological process is the same in both, only that in the one the mucous membrane is infiltrated—that is, oedematous; and in the other, the mucous tissue permits the complete transudation of the lymph, and the consequent formation of an adventitious membrane on its surface.

The explanation, therefore, would seem to be anatomical rather than physiological. That atmospheric air is necessary to the formation of this false membrane, will be readily admitted when the history and nature of plastic lymph is understood. The lymphatic glands and vessels are essentially skin organs, and as has been said, exist nowhere so abundantly as beneath the mucous tissue of the respiratory organs. Very few are to be found in the brain; while the pleura is completely “gridironed” with them. The fibrin of the lymph possesses the peculiarity that, under ordinary circumstances, it does not coagulate within the lymphatic vessels either before or after death; while blood itself clots, in many cases, during life, but always after death: so that, of all the fluids of the body, the blood alone possesses inherently the quality of coagulation. No man has ever yet found in the lymphatic vessels of the animal or human subject, dead or alive, coagulated lymph; but that coagulation commences as soon as the lymph is brought into contact with the open air. The explanation of this peculiarity has been sought for in many ways. Some pathologists hold to the view that the lymph proper contains no finished fibrin, but that it becomes complete, either from contact with the atmospheric air, or under abnormal relations, through the importation of altered morbid matter. The normal lymph carries a substance which can very easily be changed into fibrin, and when once coagulated can scarcely be distinguished from fibrin; but which, so long as it can be found within the ordinary lymphatic canals, cannot be considered as proper, perfect fibrin. In many forms of pleurisy, the exudation remains fluid for a long time; and I

saw a curious case in Berlin, a year ago last summer, in which, after a puncture had been made in the thorax and the fluid let out, the mass immediately coagulated. After twirling it about, in order to separate the coagulum from the fluid, it was removed and its identity with ordinary fibrin demonstrated. The next day, a new coagulum had formed; and so on the following day; the process of coagulation continuing for fourteen successive days, although the fluid was drawn off in the middle of summer. The conclusion, therefore, is that lymph contains no fibrin, properly speaking; but that, under the influence of atmospheric air, fibrin is evolved from a substance which at all events must be very nearly related to fibrin, but which is not really fibrin. Further, we know of no fact which shows the possibility that, under the simple pressure of the heart's action, or the simple change of the conditions under which the blood circulates (in these organs, either in the parenchyma or upon the surface of the same), a fibrinous exudation from the blood can be substantiated. No experiment has yet been able to demonstrate that the pressure of the blood has produced even a fibrinous modification of the exudation. No one has yet been able to prove that a direct transudation of fibrin has ever taken place simply through a change in the current of the blood: it always requires, to this end, an irritative, an inflammatory process. We can produce, experimentally, the most noticeable interception of the circulation of the blood. We can by these means bring about an enormous effusion of serum; but no fibrinous exudation, properly speaking, has ever followed these efforts, which the irritation or inflammation of certain tissues very easily produces.

From the foregoing, it follows, that the respiratory organs are very rich in lymphatic vessels, but they are excited to increased and abnormal activity by irritation and inflammation; that their peculiar secretion, containing no fibrin *per se*, coagulates readily and forms fibrin when brought in contact with the atmospheric air; that the capillary vessels of the

sub-mucous areolar tissue swollen by irritation, the tissue parts with its fibrin, and all transuding through the thin delicate mucous membrane of the infant larynx, forms on its surface the fibro-plastic deposit so difficult to remove and so fearfully fatal in its results.

Again, while the membranous deposit in laryngitis is acknowledged to be fibrinous, that of diphtheria is said to be, from chemical analysis, albuminous; with what truth, I am unable to say, but, from general principles, it cannot be so. What there is in a diphtheritic affection different, except in intensity, perhaps, from an ordinary inflammation of the pharynx and larynx, I confess I am unable to understand. That fibrin in the blood arises from a transposition of albumen, I know is a chemical theory; but it has no further support, except that albumen and fibrin have a great *chemical* similarity to each other. I doubt very much whether the character of the exudation of a diphtheritic affection differs, in any material respect, from that of an ordinary pharyngitis. The inflammation in the former assumes an erysipelatous or phlegmonous character, perhaps ulcerative. In either case, the deposit is not albuminous, for, as it has been shown, the lymph which flows to an inflamed surface goes over into fibrin on exposure to atmospheric air, and the surface of an ulcer is never covered by anything but by purulent or sero-purulent matter. Yet it must be confessed, that some points in the blood relation between albumen and fibrin have not been thoroughly ascertained or explained. The local pathology of these two diseases is not, as I infer, materially different. Not so the general pathology. Diphtheria is a general disease, of which the inflamed throat is the external token; and, as Dr. Preston remarks, it is more nearly allied to scarlatina than to croup. Its inception, progress, and result, demonstrate this to be the fact. The little patients die, in croup, from gradual suffocation. When this occurs in diphtheria, it is purely accidental; most of the patients succumbing to the rapid exhaustion of the vital power. The eruption, the glandular swelling, the gangrenous

ulceration of the tonsils and pharynx, all go to prove its relationship to scarlet fever. As such, therefore, it must be removed from under the heading of the diseases of the air passages and placed in the nosological category of the exanthemata. Many writers make a difference between croup and laryngitis. The former is essentially trachitis. When the inflammation extends into the larynx, involving sometimes the epiglottis and pharynx, it proves only its severity, not its locality. Croup seldom occurs in adult life. Laryngitis is not uncommon. In laryngitis, there is pain in swallowing; in tracheitis, never. When these two diseases run into each other, they can scarcely be distinguished; sometimes, it is quite impossible to do so. The rise and progress of the two complaints furnish the best basis for forming an opinion. If the croupy symptoms have supervened upon an attack of scarlatina, measles, smallpox, tonsillitis, or ordinary sore throat, the fair inference is that it is simply a laryngitis. If, on the other hand, the croupy symptoms set in suddenly, or after a slight cold, and there is no pain in swallowing, no swelling of the epiglottis or throat, the just conclusion is that it is purely a trachitis. I presume it is within the experience of almost every practitioner to have observed patients die of croup, without ever having been able to detect the slightest trace of the plastic deposit on the epiglottis or tonsils, or, indeed, any portion of the buccal cavity. Such were undoubtedly cases of trachitis, or croup, properly speaking,—the larynx not at all involved, or only to a slight degree. It is unfortunately the fact, that an inflammation originally in the trachea is prone to extend upwards, involving the larynx, the epiglottis, and the pharynx successively, and also to pass downwards into the ramifications of the bronchia. These cases are almost invariably fatal, since they do not allow of hope from even the last resort, tracheotomy. I think, however, that the operation has been too much neglected. I believe many a patient would have been saved by a timely operation, and especially those cases in which the larynx was principally involved. I

believe, also, that those cases in which their inception and progress would leave ground to infer, or the laryngoscope would clearly exhibit, that the larynx only was affected, and that the patient would have been saved by tracheotomy. A little discrimination is necessary; nor should the operation be undertaken when the symptoms show, and the rise and progress of the disease prove, that the trachea is primarily and principally affected. Yet the patient should have the benefit of all the doubts, since the operation is not a difficult or a dangerous one, and I know it is more likely to be successful than tying the arteria innominata. M. Trousseau saved thirty-nine in one hundred and fifty cases—a result which warrants further trial. Other surgeons have met with better success. I am acquainted with one who has operated eight times in this city, and saved every patient, and I myself saw two operated on successfully. I know it will be urged that perhaps these patients would have recovered without an operation. There is, of course, no means of determining the truth of this; but, in the opinion of every physician and surgeon who saw these cases, they were otherwise hopeless—in fact, one was *in extremis*. Again, if there should be a bare prospect that they might recover without an operation, tracheotomy does not lessen the chance. Further, so soon as the current of air is turned into the opening in the trachea, the larynx is at rest, and the rush of atmospheric air, which has been shown to be the chief agent in the formation of the fibro-plastic membrane, is removed, and instead of a continued organization of false tissue, a disorganization of what is already formed takes place. Tracheotomy serves therefore the double purpose, not only of furnishing the means of a freer respiration, but also of arresting the further formation of this adventitious membrane. In a word, this operation should be resorted to when, in the earlier periods of the disease, there is a threatened closure of the glottis, from whatever cause; but, on the contrary, when the inflammation has extended downwards, and bronchitis and pneumonitis have supervened, tracheotomy is worse than useless.

Chronic Laryngitis.

This disease has of late attracted much attention, although it is not by any means a new complaint. It may be recognized without much difficulty. The symptoms are complete aphonia, a sibilant cough, and the larynx painful on pressure. There is expectoration of a thin but viscid mucus, occasionally pus, painful deglutition, owing to an inflammation of the epiglottis, and emaciation; and, in short, as the disease progresses, it has all the symptoms, and often the result, of a phthisis pulmonalis, with which it is frequently connected. Perhaps there is no disease in which the advantages of the laryngoscope are more evident. It enables the physician to observe, with complete accuracy, the exact condition of the larynx. A case, which presented itself a few weeks since, illustrates this in the following manner.

Mrs. M., aged 43, commenced to cough, and raised blood at intervals for two years, became emaciated, had shortness of breath on the least exertion, bowels rather costive, night sweats, pulse 120 per minute, fingers cold and palm of hand moist, complete loss of voice, loud gurgling in the apex of the left lung, tubular respiration, deep resonance on percussion of the same side, and marked dullness on percussion of the right side, with bronchial respiration. The laryngoscopic examination disclosed an ulcer low down on the back part of the fauces, thickening of the superior, and extensive ulceration of both inferior, vocal chords, and extending into the sinuses of Morgani. The complete loss of voice was here explained. The voice is made opposite the inferior vocal chords, and the very extensive ulceration had completely destroyed their functions. The formidable symptoms here displayed did not leave much room for doubt as to the final result. With a cavity in the left lung, and undoubtedly tubercular infiltration of the right, and ulceration so marked and extensive in the larynx, the termination is almost certainly fatal.

The causes of chronic laryngitis are not well defined. Clergymen who *read* their discourses are more subject to it than lawyers and stump speakers. The reason of this is obvious. Reading is purely mechanical—extempore speaking is both mental and mechanical. It is, therefore, this mental, this vital, nervous influence, which protects the lawyer, while the lack of it punishes the preacher. The lawyer, stimulated by a heavy fee, or by a future reputation, gives “his mind” to the argument, and thus lends the muscles of speech extra and recuperative energy; while the clergyman, from a colder and calmer sense of *duty*, allows his organs of speech to flag and fail. Chronic laryngitis is the result; for it is only when under a strong earnest desire to say something, from whatever exciting cause, that the vocal chords can be kept faithful to their functions. In mere mechanical reading, there is an absence of that vital energy which affords the power to resist the “wear and tear” of the enunciatory organs. The vocal chords were made originally to give us the means of expressing our thoughts. They were never intended for reading merely. Consequently, when we have something to say, the brain lends the requisite amount of nervous energy to protect the vocal chords from injury in discharge of their duties. The lawyer is seldom troubled with chronic laryngitis. He speaks generally from the spur of the moment; the brain co-operates with the vocal chords in giving expression to his thoughts, and thus saves them from irritation and disease.

The local changes are œdema glottitis, inflammation of the mucous surfaces, ulceration, ossification, caries, and necrosis of the cartilages.

Treatment.—The topical application of *nitrate of silver* should be fairly tried. It is a great modifier of the mucous membranes. The application of *iodine*, especially to indolent ulcerations of the larynx, is also of great value. But caustic preparations should not be used, to the neglect of judicious

internal treatment. *Arsenicum, calcarea, nitric acid, phosphorus*, each in their spheres of action, are indispensable. No topical treatment can ever be entirely successful. A change of climate is often of great benefit, and not unfrequently results in a complete cure.

PRINCIPLES OF PHYSICAL CULTURE.

BY CHARLES F. TAYLOR, M.D., OF NEW-YORK.

(Continued from page 676, vol. 1.)

THE SEXES.

IN considering the physical culture of children and youth, we have paid no regard to the difference of the sexes, simply because nature comprehends no material difference in the physical wants of the girl or boy up to a certain age.

It is true that, at an early age, we see the biases of sex in the fondness of the boy for tops, marbles, and whips, and the girl for dolls and "calicos"; but these differences may safely be left to instinct, without meddlesome interference on our part, by the setting-up of artificial conventional barriers between them. Yet it still holds true, that the physical needs of boys and girls up to the age of puberty are about the same, differing somewhat in amount, though little in quality.

But there comes a time when the path which has been trod by the boy and girl hand in hand must separate, not to diverge, but to run parallel still to the same destiny, though by altered ways. There comes a time when the innocent familiarity of boys and girls is no longer possible; when the sister grows shy of her brother, and looks up to him with

deference ; when the brother sees the sister suddenly surrounded by a mysterious halo, which, for a few years at least, he does not dare to penetrate. Henceforth they are *man* and *woman*, with distinct necessities.

MANHOOD.

Manhood should mean more than a well-stored mind ; more than quick moral perceptions ; more than ample physical development and vigorous health. It should mean all of these attributes harmoniously combined in one man. And no matter what may be the relative attainment in one direction — though with the intellect of a Shakespeare or Bacon, the philanthropy of a Howard, and the physical development of a Hercules — if lacking the others, the individual must fail of arriving at the completest manhood.

Happily, this truth is now beginning to be appreciated. Happily, we are about to hear the last of the “thin, pale young man, poring over his books by the wasting oil in the small hours of the night,” that he may achieve a barren victory over his fellows. It has been found to cost too much when obtained at the expense of bodily health, even if the process did not defeat the end.

The fact is that, while all knowledge is desirable, life is short and full of duties, and there is only a certain amount which any one person can master. And that knowledge is most desirable which best teaches us *how to live* ; and this is the test which should be applied in considering any course of mental or physical culture. Judged by this plain test, it will be seen that physical culture cannot be neglected without momentarily impairing our ability to live to the best advantage ; for success in life, now-a-days, depends quite as much on good digestion as on any thing else.

THE NECESSITY OF PHYSICAL CULTURE.

Children, and savages (who are but full-grown children), being occupied mentally about what they bodily perform on

the one hand, and doing momentarily with their hand what the mind suggests on the other, are not the subjects for special gymnastics. Not being accustomed to abstract thought, there becomes no necessity for abstract muscular action. In them, the thought and the action are inseparable. It is only in civilized and enlightened communities, with their diversified avocations, and consequent habits of fixed mental abstraction on special subjects, that physical culture becomes possible and necessary ; so that the gymnasium of the ancient Greeks becomes at once the symbol and the index of their high mental culture and refinement. Physical culture, then, in its distinctive special sense, like mental culture in the same sense, must form a part of the educational necessities of civilized communities, in order to keep the attributes of an individual in that harmony with each other which would be disturbed in consequence of the "division of labor."

PHYSICAL CULTURE AND MUSCLE CULTURE.

But it is incorrect to suppose that physical culture simply means the mere increase of muscle, because muscle is generally deficient, as is too often supposed. Indeed, this idea of confining physical culture to the development of muscle, making your Heenans and your Sayres the types of physical perfection, is so wholly unphysiological, and impractical withal, that it needs to be exploded.

A man with a good bodily development *should* be very bright and clear-headed, but a man with abundant muscle *may* be very dull and stupid. To see the truth of the latter assertion, let one mingle with the "congregated muscle" at any sparring exhibition. A fighting character, after training, has about as much expression in his deltoid or biceps as in his face. It is as possible to subordinate the brain to the muscles as the muscles to the brain, and one leads as far from the correct standard as the other. True development abhors extremes, and is closely allied to that compact and comprehensive man who is nearly equally fitted for all activities.

And thus it will be seen, that there is a wide difference between *physical* culture and *muscle* culture, the latter being only a single element of the former. And yet it seems to be difficult for many people to think of any thing else, when physical culture is mentioned, but dumb-bells and parallel bars. But suppose a person is too weak to use, or too strong to need them, is there no physical culture for him ?

The inference is irresistible that there must be kinds and qualities of physical culture adapted to different physiological requirements. And that this truth is unwittingly though instinctively acted on, can be seen on a little reflection.

The German turners can teach us something in this respect. A portion of their time is spent in exercises quite different from swinging dumb-bells and the like. Music, private theatricals, tableaux, games, &c., are practised as a part of their system. Jones's wood, to the hard-working German mechanic, is quite as legitimate physical education as Dr. Winship's daily "twenty minutes lifting" would be to the soft-limbed frequenters of the "Academy." While every attempt to promote "muscle culture" should meet with warm encouragement, there is quite as much need of national recreation, and even fêtes and spectacles, as one means of stimulating important faculties, and without which the best results in society at large cannot be produced.

Let me illustrate my meaning in this regard, and the true principle involved, so clearly that no one can fail to see it.

There is a breed of horses in England—the Lincolnshires—used entirely for draught purposes. They are characterized by enormous muscular development and strength; are sluggish, seldom moving faster than a walk—bear the lash without running—stupid,—often vicious—not easily excited, nor to be taught any thing but to pull. They are valuable for the *particular* purpose for which they are bred.

There is another race—the thoroughbred racer—possessing just the opposite characteristics. They are slim, delicate, sprightly, easily, often violently, excited by the whip, intel-

ligent, and readily taught, but nervous, and readily made to waste an undue amount of nervous energy. They have little muscular strength, but are capable of great fleetness for short distances. They, too, have great value for a particular purpose, and for none other. Is any person so simple as to imagine the possibility of a complete Lincolnshire cart horse and a thoroughbred racer in the same animal? Then why not apply the same reasoning to the human animal? What is now hereditary was first developed.

There is still another horse, of which the Arab barb, as our own Morgan, may be the type. He possesses all the good qualities of both the others, though no one is exaggerated into real deformities for other purposes, or, in certain circumstances, real weaknesses. Though he cannot take so heavy a cart along the road as the huge Lincolnshire, he can perform the same amount of labor by going twice, and get the work done long before his slow-moving companion. Though he is left behind the thoroughbred in the first mile or two of the race, he comes out ahead and unhurt at the end of ten. His muscles, though not excessive, are strong and active; he is docile, so that a little girl can lead him, or full of spirit, as the case demands; courageous, yet tractable, and possesses intelligence almost human.

The first can exert his enormous muscles with tremendous power against a load, and that is all he is good for. The second makes a few spasmodic efforts, wins a "cup" or a "purse," and is broken down. But an Arabian charger is ever ready for burden or speed—for sudden exigencies or long endurance—and lives to a good old age. The Lincolnshire cart horse is a huge mass of muscle; the thoroughbred is a bundle of nerves; but the last—uniting the two without deficiency or excess of either—is a most perfect horse.

Nothing can be clearer than that, in order to avoid a one-sided development, which is real weakness, except in the one function to which all others are subordinated, and to acquire that even, full, complete development which will render a

person a "ready man" on all occasions, there must be a corresponding variety of means employed.

TRUE PHYSICAL CULTURE.

But whatever is done, let not the powers of endurance be over-taxed. There is a fund, a species of floating capital, possessed by every person, which may be used with benefit, and the using of which begets an increased supply: this is development. But when we go a step beyond this, and tax our *endurance* in any direction, we cause a positive loss of force. The "hardening" process is nothing more nor less than subordinating many functions to one, the product of which is always deformity. This truth is well illustrated by a recent author, in reference to the endurance of cold.* "When, the constitution being sound enough to bear it, exposure does produce hardness, it does so at the expense of growth. This truth is displayed alike in animals and men. The Shetland pony bears greater inclemencies than horses of the south, but is dwarfed. Highland sheep and cattle, living in a colder climate, are stunted in comparison with English breeds. In both the Arctic and Antarctic regions, the human race falls much below its ordinary height. The Laplander and Esquimaux are very short; and the Terre-del-Fuegians, who go naked in a cold latitude, are described by Darwin as so stunted and hideous, that one can hardly make one's self believe they are fellow creatures." "Excessive expenditure for fuel" to supply the heat abstracted by the cold, the powers of digestion being limited, "entails diminished means for other purposes; wherefore, then, necessarily results a body small in size or inferior in texture, or both."

The same principle holds as true with regard to excessive use of the muscular as of the heat-making functions. A man may *endure* a great deal of muscular activity; but when he goes beyond a certain limit in the use of his muscles, he does

* Herbert Spencer.

it at the expense of other functions. The farmer understands quite well that, when he puts a young colt or steer to hard labor, he does it at the expense of growth or spirit, or more likely both. The plow-horse has strong muscles, but not active ones, and the plowman himself sits by the fireside after the day's labor in listless thoughtlessness, because an undue quantity of blood has left the brain for the use of the muscles of his legs, precisely the same as the too hard-worked student has his legs grow thin and weak by over-action of brain and nervous system. In either case, the result is deformity and weakness.

A concise definition of what physical culture is, would be to say that "it is the healthful employment of subordinated faculties." In civilized communities, and especially in large towns and cities, this definition would imply great attention being paid to mere muscular development. Gymnastics, then, should occupy much of our attention. A man is capable of a periodical use of his muscles in gymnastic exercises, the same as he is capable of periodical thinking, and the one becomes the necessity of the other. The object, then, of gymnastics is not the performance of wonderful feats, either of strength or agility, but of bringing the muscles into wholesome action, as both a counterpoise and a strengthener of the brain and nervous system. It is not to see how much the muscles can be made to do, but how little they may do, and still effect the object of a balance-wheel to the whole system, and yet leave the largest amount of force to be still expended in the chosen avocation. It matters less *what* you do to attain this end than *how* you do it.

The principle involved in the exercises for a young man in the full vigor of health, but confined to a sedentary employment, whose only need is to "work off" a superabundance of animal spirits, to give vent to accumulated nervous energy, is quite different from that of the same man, after twenty years of inactivity of body and over-activity of mind have attenuated his muscles and shattered his nerves, and who

resorts to gymnastics to build up his wasted nervous energies as well as feeble muscles. While, in the first case, he may jump and run and perform feats requiring great exertion and the largest expenditure of nervous force, and may induce fatigue by the speediest process, not only without harm, but with benefit and pleasure, let him beware in the second place, lest he add a new drain upon his already overtaxed energies. Extra-work is no cure for over-work. In the latter case, he must first remove the habitual drain upon his energies by stopping the over-work. Then he may be able to direct a portion of his remaining force with increased nutrition of muscle, and thus, little by little, he may be able to approximate his former condition. But let no one deceive himself by supposing there is a *coup de main* of gymnastics by which he can suddenly counteract still-operating depressing causes of weakness, and reinvigorate an already exhausted system, while these causes of depression still exist. Neglect of this has been the cause of immense mischief. Relying upon the fact that gymnastic exercises are capable of keeping a well man well, or of curing a sick man, if employed before the causes of disease have produced more than functional derangements, and before bodily exhaustion exists, some people attempt violent gymnastics for the prevention of the very exhaustion which it only increases. If gymnastics are begun *while the bodily powers are yet in their full vigor*, and prudently practised and regularly kept up as a daily habit of life, there could be nothing, beyond food and drink and fresh air, better calculated to keep the individual, in all his parts, in good working order. For this purpose, the exercises may be severe or gentle, according to the influence of the expenditure of force, in other directions, upon the whole system.

But when nervous exhaustion and muscular weakness have been induced by cares of business on the one hand, and neglect of muscular activity on the other, through a term of years, the case becomes materially altered. In the latter case, fatigue should never be allowed; and, as an unvarying

rule, those exercises should be chosen which bring the muscle into slow uniform action, with little exertion of the will. All violent efforts, and the attempt to perform feats of agility, should be avoided, as unnecessarily causing a large expenditure of nervous force, without adequate muscular action to compensate for it. And it is generally better not to exercise at all, than to drag one's self into it with every feeling repugnant to the effort. Our instincts should not be disregarded in this respect.

Gymnasiums, in towns and cities, are necessary institutions. They afford opportunity for large numbers of youth to develop their bodies with symmetry; and, still better, they keep the idea of physical culture before a much greater number, which has its influence in a thousand ways far distant from the gymnasium.

Still, gymnastics, though necessary, are yet artificial and incomplete means even of mere muscular development. There is a quality as well as quantity of every force. A mathematician or logician may arrive at correct conclusions by force of deduction, where mere mental strength only (so to speak) is necessary, but who would be wholly inadequate to conduct a financial operation or a political controversy, where other qualities of mind are required. So a man may have strong, large muscles, of an inferior quality: that is, their quality may be all expressed in their crude strength. And the latter is too much the case, of muscle developed by handling the inanimate objects of the gymnasium, for it to embrace full and complete exercises even for the muscles. The muscles need to be *animated* as well as the brain. Our muscles, in their exercises, need the contact of animate objects as well as the mind. How quick the muscles of a sick man tire when he is sent out to walk alone! But if he have companionship, and be engaged in interesting conversation, he can often walk thrice the distance which he otherwise could. Gymnastics are generally made too objectless and uninteresting. There is too little infusion of life and animation into the exercises,

so that they exhaust too speedily and infuse too little healthful glow into the muscles for their most perfect development. Now, this infusion of healthful life and animation into the muscles is often the best part of the exercise. Indeed, in many cases, it may be the only kind of exercise which the muscles need. I call this elevation and animation of spirits *an exercise*, because, while muscular contortion sends the blood into the muscles and promotes various physiological changes there, it alone does not cause the tissues to be pervaded with that bounding life which results from a wholesome mental impulse. Indeed, this mental impulse is often quite sufficient, without any muscular contraction, to produce actual change of nutrition in the muscles themselves. Bed-ridden and paralyzed persons are constantly recovering, in consequence of newly-excited hopes effecting healthful changes in their tissues. So that genial animating conversation, without muscular action, or a pleasant moonlight walk, with comparatively little of it, may be as proper exercise, even for the muscles, as the belaboring of dumb-bells; and not only this, but muscular action and nervous impulse should be often combined. Hence, games and sports of all kinds, as cricket, base-ball, &c., cannot be too much encouraged. A man can put forth an amount of muscular effort at these games, or in a boat-race, which would completely prostrate him with the inanimate appliances of the gymnasium. Boxing, when relieved of its pugilistic associations, would be a good exercise, and fencing is most excellent.

Thus, with regard to professional, business, studious, or sedentary men—with regard to that largest class of all, men whose living is obtained by *muscular* labor, they are subjects for whom physical culture is as necessary as the literary and business classes. In their case, means must be found to counteract the effect of too continuous use of the muscles, as, in the other, it is necessary to obviate the injury of too much relative use of the brain and nervous system. It is evident that, in the case of laboring men, there is no need of developing

size or strength of muscle ; yet, as they are by no means types of perfect development, it is certain that they require physical culture. But their necessities must be the opposite of muscle culture. Here, again, it is well to take an illustration from inferior animals. As a roadster may be developed into a draft horse, by gradually slackening his speed and increasing his load, so a draught horse may be developed into a roadster, by lessening his load and increasing his speed. More or less of these changes in the qualities of the muscular and nervous systems can be effected in the same animal. In a few generations, the changes will become constitutional differences.

These principles, applied to laboring men, would indicate that physical culture for the lower classes would consist in *increasing their active enjoyments*. Indeed, any means which kindles a glow of pleasure in their hearts, infuses new life and elasticity into their very muscles. The few hundred dollars which the city expends on fourth of July fireworks does much more than afford a momentary pleasure to the crowds of city poor who witness them : it is no doubt a cheap prevention of disease and pauperism. We must look with less disdain upon the *fêtes* and spectacles which so delight the lower orders of European society, for they spring from an internal want. A higher civilization and education does not change the character of men's natural wants, but only the manner of responding to them.

It must ever be borne in mind that physical culture, in its comprehensive sense, means little else than the arrangement of the checks and balances at our command in such a manner that a natural existence may be possible in the artificial life of civilized communities.

For this, we can give few specific rules for individual guidance. But if the general principles which are applicable to communities and classes are fully understood and acted upon in society, the individual cannot go far wrong.

ANATOMY.—THE ANATOMY OF REGIONS.

BY WILLIAM TOD HELMUTH, M.D.,

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IN the many works that are published upon anatomical science, it is necessary that the different divisions, such as osteology, myology, neurology, angeiology, &c., should be separately treated, and the minutiae of each fully entered upon, before other investigations are commenced. This, of course, is required, and indeed, to the student, is the only method that can be pursued to render him capable of understanding the succeeding chapters, which are always more or less dependent on the preceding text. For instance, without a well-grounded knowledge of the bones of the skeleton, the origin and insertion of muscles, or the laws regulating their action, could not all be understood. An adequate conception of myology is absolutely necessary, before a description of the vessels and nerves of the body can be accurately rendered, &c. This mode of anatomical study is therefore, *ex necessitate*, laid down for the beginner; but to the more advanced student, and to the physician, who have passed through the routine study, and have acquired a general knowledge of the component parts of the human organism, and have the same constantly impressed upon the mind from the performance of professional duty and from the necessary perusal of medical works, this step-ladder method of proceeding is neither beneficial or interesting.

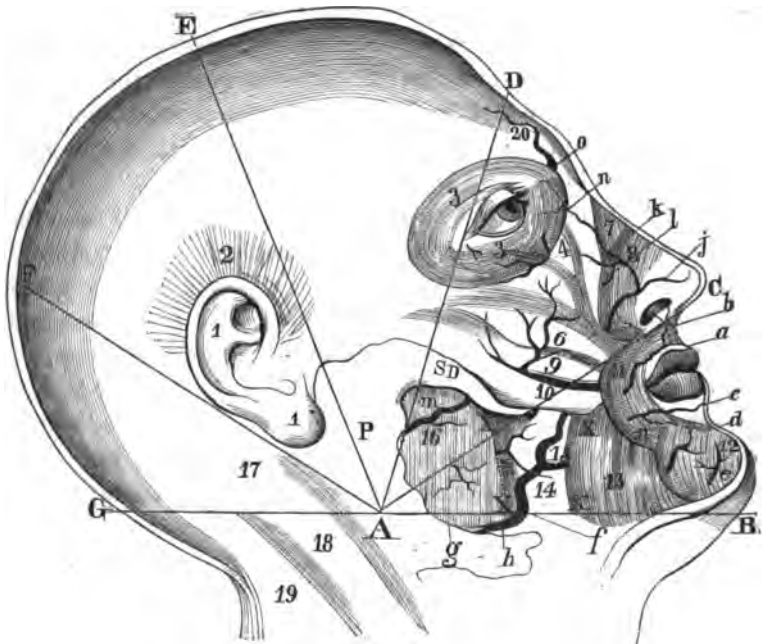
It has, therefore, frequently occurred to the writer that a species of *regional anatomy* might be adopted, that would be of service to the physician in the prosecution of his labors, and might prevent much unnecessary repetition, and save much valuable time.

Again, by having such descriptions reduced to certainty, by giving relations and actual measurements, the whole anatomy of a part could be read and understood at a sitting, and the mind be refreshed in every particular relative to any portion of the body.

A student could not attain *precise* knowledge in this manner; for, although he might be taught by the examination of any single part (the hand, for instance) that certain tendons, nerves, bloodvessels, ligaments, and bones entered into its formation, nay, might even learn by rote the technical names of the same, yet he would not understand that the tendons belonged to muscles that had points of origin, which might be fleshy and broad, far away from those long and narrow tendons which form so prominent a feature in the mechanism of the human hand. He would know that certain arteries were called by a certain name in that locality; but their tortuous divisions and subdivisions, as they passed from the centre of circulation, could not be appreciated.

But a physician is supposed to be acquainted with all these arrangements in a general point of view; and by the manner of describing the whole mechanism to which we are alluding, he will save the necessity of turning to one portion of the text-book to find a nerve and its course and distribution, to another for an artery and its ramifications, and so on.

Let us, also, endeavor to direct attention to another advantage possessed by this regional system. Suppose a patient is affected with neuralgia, confined to certain localities of the face. To call this disease *prosopalgia*, or "tic," and to prescribe accordingly, would be all that is required, so far as the patient is concerned, and the medicines might be nearly as well selected; but it certainly would be more satisfactory to the educated and conscientious physician, if he understood that such and such a branch of such and such a nerve, lying in certain relations with arteries, muscles, or bones, were the seat of the disorder, and that in an instant he could place his finger upon the affected part, and follow the direction of the



This Plate represents the Triangles, Muscles, and Arteries.

- G A B.** Base of arch.
B C D E F G. The line dividing cranium and face.
A B C. Anterior inferior triangle.
A C D. Anterior superior triangle.
A D E. Mesian triangle.
A E F. Posterior superior triangle.
A F G. Posterior inferior triangle.
A. The common apex.
1. Ear. 2. Temporal fascia. 3. Orbicularis oculi. 4. Levator labii superioris alæque nasi. 5. Levator labii superioris. 6. Levator anguli oris. 7. Pyramidalis nasi. 8. Compressor naris. 9. Zygomatic minor. 10. Zygomatic major. 11. Orbicularis oris. 12. Depressor labii inferioris. 13. Depressor anguli oris. 14. Part of the body of inferior maxillary bone. 15. Buccinator muscle. 16. Masseter. 17. Mastoid process of temporal bone. 18. Sterno-cleido mastoid. 19. Splenius capitis. 20. Anterior belly of occipito-frontalis.
- a.** Superior coronary artery. **P.** Parotid gland.
b. Branch to the septum. **S D.** Stenson's duct.
c. Inferior coronary. **j.** Lateralis nasi artery.
d. Inferior labial. **k.** Angular artery.
e. Inferior dental. **l.** Nasal branch of ophthalmic.
f. Facial artery. **m.** Transverse facial artery.
xxxx. Quadrilateral space for facial. **n.** Infra orbital.
g. The massetene artery. **o.** Supra orbital.
h. The buccal branches.

pain with almost unerring certainty. Moreover, with such knowledge, a diagnosis is rendered much more distinct, and the patient is enabled to understand more directly the peculiar nature of his disorder; or, if he may not, the clear description, and the authority which knowledge ever asserts, at once inspire that measure of confidence which is requisite to the maintenance of proper distinctions between physician and patient.

In this paper, therefore, by way of experiment, we would call attention to the regional anatomy of the *external parts* of the face and head; and omitting the organs of taste, sight, and hearing, would divide the whole region, first into halves, by a line drawn from the spinous process of the last upper cervical vertebræ, through the external occipital protuberance, over the vertex to the nasal spine of the frontal bone, and continue the division along the septum narium to the symphysis of the inferior maxillary bone. This line will divide the cranium and face, forming an arch, the base thereof running in the direct course of the lower margin of the body of the lower jaw, B A, to its angle, A, and thence being continued directly backward to a point a little above where the division was commenced, A G.

Taking the angle of the jaw for a central point, A, and throwing the head a little backward, four other lines may now be drawn in the following directions: one forward and upward to the tip of the nose, A C, one upward and forward to the external canthus of the eye, and continued in its direction to the forehead, A D, one upward and backward a little anterior to the margin of the lobus of the external ear, A E, and another backward and upward along the posterior margin of the pinna, A F.

It will be plainly evident to those who have followed the course of these lines, that thereby five triangles are formed—five cranial triangles, each of which embraces in its area structures of importance, all having a common apex at the

angle of the lower jaw, and which, for the sake of better demonstration, may be named,

1. An *anterior inferior*, or that triangle, ABC , the base of which is a line drawn from the septum narium to the symphysis of the lower jaw, its lower side being the inferior margin of the same bone throughout the length of its body, and its upper side the line through the external meatus of the nose to the common apex.

2. An *anterior superior triangle*, its base being a line passed along the margin of the septum of the nose, CD , to the frontal protuberance, its inferior side being formed by the superior margin of the triangle immediately below it, AC , and its superior side being a line drawn through the external canthus of the eye, and continued as before mentioned. The line AD forms the anterior side of

3. The *superior* or *mesian triangle*, the base of which is a part of the mesian line, ED , of the head, and its posterior side the line, AE , drawn from the common apex, a little anterior to the connection of the pinna with the cranium, which line forms the anterior side of

4. The *posterior superior triangle*, the posterior side of which is a line from the apex along the free posterior margin of the pinna, and continued to exterior of the head, which line, AF , forms the superior side of

5. The *posterior inferior triangle*, the inferior side of which is the line, AG , extended from the common apex, continuous with the inferior border of the inferior maxillary bone.

In this paper, attention will be directed to the two anterior triangles. Examine now the first, ABC , or that which has been designated the anterior inferior. Its base is the mesian line of the face, extending from the symphysis of the jaw to the inferior portion of the septum narium. *The bones* are a portion of the body and alveolar processes of the superior maxillary, and the body of the inferior maxillary as far as its angle.

The *muscles* are (plates 1 & 2) the orbicularis oris, 11, the depressor labii inferioris, 12, the levator labii inferioris, the depressor anguli oris, 13, a portion of the zygomatic, 9 & 10, the buccinator, 15, and the masseter, 16.

The *arteries*, plate 1, commencing at the base of the triangle and continuing towards its apex, are the coronary, *a* and *c*, one for each lip. They are directed inward between the sphincter of the mouth and mucous membrane of the lip, and they inosculate with the corresponding branches of the opposite side. The superior coronary gives off a branch, *b*, to the septum above.

On the chin, we have the *inferior labial*, *d*, running in underneath the depressor anguli oris, and inosculating with the *inferior dental*, *e*, which emerges from the mental foramen, and is a branch of the internal maxillary. On the buccinator, we have a few anastomatic branches of the transverse facial, and the *facial artery*, *f*.

This important vessel lies in an almost quadrangular depression, fig. 1. xxx, near the apex of the triangle. The floor of this space is composed of the buccinator muscle superiorly and a portion of the body of the inferior maxillary bone. It is bounded superiorly by the larger zygomatic muscle; anteriorly by the posterior fibres of the depressor anguli oris; posteriorly by the anterior margin of the masseter, and inferiorly by the border of the jaw. If we take the common apex of the triangles, *A*, and measure one inch and a quarter from that point toward the symphysis of the lower jaw, along the under border of the body of the bone, the point will be found at which the artery becomes superficial and pursues its course around the bone; and by drawing a line from that point to the commissure of the lip, the first portion of the superficial course of this vessel will be found. The artery then takes a somewhat tortuous course upward and forward, lying upon the jaw and upon the buccinator muscle. The masseter (particularly its deep fibres) is supplied by fine branches of the masseteric artery, and the buccinator by the buccal artery, both of which

anastomose with the facial and belong to the internal maxillary. It is well to bear in mind that the quadrilateral space in which this artery lies is filled with adipose tissue, and that the platysma covers it as it first emerges on the face.

The *Veins*, plate 2. Near the external commissure of the mouth, there are some small veins coming from the pterygoid plexus, *a*; and anastomosing in the substance of the orbicularis oris, are the superior and inferior labial veins, plate 2, *b* and *c*. Below the jaw are the branches of the submental, *d*, plate 2, and inferior palatine, and also a few twigs of the submaxillary. Passing backwards toward the apex of the triangle is the facial vein, plate 2, *f*, which emerges beneath the larger zygomatic muscle, and descends on the anterior border of the masseter, and continuing over the body of the inferior maxillary bone, gets beneath the platysma and cervical fascia.

The *Nerves*, plate 2, are the buccal branches, plate 2, *g*, of the cervico facial (a subdivision of the portio dura), which supply the buccinator and orbicularis; the supra maxillary, plate 2, *h*, ramifying on the inferior segment of the sphincter of the mouth and chin; some twigs of the super maxillary supply the levator labii superioris—all these being branches of the facial. In addition, there are some subdivisions of the trifacial, as the labial branch of the superior maxillary nerve, the buccal branch of the inferior maxillary, which pierces the external pterygoid muscle, reaches the surface of the buccinator, and there divides into superior and inferior filaments, the former joining with the facial nerve and the latter passing to the angle of the mouth. We find, also, the mental branch of the inferior dental, plate 2, *j*, which emerges from the bone at the mental foramen, and divides beneath the depressor anguli oris into an external branch, which supplies this muscle, the sphincter of the mouth and the integument, and into an inner branch, which ascends to the lower lip. The masseter muscle at the apex of the triangle is supplied with nervous filaments by the massetene branch of the inferior maxillary nerve, and by the cervico facial; the latter, opposite the angle

of the lower jaw, divides into those branches which have been already named.

Between the bones and the muscular tissue, we have the mucous membrane, which is reflected from the posterior surface of the lips to the anterior surface of the gums, forming the *fræni labiorum* covering the labial glands, and lining the cavity of the mouth.

Practical Remarks.—The foregoing are the most important facts which are embraced in the triangle A, B, C, and a knowledge of them may prove serviceable to both physician and surgeon in some quite formidable diseases. On the mucous membrane, we have the partial seat of both simple and *puerperal stomatitis*. *Simple ulcers* also involve the deeper structures of the lip. *Those of malignant character*, particularly on the superior segment of the orbicularis, are of by no means unfrequent occurrence.

Cancrum oris or sloughing phagedæna of some writers, which is productive of such disastrous consequences, involving both muscle, membrane, and bone, is a serious affection, the site of which is in the triangle we have been considering.

The simple and frequent *parulis* and *epulis*, of more rare occurrence, appear on the gum in this region.

In *tic doloreaux*, when the pain is noticed at the angle of the mouth and upper row of teeth, the buccal branches of the facial nerve are the seats of the disorder. If, from injuries (extraction of lower teeth, for instance), the lower lip be deprived of its sensation, we may infer that there is anæsthesia of the *inferior dental branch* of the trigeminus; such a condition being expressed by an inability on the part of the patient to taste portions of his food when first placed within the mouth, or the edge of the vessel appearing broken while in the act of drinking. This peculiar affection is not frequently encountered. Romberg writes: "We meet with a few cases of this description in Bell's works. In one, the extraction of a lower molar destroyed sensation in the corresponding half of the nether lip. The patient did not feel portions of his victuals

or his beverages that adhered to the part after his meals; and when he applied a glass of water to his mouth, he was surprised that the servant had given him one that was broken. There could be no doubt that the *mental nerve*, which issues from the foramen of the inferior maxilla, and is distributed to the nether lip, had been injured at the point where it passes under the teeth."—*Diseases of the Nervous System*, vol. 1, p. 213.

The *risus caninus* (spasmus cynicus) is occasioned by those affections involving the labial branches of the facial, and must not be confounded with the *risus convulsivus*, which generally depends on disease of the spinal nerves.

In *lock-jaw* (trismus), the masseteric and buccal branches of the portio dura are the nerves that play an important part in the disease.

Trismus, of different kinds, are also found within the anterior inferior triangle, and are either on the cheek or lips—a very peculiar variety.

Labial glandular tumors occupy a position on the lip, and are of somewhat rare occurrence.—(*Paget's Surgical Pathology*, p. 476.) The operations for *cancer* of the *upper* and *lower lip* and for *labium leporinum* consist in taking away, with free incisions, the integument, muscle, and membrane, near the base of this triangle. The coronary arteries do not require ligation in these operations, the application of the edges of the wound arresting the hæmorrhage.

Ligation of the facial, as it winds around the body of the inferior maxilla, is quite an important operation, and the course of the vessel has already been pointed out. We are to bear in mind, that the quadrangular space alluded to is filled with fat, that the artery is covered, as it emerges, by the superior fibres of the platysma, and that thereafter its course is toward the mouth.

In the *extirpation* of the *symphysis* of the *inferior maxillary* or other portions of bone, *fractures* of the same, and in cheiloplastic operations, a precise knowledge of those parts which

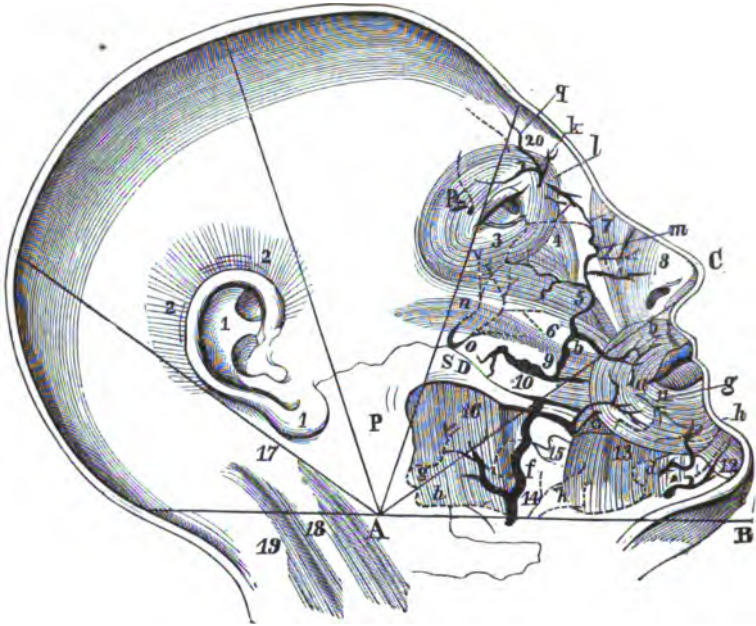
have been accurately described, is essential to the reputation of the surgeon, the success of the operation, and the welfare of the patient.

II. The *anterior superior triangle*, plates 1 & 2, A C D, may now be considered.

The *bones* are a portion of the frontal, the lachrymal, the nasal, the vomer, the superior maxillary, and malar, together with the angle of the inferior maxillary and a great portion of the jaw. We have also the cartilages of the nose, with the three turbinated bones. It will be perceived that, in the articulated head, this triangle embraces some important cavities and boundaries. The three meati of the nose, with the external aperture, the floor of the nares and roof of the mouth, the ductus ad nasum and the antrum highmorianum, are all discovered in this locality.

The *muscles* are part of the orbicularis oculi, 2, and the corrugator supercilii, a portion of the anterior belly of the occipito-frenalis, 20, the pyramidalis nasi, 7, the compressor naris, 8, the levator labii superioris alæque nasi, 4, the levator labii superioris, 5, levator anguli oris, 6, zygomatic major, 10, zygomatic minor, 9, a portion of the buccinator, 15, and about half of the masseter, 16. Toward the apex of the triangle, we have the socia parotidis, or the facial prolongation of the parotid over the masseter; and connected with its anterior extremity, the duct of Stenson, s D, which crosses the masseter and perforates the cheek obliquely opposite the second molar tooth of the upper jaw. The duct lies between the transverse facial artery and the branches of the facial nerve; a *line drawn from the lobus of the ear to the external angle of the mouth* will mark the level of the duct upon the face, and a point a little to the right of the centre of that line would mark the opening of the duct into the mouth. The length of this canal is about two inches and a half, and its capacity is about equal to a small quill, although the aperture within the buccal cavity is only sufficiently large to admit a very small probe.

PLATE No. 2.



This Plate represents the Triangles, Muscles, Veins, and Nerves (the latter being marked by the dotted lines).

The triangles, spaces, parotid gland and its ducts, and the muscles, &c., are arranged with the same letters and figures as Plate No. 1.

- a.* Veins from pterygoid plexus.
- b.* Superior labial veins.
- c.* Inferior labial veins.
- d.* Branches of sub-mental veins.
- e.* Branches of sub-maxillary veins.
- f.* Facial vein.
- g.* Buccal nerves for masseter, buccinator, and orbicularis oris.
- h.* The supra-maxillary nerve.
- j.* Inferior dental nerve.
- k.* Frontal vein.
- l.* Angular vein.
- m.* Nasal vein and nerve.
- n.* Malar branches of the temporo-facial nerve.
- o.* Infra orbital nerve.
- p.* Lacrymal nerve.
- q.* Supra orbital nerve and vein (the latter anterior).

The *arteries*, plate 1, are (commencing from the base of the triangle) the *lateralis nasi*, plate 1. *j*, derived from the facial, plate 1. *f*—it supplies the *alæ* and *dorsum* of the nose; the *angular*, plate 1. *k*, which is the terminal branch of the facial, supplying the *lachrymal sac* and the *orbicularis muscle*; the *nasal branch* of the *ophthalmic*, plate 1. *l*; and higher up, near the margin and base of the triangle, we find the *supra-orbital artery*, plate 1. *o*, passing out through the notch of the same name, and anastomosing with another small branch, the *frontal*. Nearer the apex, we have the *transverse facial*, plate 1. *m*, which is given off from the *temporal* in the substance of the *parotid gland*, and passes between *Stenson's duct* and the lower border of the *zygoma*, supplying the *integument* and *masseter muscle*, on which it rests. Below the orbit, we find the *infra orbital*, plate 1. *n*, (a branch of the *spheno-maxillary* portion of the *internal maxillary*), which emerges upon the face through the *infra orbital foramen* beneath the *levator labii superioris*. It is this artery that supplies the *mucous membrane* of the *antrum*.

The *veins*, plate 2, superiorly, are the *frontal*, plate 2. *k*, which is directed to the inner angle of the orbit, where it becomes connected with the *supra orbital vein*, plate 2. *q*, the two together forming the *angular*, plate 2. *l*, which passes along the *alæ* of the nose, becoming the *nasal*, plate 2. *m*, which takes a direction over the *levator labii superioris*, separates from the artery, and continues its course beneath the *zygomatic major muscle* to the side of the jaw. At the inferior portion of the orbit, it is joined by some small venous twigs (the *inferior palpebral*), and at the inner margin of the *orbicularis*, receives some minute branches of the *inferior orbital*.

The *nerves*, plate 2, are the *malar branches* of the *temporo facial*, plate 2. *n*, which cross the *malar bone* and supply the *orbicularis*, joining the filaments of the *lachrymal*, plate 2. *p*, and *supra orbital*. The *infra orbital*, plate 2. *o*, which are somewhat larger in size, ramify beneath the orbit, supplying

the lower eyelid and pyramidalis nasi, and some deep twigs for the commencement of the levator labii superioris and levator anguli oris. The lachrymal, plate 2, *p*, which pierces the orbicularis palpebrarum and supplies the upper eyelid, is a branch of the fifth pair. The supra trochlear distributes on the anterior belly of the occipito frontalis. The supra orbital, plate 2, *q*, and nasal nerves supply the forehead and nose, and are also branches of the ophthalmic branch of the fifth pair. We also have the palpebral and nasal branches of the superior maxillary branch of the trifacial.

Practical remarks.—At a first glance, we would not imagine that the meagre space embraced by those lines designating the anterior superior triangle, was possessed of such interest to the physician and surgeon; but, upon reflection, it will be seen that many painful and troublesome diseases have their site within that triangle, and many serious and doubtful surgical performances, requiring the greatest skill, are dependent upon a minute anatomical knowledge of those parts.

In enumerating the diseases that occur to us as belonging to this space, it must be borne in mind that affections of the eye are not included, as was stated in the commencement of this paper.

We have in the category —

Acute nasal catarrh, a simple affection of the Schneiderian membrane. *Chronic congestion* of the same, in which there is redundancy of secretion.

Ozæna, or a troublesome ulceration of the lining membrane of the nostril, attended with fetid or purulent discharge, accompanied sometimes by destruction of the nasal cartilages and the osseous structure in the vicinity.

Ulcers, whether *simple* or *mercurial* or *mercurio-syphilitic*, are liable to occur in or around the nostrils.

Lupus or *noli me tangere* is generally confined to the upper lip and exterior of the nasal cavity.

Cancer invades frequently the cheek and nose.

Abscesses may form beneath the mucous membrane of the septum.—*Miller's Practice of Surgery*, p. 171.

Neuralgia.—The branches of the facial nerve, and also of the different ramifications of the fifth pair, are perhaps more frequently affected in this locality than in any other; but it should be remembered, that it is mainly through the agency of the latter that the portio dura becomes sensitive. Recent experiments have proved beyond a doubt that the sensibility of the facial nerve is not inherent to it, but borrowed; for irritants applied to the facial nerve within the cranium, before its entrance into the auditory foramen, give rise to twitchings only, and not to pain.—*Vide Romberg*, p. 31.

When pain is experienced around the alæ nasi and lip, the branches of the superior maxillary are those involved. Pain darting across the forehead from the superior and inferior part of the orbit, indicates a derangement of the supra and infra-orbital nerve fibres.

If the loss of sensation affects a portion of the facial surface, together with the corresponding facial cavity, the disease may be assumed to involve the sensory fibres of the fifth pair before they separate to be distributed to their respective destinations.—*Loc. cit.*, page 214.

Cutaneous outgrowths are found upon the nose and cheek. In some of these, the bases are broad, the disease complicated with acne, and with small aneurismal anastomoses.—*Paget's Surgical Pathology*, p. 382.

Scirrhus of the nose and cheek are frequently encountered, and Paget (p. 574) mentions an interesting case of epithelial cancer in this vicinity.

Lipoma, or a hypertrophied condition of the integument and sub-adjacent glands of the apex and alæ nasi, is a disease generally of advanced life. Sometimes the tumor is small, but it may attain considerable size.—*Miller's Practice of Surgery*, p. 103.

A knowledge of the position and relations of the turbinated bones, and the direction of the meati of the nose, is

requisite for the proper extraction of nasal polypi, whether by forceps or ligature. These abnormal growths may attain such proportions that the whole contour of the face is disfigured. Fergusson relates a case in which "the tumor extended from the ethmoid bone to the condyles of the occipital, and was also attached to both sides of the septum. Two large pendulous bodies hung down into the pharynx."—*Practical Surgery*, p. 491.

In obstinate hæmorrhage from the nose, when the ordinary medicines have failed to produce the desired effect, the *posterior nares must be plugged*, and a correct idea of the canals and cavities to be operated upon is absolutely requisite, before the instrument can be applied, whether it be the canula of Bellocque, the hog's intestine used by Frank, or the gum elastic bag of Martin St. Agne.—*Vide Bernard and Ruette, Manual of Operative Surgery*, p. 192.

Catheterism of the Eustachian tube is a simple performance, if the operator will bear in mind that the position of the floor of the nares is horizontal, and that the *internal opening of the canal is on a level with the inferior turbinated bone*.

Another operation, the success of which is dependent upon a correct appreciation of the course and relations of the meati of the nose and their boundaries, is the catheterism of the ductus ad nasum for the re-establishment of the natural lachrymal passages, *without any external incision*. This method is Laforest's, and the instrument is either a solid or hollow sound, the extremity of which is shaped to resemble somewhat an ordinary button-hook, the curvature of the blade not being so abrupt. The extremity of this sound is carried into the nostril in such a manner that, by a movement of rotation given to the instrument, it will pass beneath the inferior turbinated bone of the nasal fossæ. This being accomplished, the point should be directed into the inferior orifice of the duct, which is effected by giving to the instrument a slight movement backward and forward, then with half a turn, by which the handle is carried inward and downwards, it passes through

the nasal duct and enters the lachrymal sac. The hollow instruments of Gensoul are preferable for this operation, as through them, if necessary, fluids may be injected.

There is an affection, known as *salivary fistula*, which is difficult to manage, and is generally found in the neighborhood of the duct of the parotid: the course and termination of this canal should, therefore, be attentively studied. Dr. Horner, of Philadelphia, suggests the following operation for the cure of this affection: "The fistulous orifice should be first slightly elongated by a simple incision made in the line of the *zygomaticus major* muscle; then, the patient's head being firmly supported by an assistant, who also holds a broad wooden spatula against the inside of the cheek opposite the fistula, a sharp-edged punch like that used by saddlers, and large enough to excise the whole fistula, is pressed firmly against the cheek so as to remove the diseased portion entirely, and at the same time to open the duct afresh, and afford a new avenue for the escape of the saliva into the mouth. The external edges of the wound are now to be accurately closed by the twisted suture, and the cold water dressing is to be applied, and union is accomplished."

Sometimes, within Stenson's duct, *salivary concretions* are formed. They are white and friable, and either round, oblong, cylindrical, or ovoid, in size varying from that of a millet-seed or a pea, to that of a hazelnut. They may be single or very numerous (twenty or more). They are composed of phosphate and carbonate of lime, held together by animal matter, and give rise to obliteration of the ducts and great dilatation, consequent upon the accumulation of the secretion.—*Rokitansky*, vol. 2, p. 142.

Aneurism by anastomosis is seen frequently upon the cheek or the alæ of the nose, and the diagnosis, though generally easy, at times may mislead the most experienced surgeon. Fergusson relates a case, the details of which were published in the *London Lancet*, for 1842-43, as follows: "A lad, nineteen years of age, came into King's College Hospital for the

purpose of having a tumor, about the size of a duck's egg, removed from his cheek; and after, as I thought, a careful examination of the mass, an operation was proceeded with, under the impression that it was a cyst. I was, however, greatly astonished to find that it was supplied with numerous large vessels, that it had, in point of vascularity, many of the characteristics of this formidable disease (aneurism by anastomosis), and was fain to apply ligatures as speedily as possible, with the double object of arresting the bleeding and causing the tumor to slough away."—*Practical Surgery*, p. 147.

Abscess of the antrum, or tumors in that cavity, deserve consideration, and occupy a position in the anterior superior triangle.

And finally, fracture of the bones, caries of the same, the external operation for fistula lachrymalis, and the extirpation of the superior maxillary, with the rhinoplastic operations, all lead us to a careful consideration of the anatomical parts and their relations, as we find them in that space which we have been last considering. In the resection and extirpation of either a part or the entire maxilla, the very points of osseous connection are of vast import, and the rim of the orbit is always, if possible, to be avoided. Dr. Horner, of Philadelphia, has removed the whole superior maxillary bone, without making any external wound; and Dr. Carnochan, of New York, has relieved a man of his lower jaw, without an external puncture of the integuments.

These remarks on the two triangles proposed for consideration will close this paper on the regional system of anatomical study. It has been introduced to the readers of the *United States Journal* rather as an experiment than otherwise; but those who have had the patience to consider the details may have already perceived that an anatomico-medical and surgical work, accurately prepared in every particular, with judiciously selected cases and operations, would be, though a production of immense labor, quite an acquisition to the library of both physician and surgeon.

The accompanying plates, I have drawn from actual dissections and from casts in the museum of the Homœopathic Medical College of Missouri, the models themselves being prepared from the recent cadaver; and the measurements, lines and triangles which have been introduced are those which I have found most efficacious in the anatomical lecture room.

DYNAMICS, AND THE LAWS GOVERNING THEIR ACTION.*

BY JAMES T. ALLEY, M.D., OF NEW YORK.

IN an article on "Doses" in the last number of the *Journal*, I took the liberty of objecting to the term "potentization" as inexpressive of the true idea in the preparation of our remedies. The word was introduced by such high authority, and has received the sanction of so many learned men, that it may seem to some sacrilegious and presumptuous to undertake to change it for another. Indeed, if the word only was in fault, this would not be attempted. The idea, however, which it is intended to convey is so manifestly untrue, that homœopathy suffers from the errors which have thus been perpetuated.

We must believe that its being kept so long in use has been only because of the fear that the action of the high preparations could only be explained by the theory of their being potentized by the dilutions and succussions they are made to undergo. Others, also, though not fully believing in the doctrine, would object to the change, fearing our opponents might charge us with already commencing to abandon the doctrines of Hahnemann. Disregarding consequences, let us tell the truth.

* This title is given instead of the one proposed in our last.

It is time, and we can well afford, to make honest avowals upon every point in our medical creed. Homœopathy is now being examined by hundreds of critical, intelligent, reasoning minds, and considering anything as sacred merely because of its origin is weakening our cause and contrary to the example of the *true father of medicine*.

Whoever will read carefully the Organon of Hahneman, will find in its truth-teeming pages such a marvel of human achievement, that he can afford to dissent from some statements without affecting at all the honor of the great discoverer. To have found out a law by which we are guided in the administration of remedies by something superior to chance—nay, by a rule as perfect as God's laws must of necessity be—was sufficient to have crowned any name with eternal honor. But added to, though in connection with this, comes the discovery in regard to dynamics, which alone would have placed Hahnemann as the foremost philosopher of the age. In respect to this, he has not yet been appreciated; but as other sciences continue to throw more and more light upon the laws of imponderables, the importance of his discovery will be more fully known.

The object of the present article will be to advocate the doctrine of dynamics as discovered in medicine by Hahnemann, but to object to his conclusion that remedies are potentized by the process of succussion, and in place of this, aim to show that the curative principle or force is *continued* or *perpetuated* through the various preparations, the substance used in succussion acting only as a vehicle through which these are communicated. If we adduce enough evidence to substantiate this, then they should be called *continuations* or *attenuations*, rather than *potencies*. In order to be more explicit, our remarks will be made under distinct heads.

1st. *There exists in every drug a dynamic force or spirit by which alone that drug fulfills its scientific indications.*

Unfortunately, of this fact we are able to give but little *positive* demonstration; but we believe the evidence by which

it is upheld is equal to that which supports other departments of science, which the world receive as settled and established.

One reason why philosophers have looked with more distrust upon this theory is, that scientific men have seemed to have a peculiar fancy for dealing with and experimenting upon that which is *material* and *tangible*. They can weigh and measure, but dislike the trouble of dealing with imponderables. Even now, with all the philosophy we have in the world, it is almost all buried in matter. The chemist labors industriously to find different constituents, and already counts a host of elements which go to make the stupendous whole. But in the vital or spiritual world, how different the case! Almost every thing we see passes under the stupid and confounding name of *electricity*. In the varieties of matter, God could make the countless thousands; but in the domain of the imponderables, he must be limited for the greater part to one. Light, heat and electricity are the hollow, shelly words which still encrust and conceal laws and principles of the most vital importance.

We need not endorse the idea of those philosophers who hold that every particle of matter has its separate, individual, independent spirit; but they are certainly no further from the truth than the theorists of our own day. Others, again, have endeavored to believe that there is a triune force residing in matter, with but little evidence except the assumption that it must be so, because there is a Trinity in the Godhead. This is equal to the logic of the musician who thought there could be but three parts in harmony, because there were but three persons in the Trinity.

We are yet almost entirely ignorant of the vital forces in nature; but there is no necessity for supposing these forces are less in number than are the elements of which matter is composed. At least, we have evidence for believing that the various offices supposed to be performed by the three already discovered are, in reality, discharged by a *great number of forces*, capable of acting either singly or in consonance, each

being gifted with specific endowments, and able to act independent of its original body. There is nothing in chemistry or physiology which contravenes this opinion; and even those who are opposed to the theory acknowledge there is a possibility of its truth. Muller says, "there is nothing in the facts of natural science which argue against the possibility of the existence of an immaterial principle *independent of matter*, [the italics are my own], though its powers be manifested in organic bodies—in matter." Draper says, "in the same way that I am willing to admit the existence of forty different simple metals, so, upon similar evidence, I am free to admit the existence of fifty different imponderable agents, if need be." Again, is there any thing that should lead us to suppose that the imponderables are constituted by nature on a plan that is elaborately simple, and the ponderables on one that is elaborately complex?

Although we are unable to define the number or describe their action, we do contend that each drug is possessed of different forces or acting principles, such as the medicinal, the germinal, &c., just as the material part is composed of different elements. Probably, also, the medicinal force is again divided into separable parts, having minute specific tendencies. Be this as it may, we are able to show by evidence almost positive, that the curative principle of the drug is independent of matter, and is exercised under control of the same circumstances as when the matter is present. It is not here important how many such forces there may be: our present subject is concerned with but one.

That there is throughout all nature, in all combinations of matter, whether mineral or vegetable, organic or inorganic, or whatever the form may be, an immaterial force—a vital principle—an imponderable *something*, by which each has its peculiar action, no sane man can doubt. Though the variety be numberless, and though there be scarcely a perceptible difference in their material constitution, yet each has its individual characteristics, its specific impress, when received

into the human body. This difference of action cannot be the consequence of their *material* composition, for there are substances by the hundred which are composed of exactly similar elements; and even in their combination, there is but little change of proportion. The difference can only derive from that specific vital endowment which was, at the beginning, implanted in matter by the hands of the Creator.

That there is a dynamic force in drugs is further proved by the present acknowledged theory, that disease is a disturbance of the vital force. If we give *opium* in overdoses, it produces a *disease* of the brain. *Ipecac.* will produce a *disease* of the stomach; *belladonna*, of the throat; *antimony*, of the lungs; *digitalis*, of the heart; *colocynth*, of the bowels; *cantharides*, of the bladder, and so on. It is now acknowledged by every reliable authority, that the manner in which these and all drugs produce their effect is by a *disturbance of the vital force*. If this be true, the inference is fair, rational, and unavoidable that the cause *must be vital*. *What else can struggle with the vital force but a vital foe?* Men cannot contend with angels, neither angels with men. Spirits cannot battle with bodies, neither bodies with spirits. So, the *material* of the drug *cannot* affect the *vital* of the body; neither can the *vital* of the drug affect the *material* of the body, except through the vital. This is so perfectly plain as to be comprehensible to even the most unlettered.

Again, the *efficiency of high continuations* furnishes evidence in favor of a dynamic force *as reliable* as that which substantiates other facts in the various departments of science.

Draper, by a careful experiment, takes apart the supposed homogeneous sunbeam; and, by throwing one of its constituents out of the original body upon some other body, decides, *judging by its effect*, that such constituent has its specific endowment, and will act independent of its former association.

Gardner analyses a ray of light, and by bringing its indigo constituent to bear upon plants, decides, *judging by its effect*,

that the specific influence of that particular ray controls the movement of plants.

By bringing a magnet within a proper distance of a piece of steel, we decide, *judging by its effect*, that there is a resident principle or force independent of the material, which requires only peculiar conditions to exercise all its power.

Hahnemann, by a process originating with himself, shakes off the original material elements of the drug, and bringing the emancipated spirit to bear upon an inflamed organ or tissue, decides, *judging by its effect*, that there is an imponderable part of the drug independent of the substance in which it resides.

The conclusions of Draper and Gardner are the results of a few experiments—Hahnemann's, of hundreds. Their discoveries have had but little confirmation. His have been confirmed by the observation of hundreds, and by the experience of thousands. We have no reference now to those deceptive and uncertain manifestations which have been too often mistaken for facts. We speak only of those which are positive, reliable, and unmistakable, and those the effects of which, in all probability, could have been produced by no other cause.

When we see a long-standing disease, chronic in its nature, one which is proven to be beyond the power of the *medicatrix natura*, responding promptly and permanently to the influence of the 200th, and this repeatedly, we can do no better, with our present knowledge, than admit the existence of a dynamic spirit by which alone this could be effected.

Such analogies and inferences as are required to account for this according to the molecular theory, are entirely too far-fetched and philosophical to settle so important a point as this.

II. *The dynamic spirit is separable from its own, and communicable to other, bodies.*

It is unnecessary for us here to refer to those authors who have written in favor or against this doctrine, as none of them

have added anything to the ideas of Hahnemann. Unfortunately for the truth, nearly all *adherents* have lost themselves in mystic speculations and absurd conclusions; and *opponents* have either been driven to deny and ridicule the facts, or account for them by theories far less acceptable than the one first advanced. Even in the writings of Hahnemann, we find evident contradictions, but fewer than could be expected, considering the occasional contradictory evidence which must necessarily follow such a series of experiments as he was then carrying on. That Hahnemann was right in his belief in the dynamic spirit is now, we think, beyond a doubt. That he was wrong in many of the hasty inferences and transitory ideas which he then expressed must be as fully acknowledged. His errors will be referred to hereafter.

It is strange what men have seen so frightful and ridiculous in the idea that the imponderable force of the drug is communicable to other bodies. What ground for inference can *any where be found*, that *certain forces* must ever be allied to *certain particles* of matter? Where, in the *whole field of nature*, is there a *single analogy* for supposing that *so much body* must forever inclose *so much spirit*? There is not the *least* evidence that they are indissoluble. On the contrary, every movement we see in the universe boldly declares that a continual and universal *exchange* is the fate of every formation. The organization of to-day is the chaos of to-morrow, and the chaos of to-morrow furnishes the conditions on which other forms of life at once begin. There is no stay for a moment in the visible creation. It is life and death, marriage and divorce, emancipation and vivification: this is the unalterable decree. Parts which are now in the lowest and most unimportant combinations, in a few years may help compose the finest earthly mechanism the Creator could contrive. This necessity of change, of course, applies to spirit as well as to matter. There is no possibility of dissolution of the materials without a setting free of the peculiar specific force, which must instantly resume relations with other forms of matter. When *aconite*, *belladonna*, *digitalis*,

or any other plants are thrown upon the ground, and by the natural process decay, it is not simply the elements of their material constitution that are left with the earth, but every specific force which constituted them individualities is left upon the same spot. These forces, as they leave their dissolving bodies, assume relations with the elements of the soil, with the surrounding air, or with other forms of organic life near them. Any variety of vegetation planted upon this soil receives of these same forces, its luxuriance depending upon the amount thus received; but the specific force of the *aconite*, *belladonna*, &c. being now subsidiary and others predominant, the resultant growth thereby loses the characteristic powers of the above mentioned drugs, and may be opposite in its medicinal effects. This is not only true, from one form of vegetation to another, but the circle goes from the most perfect types of animal to the simplest organization of vegetable life—even to the soil itself. Out of the mud and dust comes that which affords nourishment and strength to man. The plant receives from the soil not alone the material elements, but the indwelling force. The plant, in turn, is perhaps consumed by the animal, and not only the vegetable substance, but the vital principles, must be there, if it contribute any nourishment or strength. Man, again, in turn consumes the animal, and with its substance and forces are conveyed, as contributing to these, the elements and forces which have come from the ground. Thus it is literally true, that “dust thou art;” and the retrograde steps, which we need not trace, make it literally true, “to dust thou shalt return.” From what has been said, we are led to believe that, as the numberless forms of matter are only a difference of proportion of a stated number of elements, so the numberless manifestations of force which we see in various objects are but the difference in proportion of a fixed number of forces.

We see not how any legitimate objection can be made to the theory here stated. According to all accepted philosophy, no matter has been created since the beginning, and every

growth or combination since formed is nothing more than a new arrangement of elements, old as the creation. If matter, then, is indestructible, who will dare to believe that the imponderable force, the vital principle, the dynamic spirit, is but the creature of a day, lost on the moment of the dissolution of the material. If this be so, then God must continue by *special acts* to endow each succeeding organic formation with all the characteristic forces we find them to possess. This is so absurd as not to be entertained for one moment. We find, then, that the separation and communication of this dynamic force *is not* an anomaly, as some would have us suppose, but simply an imitation of a *universal law*. Our theory is deducible from its *very nature*, as well as from the nature of the bodies into which it is received. From these lessons, we are also led to believe that the condition of this exchange is not merely analogous composition on the part of the material, but also a comparative barrenness or emptiness of the imponderable, constituting a receptivity which readily imbibes any *superior force*.

If, then, it is true that we find this exchange constantly going on in the regular operations of nature, are not all the probabilities in favor of this law of continuation, even to an extent beyond former credence?

We have not space to say more upon the evidences from nature, and will now adduce a few examples to show the action of imponderables under the manipulations of art.

Light has been supposed, until recently, to be a homogeneous substance; yet, according to the experiments of Draper and Gardner, it is composed of several distinct constituents, each having capabilities of its own. The yellow controls the growth of plants; the indigo, their movements; blue is concerned in daguerreotype-taking; and red can bleach paper blacked with oxide of silver. Thus we see that each of these imponderables has a specific destiny of its own, and is capable of acting independent of others which have always been considered its indispensable body.

That the imponderable force dwelling in a magnet is capable of being communicated from its own to a variety of other bodies, is familiar even to the schoolboy. By rubbing a piece of steel against the magnet, this force is received into the steel; and in this new *adopted* body, it is capable of exercising every office which it ever could in the original body. This dynamic is transferable and retransferable, and in this is only exemplifying most palpably the universal law of *continuation*. As to its nature, even the *magnet* is no anomaly, and is nothing more than such a material combination as retains the aggregate of particular forces, the which all bodies do also, only in a lesser *degree*. Every body, when treated in a similar manner by a suitable substance, imparts its *superior* forces, only they are not yet recognized by our *faulty tests*.

Again, even the human body, that mechanism which we would suppose most retentive of all organizations, is capable, by certain manipulations, of being brought to such a state that it lets go a quantity of its dynamic force, and communicates it to another body. By certain "passes," the vital force is so abstracted, that the body becomes powerless, and entirely subject to the will of the operator. By other "passes," the body is restored to its normal condition, and every function is again properly discharged. We need not mention other corroborating facts in the history of animal magnetism. All now admit it to be true, and its developments thus far throw some light upon the law in question.

Now let us see how it is with that imponderable force which we call electricity. Can *it* be separated from one body and moved into another, and yet retain its specific power? As to its transmission, no evidence is wanting to substantiate this. Through every variety of material composition,—from the hardest to the softest, from the most solid mineral to the thinnest vapor—from either to any of these—it may be made to move with ease and certainty, its passage depending upon the simplest conditions. When met with in any of these, its

action is always the same, ever independent of the substance in which it resides.

To sum this evidence in a few words, we are safe in saying that, *without exception, every imponderable we have any knowledge of acts in accordance with this law of communication or exchange.*

Again, the separation and communication of the dynamic force is proved to take place by the efficient action of the high attenuations. We are not willing to subscribe to that theory which endeavors to account for cures made by doses at or above the 200^o, by asserting the slimly supported philosophy of the indivisibility of matter. We believe that in the 200^o or 2000^o there is at least none of the original material present that can be of any avail in medicinal influence. More than this, no atomic part of the drug, from the smallest conceivable atom in the highest attenuation to the largest mass capable of being swallowed in its crude condition, has the least influence in fulfilling scientific indications, except as these are merely the vehicle for conveying the vital, which only can affect the vital in man. In common language, there is no material present in the 200th attenuation; but, in spite of this, we find that the most brilliant cures on record in the annals of medicine are those which are effected by the above preparations. We judge then, *by their effect*, that a dynamic spirit, independent of matter, has been separated from its original relations, and, by succussion and division, has been continued through the attenuating medium until it reaches the one in use. These effects, we are willing to accept as a valid argument in favor of continuation. Of course, it is liable to the feeble objections which it is possible to bring against the existence and action of *all imponderables*.

As we have before said, the chemist decides, *judging by effects*, that a ray of light is divisible into distinct and separate parts, such as the radial, the chemical, the thermal, the tithonic, phosphoric, &c. By their effects *only* are we able to argue the existence of electricity, magnetism, and the vital force. In fact, all that we can know of any of the imponderables, is knowledge

acquired in observing all their effects. When, therefore, an attenuation so high as to be beyond the probability of the material, has been brought to bear upon an inflamed organ, and produced a radical and decided change, the argument is surely legitimate that, however high that preparation may have been, there was in the dose an indestructible principle, a communicable spirit. These, in kind, are the same arguments which sustain other theories in science, and they are no more truly verified in any department than in that of medicine.

Having, as we think, proven the statement in our second proposition, we need only say that the conditions necessary for this process are, such a subdivision of particles as gives a great extent of free surface, thus favoring the egress of the dynamic, and also agitation, which seems to be the liberating agency in the setting free of the medicinal force. No stated number of shakes can be prescribed as necessary; but at least four or five hundred should be given to each succeeding dilution. Each should be attended with a good degree of violence, as division and agitation are the objects thus to be accomplished.

III. *The dynamic spirit, instead of being potentized, undergoes division, attenuation, and continuation, and is made less powerful by every removal from the crude.*

This is contrary to the teachings of Hahnemann, but it is no less true because of that. The theory which he advances, and which has been sustained by many talented followers, that drugs by succussion *gain* power so much that they were even compelled to limit this operation for fear of fatal effects, has no corroboration either from analogy or facts. This was merely a hasty inference from manifestations then new to the world, and is only pardonable because of the blindness which over-enthusiasm is likely to beget.

Neither in disease or in health, have the high preparations ever manifested more power than the low, or even the crude. On the contrary, they contain only a fraction of the dynamic force found in the untrituated drug. For this reason, we

object to the terms potency, potentized, &c. They are plainly untrue, and should be discarded from our books, as they are only calculated to hide the truth and mislead the candid inquirer. All that ever sustained this doctrine is the supposed analogy that electrical affinity is made more powerful by friction. This also sustains in preference the theory we have advanced. By friction, it is true, the electrical force is brought to the surface, and is more at liberty to act; but nothing proves that it has acquired more power by the operation it has undergone. Nothing is thereby created or increased. It is the exalted state, and not the multiplied quantity. Even this superficial excitement is unnatural and temporary, and is always lost as soon as other bodies are brought in contact, so that an equilibrium may be restored.

We shall be met here with the question — Admitting the fact that the high preparations promptly cure certain cases of disease, in which the low or crude are inert, is not this proof that the former gain power by the succussion they undergo? We answer, the “fact” is fully admitted, but it proves no such thing. We believe the reason of their peculiar action is more easily accounted for by the following considerations.

1st. The efficient action of these is attributable to condition, and not to quantity. They cure, not by reason of *power gained*, but of *state attained*.

For instance, the medicinal principle in the 30th or 200th attenuation more nearly approximates, as to its state, the exceedingly slight vital derangements of those forms of disease to which these are adaptable. Who has not seen the most obstinate cases of herpes psoriasis, &c. yield promptly after the administration of the 200th of the appropriate remedy? This, of itself, is proof that the first and second causes are near an equality. We must remember that our remedies are brought to bear, not upon the eruption primarily, not upon any external effects, but upon the vital disturbance on which these depend. The quantity of vital force in many chronic

diseases thus disturbed is inconceivably small; and when inaction in the part becomes settled, then there acts in this part, by reason of organic unfitness, only a remote attenuation of the previous normal force. All that is required in our medication, then, is that the medicinal influences be barely sufficient to master this attenuated and exhausted force, and excite their own peculiar stimulus. Thus, if we touch and remove the hidden cause, the natural recuperative effort will in most cases throw off the morbid effects. Our remedies, as a second cause, act upon the identical spot as the morbid cause, and merely as a consequence produce effects similar to the morbid effects.

The particular cases in which the high preparations are demanded do not *need an intensity* of power. The reason why the *low* or *crude* is here insufficient is because of the full, rushing, overwhelming tide of force, which not only prostrates the enfeebled parts beyond the power of reaction, but also creates a riotous disturbance in healthy parts of the affected organ—thus rather assisting the spread of the morbid action, than contributing to its cure. If this be the case with the crude drug, how impossible would it be for us safely to administer the high preparations, admitting that the resident force is intensified or potentized. In the innumerable conditions of disease, there is every variety of feebleness or intensity of the vital force which can possibly be imitated by the most elaborate succussion of the most susceptible drug. It is, then, the *analogous condition*, the *exalted state*, instead of a *measured quantity* or a *restless intensity*.

Another reason why the attenuations are often more efficient in chronic disease is that, in many cases, the morbid cause has spent its force, and there remains only a passive vital derangement which, though without medication it might be persistent and ruinous, is yet removed by the smallest conceivable influence of the appropriate remedy. This is so easily understood, that it needs no further remark.

Our third reason, we state in the form of a proposition, thus :

By every remove from the crude, the specific force of the drug becomes more and more isolated, and is thus less embarrassed or opposed in its elective effort.

As has been stated, we believe each drug is endowed with several distinct forces, each having its own specific tendencies, and often in direct opposition to each other. *Belladonna*, we say, acts specifically on the throat, *ipecac.* upon the stomach. Now, the force in *belladonna* which acts on the throat is not the only one residing in that drug, but is the *superior predominating* force ; and by as much as this predominates, by so much will its action be characteristic and distinct. Other forces assert themselves but feebly, because the superior force so largely preponderates.

In what is called good *belladonna*, this preponderance is well marked ; but in that of an inferior quality, or, in other words, that in which the major force is deficient in quantity and the minor forces more nearly approach it, there we find the plant has not its full and distinctive effects, for the reason that its superior action is in a measure *antagonized* by the undue proportion of the minor forces. It is the same with *ipecac.*, and the same with every drug.

We find that some drugs, though they may be very bitter and unpleasant to the taste, exercise no decided influence upon any particular organ or part. In these, there are as many forces as in any other, but there is none which greatly predominates. In quantity, they are so nearly the same, that they are almost mutually antagonistic. Our most valuable drugs are those in which one force has great supremacy over others.

We shall now plainly see how this may account for the improved action of the high preparations.

For instance, when we commence the trituration or succussion of *belladonna*, what we may call the *throat force* is there greatly predominant. The drug particles are teeming and

suffused with this as their superior force. Therefore, when any vehicle, such as sugar of milk or alcohol, is brought in irritating contact with the drug, the drug readily imparts this superior force in preference to the other forces, and to their comparative exclusion. In the next succussion or trituration, the same is repeated, and so in the next. In fact, according to this, we find that, in every succeeding process, the inferior forces are becoming less and less potential, and consequently the superior force more supreme, and more nearly isolated. This, when carried to a certain extent, leaves the superior force comparatively, if not positively, unembarrassed and unopposed by the antagonizing forces. This, we must believe, is a most favorable circumstance toward efficient action.

In conclusion, valuable and indispensable as the attenuations are, we must not be led to their indiscriminate use. We are sure that the dynamic force acts from an artificial vehicle, but we are also sure that it acts from its natural vehicle, the drug. The requisite action for a particular case is found in the one or the other, according to the conditions of the disease. From the highest to the lowest, the various intermediate preparations have equally urgent indications. There is, in kind, a universality of action, and succussion determines only the degree. It may very well be said, "that which is best administered, is best."

RATIONALISM.

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Has Hahnemann made any discovery? and if so, is it Rationalism?

THE cause of science and truth, of whatever kind, in all ages furnishes for the reflecting mind a subject of strange, if not melancholy, thought.

In the past, as in the present, particularly in the medical profession, every great discovery has been opposed by physicians claiming to be men of science. When any discovery in medicine, whether of particular or general application, has been made and clearly demonstrated by facts, these are denied, and the discovery pronounced an absurd impossibility by some who pretend to have examined the proofs. Such persons deserve our pity. There are others who belong to the fast order, ambitious, ever ready for any thing new, and eager to run ahead of every discovery—of weak and unstable minds, vain and conceited, dictatorial and dogmatic—who lay hold of any thing strikingly bold and new, and immediately commence and continue a system of exposition and elucidation, until the simplicity and beauty of the discovery are lost in the cloudy uncertainty of what is known as rationalism.

As the great majority of physicians of our day are not profoundly educated, there is danger of their being led away from the truth of homœopathy by a few ambitious men, who sneer at "true homœopathy" and preach "rationalism." In the last year, having read many articles of this kind in our domestic and foreign homœopathic journals, I propose to give a few thoughts, as mites of contribution, towards sustaining the only true system of therapeutics ever made known to the world.

All physicians acquainted with the history of medicine know that the *old schools*, without exception, boasted of

teaching doctrines which alone deserved the title of “*rational art of healing*.” And more than this, they assigned as a reason, “that they sought after and removed the *morbid cause* ;” that they were “able to discover the cause of disease.” Then, as now, many diseases claimed the attention of the physician where the causes were unknown and inconceivable. To meet this difficulty, the old school, or allopathy, by comparing normal anatomy with abnormal or pathological anatomy on the one hand, and physiology, or the functions of the living body, with the boundless symptoms and stages of disease as ultimating in death on the other hand, has drawn the conclusion that the difficulty is dissolved and dissipated by the potency of a “*prima causa morbi*”—an ethereal, imaginary deity, which is not only the cause, the very essence, of the disease, but the disease itself. Can any thing be more at war with reason, more insulting to common sense, more antagonistic to science and truth ?

Let us now inquire how far “rational homœopathy,” as it is called, differs from the “rational art of healing” of the old or allopathic school.

There could be no counterfeit coin, if there were none genuine ; and it is certainly the duty of every good citizen to expose every counterfeit when such is made manifest to him, that individuals and the community at large may not suffer by the imposture.

In my remarks, I do not write to hurt the feelings of any one, but solely with a desire to sustain what I believe to be truth, and to expose what I view as *an error*, which, if carried to its legitimate ultimate, will be the ruin of homœopathy.

We shall quote from only a few of the “great scientific sustainers of homœopathy,” as we have heard them designated. The scores of silly parrots who repeat what these leaders utter are unworthy of notice, being the mere echo from the big guns of rational homœopathy.

Case 1.—Three small children were “treated for ten or twelve days for symptoms of acute hydrocephalus, with

irregular and imperfect remissions. Vomiting, constipation, irregular pulse, screamings, gritting of the teeth, coma, rolling the head, chewing motions, and even convulsions, had occurred in all of them. No amelioration whatever was obtained, and the cases seemed steadily marching to a fatal issue, when I adopted the *bold and experimental use of quinine*. The three cases promptly improved and thoroughly recovered." What the *treatment* was for ten or twelve days, we are not informed, but are told that "no amelioration whatever was obtained."

Case 2.—A negro woman, "who dropped suddenly in the field, without previous complaint, in a comatose state. I saw her in an hour. She lay on her back, perfectly motionless and senseless; *pulse about 100, full and strong*; respiration slow, and loudly stertorous at times; occasionally there were two or three jerking, spasmodic inspirations to one long sighing expiration—a very bad symptom, although not uniformly fatal, as Dr. Parry, of Indianapolis, pronounced it to be; pupil closely contracted, teeth clinched, deglutition impossible, skin natural."

Treatment: "She was *cupped* in the temples, almost covered with mustard plasters, her head was shaved, and the cold douche persistently applied to it—all without eliciting the least expression of sensibility. An injection of *twenty grains of quinine and forty drops of laudanum* were given, to be repeated in four hours, unless she improved. About the time for a second injection, she winked and moaned, and soon executed some voluntary movements, so that it was not administered. She seemed perfectly well next day, only feeble. No more quinine was given, and she *convalesced*; but she did not get well."

Case 3.—A negro man, who was seen in two hours after he was taken. "He presented all the symptoms of an apoplectic seizure in a plethoric subject,—slow, hard pulse, contracted pupil, slow and loudly stertorous breathing, and total abolition of all the senses. Every kind of measure was resorted to in

vain. *Belladonna, cicuta, opium 12°*, *tinct. laurocerasus*, &c. were forced down his throat, although deglutition was very difficult; he was bled from the *temporal artery*, and from the *veins of the feet*; he was dipped into the *cold bath*; the *moxa* was applied to his epigastrium; injections of *quinine and laudanum, mustard plasters, blisters*, &c. &c." He died!! Not very strange, we think. After stating several cases, the Doctor says, "I might relate twenty or thirty cases, similar to those above, which have occurred in my practice this summer, almost every one of which recovered." He says further that, "in the treatment of malignant or pernicious intermittent fever, with anticipatory paroxysms and serious local congestions, *I cordially endorse* the following paragraph from Professor Wood's "*Practice of Medicine*," vol. 1, p. 303: "As soon as a remission has been obtained, there is *but one course* of treatment, and that is all-important. There should be no delay for previous treatment—no waiting for a more perfect relief from this, that, or the other symptom. Such dallying has been too often fatal. No matter whether the patient has been under treatment during the paroxysm or not—no matter how partial the remissions—no matter at what period of the interval the practitioner may have been called—his first, his last, almost his only thought should be *sulphate of quinine*. This is the remedy for the disease, and *only this*." True homœopaths, what think you of this? Dr. Robert Jackson, of England, M. Brecquet, of France, and other allopathic authors, are quoted to sustain this rational system of homœopathic practice; and we do not object to this, for only such can indorse such practice. But again, "I tried almost all the homœopathic remedies for intermittent during the past summer, and with various success. Some facts were plainly observable—viz., that there were no *reliable* characteristics for any of them; nor could you rely on any of them with one-fourth of the certainty which you felt in resorting to quinine." And again he says, "quinine was resorted to in despair." Is there science or reason in despair? Verily,

our wise men are becoming luminously dark in their exhibition of homœopathic light through their rational telescope. Hear again what the Doctor says: "I can give *no characteristic indications* for either of the remedies which have in my opinion any *positive value*. They were used *empirically*, and were certainly attended by *admirable results*." Is this the language of any *physician* who understands the principles of homœopathy and the pathogenesis of his remedies? But hear the results of this treatment. He says, "the cases of relapse were *most numerous*: indeed, you could scarcely find a person who had had only one attack of one or more paroxysms." Again he says, "I treated a great many cases of obstinate and dangerous sequelæ to these severe and protracted intermittents. These sequelæ were mainly *dyspepsia*, a mild *gastro-enteritis*, *colicky pains* of frequent recurrence, *enlargement of the spleen*, *suppression of the menses*, *jaundice*, *anæmia*, *dropsy*, *marasmus*, and other ill-defined cachectic conditions." What other results could have been expected from such treatment? No homœopathic treatment is or ever can be followed by such sequelæ!

In concluding his article upon "Malignant Intermittent Fever," in the November number of the *North American Journal of Homœopathy*, Vol. 8, No. 30, Dr. Holcombe uses the following language: "Such, my good reader, has been my practice in remittent and intermittent fevers this year. It was better, I think, than *pure allopathy* has been, and *very much better* than *pure homœopathy* would have been. Let it be called allopathy, or eclecticism, or mongrelism, or whatever you please, but let it spring from a devoted LOYALTY TO TRUTH!"

It seems, from this statement, that "the bold and experimental use of quinine," mustard plasters, blister plasters, moxa, bleeding in the temporal artery and both feet at the same time, is "*better*" practice than pure allopathy, and "*very much better* than pure homœopathy."

How far homœopathic remedies were used correctly in the cases cited, we leave our readers to judge. We deem it

proper here to remark, that it has been our lot to see and treat what Doctor Holcombe calls "malignant intermittent fevers" in our vicinity on the west bank of the Father of Waters, and we have succeeded with homœopathic remedies, without *ever resorting* to "the bold and experimental use of quinine." And we will further state, to all who may have such cases to treat, that we have found arsenicum, 2d trituration, given *at the first* approach of the paroxysm, when you are present, or in the paroxysm, when you cannot see it before, the most certain of all remedies. And more, where there is a clear intermission, without any symptoms present, give no remedy, notwithstanding Dr. Wood's advice, endorsed by Dr. Holcombe. Why give remedies when there are no symptoms to combat—no manifestations of derangement, either functional or pathological, to remove or restore? Such practice is not in accordance with reason, common sense, or philosophy, and should be ignored by every true homœopath.

We admire Dr. Holcombe's open and candid expression of his views, and we like his method of sustaining himself by authorities and facts; but we have no faith in his authorities, because they are allopathic, and his inferences we view as fallacious and at war with known laws, and dangerous in practice.

Let us now quote a few sentences from a contributor to the *North American Homœopathic Journal*, vol. 8, No. 31, p. 318. Having made an extract from one of the "most liberal and practical physicians of the age," as the writer thinks him, he endorses the same. We make but a small extract from this quotation. Speaking of the two systems, this liberal practitioner remarks, that the "adherents of both plans of cure do a great deal of positive good in society—at least, those of them do who are well educated, conscientious, and thoroughly stored with plain common sense. *The truth*, so far as practice is concerned, must therefore lie in some yet unascertained middle point between the two systems." And here our rational homœopath kindly steps in to settle and define this

“unascertained middle point,” by the declaration “that this middle point will be found in the specific ALTERATIVE METHOD.” Again, he says, page 319, “there is a vast difference in the doses and some of the appliances and hypotheses of the two schools, but no absolute antagonism in the *real laws or principles* of the opposing factions.” Does any pure homœopath believe in this? What! no antagonism, no difference, in the “real laws or principles” of the two schools! Are we, then, to consider the teachings of Hahnemann as an idle dream—an *ignis fatuus*, which led him, and has led all of his true disciples, through the deep shadows of night, to be aroused after half a century, and learn from rationalism that our light, which we had fondly hoped would guide us safely amid the labyrinths of disease, was a mere delusion, and had landed us, where we started from, in the old allopathic family—standing upon “the specific *alterative method*” as our foundation, our great central truth, and the citadel of reason and common sense?

Let us look at the result of such principles in practice. In the *North American Journal of Homœopathy*, vol. iv., pages 358 and 359, we find the following directions for the treatment of “Fatty Diseases of the Heart,” by a writer. Under the head of diet, he prescribes “pepper, mustard, salt, and Worcester sauce,” to aid digestion. This is, as Dr. Hempel remarks, a “good old English and universally recommended allopathic fashion, advised by Dr. Chambers.” How do these quantities of pepper, mustard, salt, and Worcester sauce agree with the use of homœopathic doses? How do these quantities of pepper, mustard, salt, and Worcester sauce agree with the *nux vomica* which this person recommends as an accompaniment to these condiments? This may be in accordance with “the specific alterative method,” but surely it is not homœopathic treatment. Again, the Doctor says, “to promote the absorption of fat from the heart and body in general, iodide of iron, iodide of potash, iodine, or liquor potassa may be relied upon. Liquor potassa, *in drachm doses*.”

three times a day, will remove the fat at the rate of from seven to ten pounds per week." This is a brilliant example of rationalism in practice, and exactly such as can be found in allopathic works for centuries past. The accumulation of fat is called *the disease*, and the whole battery is levelled at this mass of fat, regardless of the functional ruin it causes, when it is the mere product of morbid derangement. Liquor potassa in drachm doses!! Here is rational homœopathy with a vim! We ask, in all candor, if it is possible for any one who comprehends the principles of homœopathy, to practice as recommended above? As our object is merely to show the character of that miserable counterfeit of homœopathy known as "rational homœopathy," or "the specific alterative method," we will not now go into an exposition of the nature of disease, or the *modus operandi* of medicines.

Allopathy says, quinine in massive doses is the specific for intermittent fevers. The "rational homœopaths" respond—Amen!

Allopathy lays down as a principle, and carries out in her practice, that mercury is the great "*sine qua non*" in the treatment of bilious and gastric diseases. The "rationalists" respond, "that's so!"

Allopathy declares that bleeding, blistering, cautery, moxa, &c. are indispensable in the treatment of disease. The rational homœopaths reply—that is our faith, and we prove our faith by our practice.

We presume that it is useless to carry our parallel further. Every homœopath, and every allopath, will see that there is no difference between these two systems. Empiricism, bold and barefaced, is stamped upon every feature of the monster.

The frequent effusions of this character in some of our journals for the last two or three years, have been a source of deep regret to me; and I had hoped that some able pen would be called into service to expose the fallacy, and clothe in true colors, this new teaching of reckless ambition and disastrous folly.

I trust that these remarks will call the attention of homœopaths to this insidious attack upon all that is dear to afflicted humanity and reliable to the medical practitioner—to this imbecile effort to blot out the only true therapeutic light which has ever dawned upon an afflicted world.

CLINICAL CONTRIBUTIONS.

BY DR. G. BLOEDE, MASS.

I.—*Complaints of a Drinker.*

WASHINGTON T., a man of middle age, has ruined his system by drinking, and has now the appearance of an old man. He walks about, stooping, and you would take him for the elder brother of his mother, who is a very healthy, active old woman. A year ago, he was generally believed to be consumptive and rapidly declining. He suffered from a tormenting cough, with copious expectoration. As, with the assistance of his relatives, he had almost entirely abandoned the habit of drinking, *arsenicum* proved highly efficient to relieve him of his cough and improve his general condition. But for some time he has complained again, having what is called "a sickly time" about every three weeks. His suffering commences with a hard, tormenting cough, attended with pain in the pit of the stomach. In a few days, the cough becomes loose, and expectoration sets in rather suddenly, which is thick, cooked, and of strong smell, as if an ulcer had broken. This is attended by immediate relief and gradual subsidence of all the symptoms. Concomitant symptoms are: bad taste, with unchanged appetite; afternoon fever, continuing through the evening and sometimes night; copious sweat and inflammatory affection of the eyes, which he has not had for years. The eyes

are of a pale redness, dull and watery, with loose texture and great dread of light, gathering at night and itching. The following remedies relieved all the symptoms, and restored the patient to as comfortable a condition as could be expected from a ruined constitution, with the unmistakable signs of developed tuberculosis.

Tartar emetic 3^o was followed by emesis on the second day, with immediate relief and quick subsidence of the symptoms of the stomach and cough. After this, *apis* 3^o was given, at first in alternation with *tartar emetic*—then, alone—to which the affection of the eyes yielded readily. At last, *nux vomica* was prescribed for cutting, stinging pains under the short ribs of the right side, with copious formation of gas, which was evacuated both ways.

II.—Chorea. *St. Viti*.

Albert L., a boy of ten years, slender, well grown, with a lively sanguine temperament and merry disposition, had an attack of St. Vitus's dance when he was four years old, which was then cured (?) by iron-powders. Four months before I was called to see him, he had another attack of the same disease. It commenced this time with an impediment of the speech: he ceased to talk intelligibly. After this, he began to drag his right foot; he could not walk in a straight line; nor did the muscles of his right arm obey his will. He could not use it for eating, because his hand would go everywhere else but to his mouth. The same symptoms soon extended to the left side, particularly of his face; and when I first saw him, his limbs were in incessant motion, with the distinct character of involuntary jerking, pushing or pulling in various directions. These motions lasted all day; and during the first period, his mother had to use some violence to keep him in bed; but as soon as he has once fallen asleep, all motion ceases entirely, and he sleeps quietly. His appetite is very strong, and his bowels in good order. He passed a couple of long worms some time ago. His speech is entirely unintelli-

gible to every stranger; his tongue is not subject to his will, and the same phenomenon extends to the muscles of deglutition; the victuals he eats and the water he drinks fall out of his mouth again before he is able to swallow them. He walks in a jumping, jerking way, as if he were pushed by some invisible power, in one or the other direction, different from that of his will. His mind is not impaired at all, and his disposition exceedingly merry and playful, inclined to fun and mischief. This latter circumstance, which struck me as a prominent symptom of the case, decided my choice among the indicated remedies in favor of *hyoscyamus*. But, to my astonishment, this remedy did not show the least effect in the course of one week; whereupon, I prescribed *agar. musc.* 3°. This exhibited a slow but decided action upon all the symptoms at the end of the first week after commencing it. It was therefore continued; and four weeks later, I made the following memorandum:

Improvement steadily progressing; he walks out alone for the first time to-day; has dressed himself without assistance; he can drink alone, but not yet eat alone; he jerks his mouth, which, when talking, he opens in the form of a fish-snout; his speech is much better, but he still makes many involuntary motions with his hands and feet, particularly in a backward direction. *Agar. musc.* 4° was persevered in for some time longer, and gradually restored the boy, who at the same time was growing and picking up rapidly, to perfect health.

III.—*Catarrh, Spasms, and Scrophulosis.*

Max. M., a very fat, heavy, full-blooded child, of about a year and a half, scrophulous in habit, who cannot yet walk, and has a *hernia inguinalis*, was laboring under the effect of a severe catarrh of the *larynx* and *bronchiæ*. His breathing is extremely laborious, and so loud and snoring that, as his parents lived on the first floor, it can be heard from the street. The cough is very suffocating, and has all the appearances of

high-graded croup. The child seemed to be in great danger, and those who saw him thought he could not survive.

Aconite, belladonna, spongia, bromine, tart. emetic, hyosciamus and *chamomile* were used, from the 1st to 13th March, without effecting any material change in the symptoms, which continued almost unabated, while the child became more and more exhausted. On the 13th, *ipecac.* was administered, which speedily proved to be *the* remedy for the case. In the course of nine or ten days, it not only removed the catarrhal and spasmodic affection of the respiratory organs, but proved, at the same time, curative of some other symptoms which had made their appearance about the 15th March, and which, in their turn, threatened to take the life of the little patient. The child, which, from his birth, had been subject to repeated attacks of convulsions, had several severe fits of suffocation. They came on after sleep. He starts from his sleep as if throttled, turns pale and livid, the breath stops entirely, and the body is stretched as if in death, but remaining pretty warm and limber. After one of these fits, his limbs were contorted as if they would break, and the whole body turned round his axis in bed. Several of these attacks lasted for minutes, so that the mother thought the child was really dead. After it came too, the breath was drawn loud and laboriously, the child seemed very much exhausted, and fell asleep again. Soon after the administration of *ipecac.*, these attacks became a great deal lighter, and then stayed away altogether. This happy result was followed up by *apis* 3°, which seemed to suit very well after *ipecac.* The last prominent symptom which seemed to call for medicine, was a kind of *canine hunger*, which troubled the patient *at night*, and which disappeared after a few doses of *chininum sulphuricum* 1°.

IV.—*Incipient Amaurosis.*

Miss Ella C., a young lady of sixteen years, of small size, fleshy, dark complexion and hair, lively temperament, menstruating regularly. She is a pupil in a ladies' seminary, and

being very anxious to get a diploma at the next commencement, she has indulged in nightly studies for some time. She is, besides, in the habit of drinking strong coffee, without sugar and milk. She calls for medical help now, because she is threatened with the loss of her eye-sight. Her eyes are inflamed, very weak, with burning pain; the sight begins to fail; all objects run together; she sees nothing but mist before her eyes, and when she shuts them, a blue color. They are very sensitive to the light, which makes them water and wink constantly. Concomitant symptoms are, pain in the eyeballs and temples, with pulsations, and some spitings of blood, mixed with phlegm. I saw her for the first time on the 23d of March, in a room from which the light was entirely shut out, wherefore the objective examination of the case was rather imperfect. Besides the symptoms mentioned, I noticed an offensive smell from her mouth. Considering the patient's constitution and habits, and the probable cause of the disease, I prescribed, first, *nux vomica*. But at my next visit, I found rather an aggravation of the symptoms. They had more the character of erethism and congestion; there was an incessant movement of the eyes and winking of the eyelids, burning pain and stitches in the forehead and through the head. Although every ray of light is shut out, she has before her closed eyes a constant brightness as of full daylight, with occasional fiery sparks. If her eyes be opened, tears gush out. When rising, she feels dizzy, and complains of sleeplessness.

I now administered *belladonna* 30, and then 200, which, followed by a dose of *lycopodium* 30, had such a speedy and beneficial effect, that the symptoms subsided rapidly, and the patient was able to travel home on the 2d of April, about ten days after I had commenced the treatment.

V:—*Cephalalgia, from Pressure on the Brain (Aneurisma meningæ.)*

Mr. M., about forty years of age, tall, of fair complexion, with reddish hair, of healthy appearance, by trade a corn-miller. He enjoyed good health till some two years ago, when he was suddenly seized by vertigo, fell forward, and had to be brought home. He had then, repeatedly, lighter attacks of the same kind. Since then, he has suffered a peculiar kind of cephalalgia, consisting of a constant soreness in a small circumscribed spot on the vertex, which, every three, four, eight or ten days (never staying out longer than fourteen days), passed into a *throbbing pain*, which often rises to such an intensity as to lay him up and make him entirely unfit for any kind of work. The application of cold water relieves this pain to some extent, but the soreness remains there all the time. Besides these principal symptoms, the patient also complains of a feeling of soreness and distress in the chest, chiefly under the breast-bone. The pain is dull, but very annoying, and moving about; is unconnected with respiration, as he can take a long and deep inspiration without any difficulty. He has an almost constant tickling of the throat, with frequent hawking and accumulation of phlegm, short barking cough and sensation of fullness. Questioned about the probable cause of his troubles, he mentioned that, some time *after* the above-related attacks of vertigo and headache, he had been thrown from his wagon in consequence of a kick from the horse, and, falling on his breast, was injured at the knee and right hip. Whether this was effected by the kick itself, or by the fall, could not be ascertained. He had not been bled after this accident, nor had he realized any perceptible damages for a year or so afterwards. Soon after this accident, he had a croupy affection of the throat, with obstructed breathing, particularly on the right side, for which a fly-plaster was applied—and repeated attacks of chills, with vomiting of blood, which were *not* stopped by *quinine*, but

disappeared after the use of *willow-bark tea*. The other functions of the patient are normal; but when he called on me, March 31, he assured me that the above-described symptoms were daily increasing.

The prominent symptoms of this rather singular case of obscure diagnosis seemed to indicate a local pressure on the brain, the cause of which might possibly be some small meningeal aneurism. The similarity of the symptoms, and the remembrance of a remarkable case of this rare disease reported in the *Leipzig homœopathic quarterly*, No. 1, 1858, from *l'Art Médical*, Jan. 1858, where the same remedy acted the principal part of a surprising cure, suggested the selection of *arnica*. This was prescribed in the third dilution, three times a day. Its action was as astonishing as gratifying, and seemed to confirm the diagnosis that I had ventured upon. The patient described the effect of the medicine in the following way: About night-fall of the third day after commencing to take it, he felt a sudden rush of blood to the head, which became so hot that it really seemed to smoke, and caused him to remove his hat. This rush of blood was attended with an increase of the peculiar pain on the vertex, and was followed by a gush of thin black blood from both nostrils (he said, "it flew right out"), lasting from three to four minutes, and ceasing by itself. This bleeding afforded an almost immediate relief to his head, which ever since felt better than it had for two years. The next morning, he had an attack of the pain in his breast, on the left side of the breast-bone, which grew to a violent screwing, and lasted about one and a half days, after which it diminished, and has been decreasing steadily. His cough, too, and spitting were less; but the back of the fauces, the tonsils and uvula, being still inflamed, and the latter swollen and painful when swallowing, I prescribed *apis* 3°. The affection of the head did not return, and the patient, whom I saw from time to time afterwards, did not require any more medicine.

VI.—*Effects of Tobacco.*

Mr. K., about thirty years of age, of fair complexion and hair, complains—since he came to P., three months ago—of the following symptoms: Every morning, about 11 o'clock, great rolling and rumbling in his bowels; some wind is passed; then great debility of bowels and stomach, with nausea; he must eat something, which stops the rumbling; he has no appetite; his bowels, which used to be regular, are only moved every third day; about noon, he has attacks of vertigo; his eyes burn, particularly in the morning; in the evening, debility again, and sometimes hunger. He noticed that his abdomen is getting flat. Other gastric symptoms are absent, and the patient cannot think of any cause of his troubles, but confesses *to chew tobacco to some excess*. On examination, I found a rolling and gurgling sound in the small intestines, particularly on drawing deep inspirations. On percussion, the sound of water is perceptible, and empty eructation follows. The lower part of the liver is swollen, hard, and somewhat sensitive to the touch. The similarity of most of the symptoms with those of the pathogenesis of tobacco, determined me, notwithstanding the misuse made of that weed by the patient, to prescribe *tobacco* $\frac{5}{2}^{\circ}$, and the speedy removal of all the symptoms again proved the truth of the homœopathic principle. I left the patient with medicine for six days, which was not all taken before he was restored to his former health.

VII.—*Chronic Derangement of the Abdominal Organs.*

Mr. A. H. S., a clerk, thirty years of age, small, lean, of nervous temperament; enjoyed good health until he went to California. He was six months at sea, and most of the time reduced to salt food. In California, he worked in the diggings *three years*, and suffered from a chronic dysentery with great prostration, for which he took *opium*, *morphium*, and *blue mass*. After his return to the States, he had frequent attacks of intermittent fever, lasting for twelve months, and stopped by

quinine. His present symptoms are—nervousness (formerly so strong that he trembled all the time), sleeplessness, vertigo, with a sensation of weight and pressure on the vertex, attacks of faintness, which oblige him to sit down, increased and excited action of the heart (the beating is strong and quick, audible and tangible, over a larger surface than in the natural state); sometimes palpitation, and occasionally stitches in the left breast; the *sounds* of the heart are normal; the region of the spleen is sensitive; in the left iliac region, there is a gurgling sound as of wind, particularly in the evening, which often becomes so loud that it is embarrassing when in company with others. His appetite is not good; he has frequent empty eructations. Almost every spring, he has an attack of dysentery, with bloody slimy stools and tenesmus; his mind is easily troubled and inclined to feel concerned about business matters; he has a tendency to melancholy and hypochondria. He has never had any syphilitic disease; has been married two years, and his genital functions are normal.

It did not require more than one remedy to remove this group of symptoms, and to restore the patient to a better state of health than he had enjoyed for many years. This remedy was *china* 3^o, taken twice every day for about three weeks. The action of this great remedy was distinctly perceptible in the second week, when all the symptoms had materially subsided. The patient then related the following attack: Once a night, he woke in fright, caused by a sensation as if some one had seized him, with palpitation, anxiety, sweat, and great excitement, and a stitching and tearing pain in the longitudinal axis of the right breast. The excitement lasted about an hour; after which, patient fell asleep again. He was directed to discontinue the medicine for two days; after taking it again, he had another similar attack, but much lighter, without sweat, anxiety, or pain. On May 31, seven weeks after his first consultation, he reported that he had got about half a dozen boils on the inside of the right thigh, most of them discharging pus freely, which of course was to be con-

sidered a very favorable sign, securing a permanent cure. I gave him then *sulphur* 30°, and did not hear of him before the middle of September, when he reported that, after those boils had healed, a sore spot appeared upon the lower part of the abdomen, itching severely, especially in bed, and, if scratched, leaving a moist erosion. This disappeared in the course of a month, but was followed by a similar sore on the left ear-lap, especially the back-side of it—itching and moist after scratching, and then covered over with white scaly sordes. At the time the patient reported this, he complained also of a slight swelling of the muscles below the left clavicle. His eyes were a little affected and red, and the lids somewhat bloated. For a week, he suffered from sleeplessness again, until two or three o'clock in the morning. At the same time, he had a sensation of numbness in the right hypochondriac region, with occasional stitches, as from a pin, in one spot of the right breast below the clavicle; but this only on drinking cold liquids, or expelling the air, as in cough. His mind was at that time very much occupied by business matters, of which he was thinking day and night, without being able to draw his mind off. For these disturbances, which were certainly owing to some derangement of the liver, I prescribed, with regard to cause, *nux vomica* 3°, a few doses of which proved sufficient to remove the complaint.

VIII.—*Rheumatism, and Ulceration of the Bowels.*

Mr. H., a mill-wright, middle aged, of fair complexion, and formerly in good health. By working in a cold damp shop, partly in the water, he caught cold, and was taken with the following symptoms: *aching* and *soreness* of the limbs and joints, especially the knees, worse after motion and after rest. When rising from sitting, he can scarcely walk; his knees are stiff with numbness and formication; he cannot raise his arms above the level of the breast, without pain in the shoulder joints. A fortnight ago, he was, besides, attacked by a kind of dysentery, consisting of five or six slimy, bloody, jelly-like

evacuations, with tenesmus; he has no appetite, is debilitated, and complains also of hard hearing, with roaring in his ears. He had been under the care of three old-school physicians; but getting worse instead of better, he had resolved to resort to some of the Virginia sulphur springs, when he was persuaded to try homœopathy. The case seemed to call for the alternation of two remedies, and I prescribed *mercurius sol.* and *rhus toxicodendron*, which worked an improvement and changed the case, but not to my satisfaction. Three weeks later, I noted down that the evacuations had become puriform, as from a boil, without any fæces in them—quite painless and easy, but very debilitating, although his appetite had returned. The rheumatic pains, although abated, still continued. *Iodine 3°* had no effect, and was abandoned for *mercurius corr.*, which effected the desired change. Two weeks later, the patient was so much better that he could work again, moderately; and the rheumatic affection had almost entirely disappeared, except some weakness and aching of the knees. He has still about four stools every day, two of which, one in the morning and one in the evening, have a pretty sound appearance, while the two others still exhibit some pus. *Mercurius corr.* was continued for some time, and the patient recovered his former health.

IX.—*Scrofulosis.*

Charley C., a fine little boy, four years of age, with golden curls and blooming cheeks, showed symptoms of a scrofulous diathesis. Frequent attacks of fever at night were removed by *aconite*; but he is troubled with a permanent stoppage of his nose, which causes him to sleep with his mouth open, and to draw his breath heavily and snoring; his sleep is frequently disturbed, and his hearing pretty hard. *Calcarea carb. 3°* cured him in a very short time.

X.—*Nervous Affection of the Heart.*

Mrs. C., a young Irish woman, of some twenty years of age, mother of one child. A few days after the birth of this

child, she was seized with intermittent fever, with shaking chills and shooting pains in the head. It was of the tertian type, and treated with *quinine*, which kept the next attack off for eight days. About two months afterwards, she had what is usually called a *congestive chill*, which brought her to the verge of the grave. She was cold and lifeless, without pulse, and believed herself that her strong will alone kept her alive. The old-school treatment was very drastic, consisting of the application of leeches, cups, blisters, ointment of *tartar emetic* (which caused a severe itching eruption), and afterward *quinine*. This fever left her with a hypertrophied spleen, symptoms of enlargement of the heart, and a kind of dumb chills, which recurred at irregular intervals, sometimes every other day, until stopped again for a week by *quinine*. They consist of frost, with cold hands, feet, and nose; then high fever, with thirst, and sometimes vomiting for a whole day or longer; then violent sweat in the night, of strong smell. The stools are bilious, changing from looseness to costiveness; appetite very poor, and sleep disturbed. After a chill, she has strong palpitation of the heart. This was the picture given me by the patient's husband, when she had just left for the sea-shore. I then prescribed *arsenicum* 6°; but as the change of air and scene had the effect of stopping the chills, the prescription was not followed up. When the patient had returned in September, I ascertained the following symptoms: She looks suffering and fatigued; her eyes are sunken and darkly underlined; catamenia regular, bowels inclined to costiveness, appetite very poor. As the prominent symptom appears to be excessive nervousness, she is very easily frightened. A mouse, for instance, would scare her so much that she is chilled and trembles, and a violent stitch, as from a big needle, shoots through her left breast. She has a peculiar dread of thunder storms, and suffers frequent palpitation of the heart, often above the heart, and in the pit of the stomach. The clavicular region on the left side, so far as the armpit, is sore and very sensitive to the touch. By auscultation, it is

ascertained that there is highly excited action of the heart, but no signs of any structural change in the organ. I selected *aconite* as the remedy bearing the closest resemblance to the present symptoms of this case, and the action of it was so remarkable that I thought it worth recording.

I knew the patient to be very sensitive to the action of homœopathic medicine, and therefore much afraid to take any. I left her a few pellets of *aconite* 3° in a half-glass of water. After one teaspoonful of this mixture, she was seized by great sleepiness, which continued all day, increased heat and fullness about the heart, and itching between the mammæ. A few days later, I noted again, after two teaspoonfuls of the *aconite* in the morning, a new attack of sleepiness, when she felt her eyes turn upward without her will, and the lids drop. This continues in the afternoon; she must lie down; her sleep at night is disturbed with frequent startings; in the mornings, her eyes are red, sore, and weak, with burning as from long weeping; she is trembling, has a distress and burning about the heart, with a stitch-like pain through it, twitching of the left arm, and violent head-ache, especially over the eyes; next morning, sweat (quite uncommon with her now); the itching between the mammæ has ceased. Four days later, I made this memorandum: Patient is improving considerably under the use of *aconite* 6°, one powder at night; the fire-alarm last night left her perfectly quiet, whilst, formerly, such an occasion used invariably to throw her into a trembling fit. Every mental emotion used to give her pain and burning in the left breast, which left external soreness of this region. This symptom abated to a great degree; but new symptoms appeared through the last days—back ache, and a sensation of falling of the womb, and some thin, yellowish, fluor albus, which had never troubled her before. Three weeks later, I find this notice: headache better, principal symptom of the last dose of *aconite*—a violent, shooting, cutting pain, as from knives in the hips, for one moment only, and pain in the left elbow, lasting for a day, with that

peculiar sensation of numbness caused by knocking the elbow. The present prominent symptoms are—icy cold and damp feet up to the knees, almost constantly, even after exercise; near the fire, they get warm, after a long while; salivation, especially in her sleep, when the water runs out of her mouth (she has been repeatedly salivated), and loosening of the gums from several teeth, which had to be taken out. For this group of symptoms, *nitric acid* 6° was prescribed with beneficial effect. The patient improved steadily, and in a few days was discharged cured.

General Record of Medical Science.

THEORY OF CIRCULATION BY RESPIRATION.

Written for the U. S. Journal of Homœopathy, at the request of one of the Editors,

By EMMA WILLARD.

SECTION I.

First step in the discovery—Animal Heat the product of Respiration. Second step—Heat evolved in the lungs by Respiration there produces Expansion. Third step—Expansion; implied motion, which from the organism must conduct the blood to the left ventricle of the Heart. Theory imperfect, until the formation of sufficient vapor or steam in the lungs is perceived and acknowledged.

To DR. MARCY.—In complying with your request to write for your journal an article embodying my theory of the motive powers which produce the circulation of the blood, together with some account of its rise and progress, I obey what I regard as a call of duty; and thus requested, do it with pleasure.

But my theory, with its history, cannot thus be written without egotism. Logicians say, that the way to convince others is to retrace, in order, the steps by which you yourself became convinced, which is to be egotistic. But in this case, there is a further reason: the scientific discoverer must speak of the apparatus by which he experiments, and mine was often my own physical frame.

Twenty years ago, while yet my mind, laboring with this great subject, was condemned

“ to drudge
“ Without a second and without a judge,”

you, sir, comprehended the hypothesis which has now become a theory, and you waited not for others to speak, but you fully acknowledged its truth; and although, in Hartford, as now in New-York, you were thronged with practice, (then allopathic), you yet found time to furnish me with added experiments made in your office confirmatory of its truth, which by your permission were afterwards added in your name to my published work.

The first step in the theory occurred to my mind in the winter of 1822, and while I was engaged in founding the Troy Female Seminary. Being in attendance on a course of lectures on chemistry, and at the same time teaching to a class Mrs. Marcett's excellent work on that subject, one cold morning, as I was walking briskly up a hill, I said to myself, Why do I grow warm? Whence comes this accession of caloric? It cannot be transmitted to me from any object without, because every thing which comes in contact with

me is cold. Snow is under my feet, and frosty air surrounds me ; and, as to clothing, even the softest furs impart no warmth—they but keep from escaping that which comes from within. What other method besides transmission is there of gaining heat ? There is the elimination of caloric, when, in substances chemically combining, weight is gained and bulk is lost. Is there any such combination going on in me ? Yes ; this atmospheric air, when I inspire it, has oxygen combined with nitrogen ; but when I expire, the oxygen has disappeared, and heavier substances—carbonic acid gas and watery vapor—are returned in its place. Thus, it must be, animal heat is evolved. It is the product of respiration ; and it is because I breathe faster and deeper, that more carbon is oxidized or burned, and more heat is set free in my lungs ; and therefore I grow warm as I walk up this hill, though all around me is cold.

The mind, excited by new and great thoughts, works with unwonted energy ; and mine at once collected so many proofs, that I became perfectly convinced of the truth of the hypothesis. In searching books, I found that Lavoisier had taught the same ; but he dying, his doctrine was discarded by English chemists, Dr. Black leading the way, and therefore it did not then appear in English systems of chemistry. But from that time, I cherished it with a mother's devotion, watched changes in my own physical frame relating to it, taught it to my pupils, and held warm disputes with the medical faculty, who opposed and contemned it.

In the summer of 1832, the Asiatic cholera appeared among us, appalling every heart. This plague, I said, is a disease of coldness and obstruction ; and these doctors, wrong as they are on the subject of animal heat, can never understand it—though, if Lavoisier were living, he might. Let me, then, as best I may, consider anew the problem of heat as produced by respiration, and see whether I cannot find out something which has a bearing on the fatal coldness of this fearful disease. It is into the lungs, and no where else, that breathing introduces atmospheric air ; and it is there that the oxidation of carbon or animal combustion takes place. Thus must caloric be imparted to the blood in the lungs ; and in them is one-fifth of the blood of the system, of which one-eighth is water.

The nature of heat is to expand all fluids. The blood in the lungs must, therefore, expand ; and if it expands, it must move ; and if it moves, it must, from the organism of the parts, move to the left ventricle of the heart, into which the valvular system opens to give it a free passage—whereas the valves of the right close against it. "Eureka !" I mentally exclaimed ; "I have found the *primum mobile* of the circulation of the blood." I had for years disbelieved that the heart's slight mechanical impulse was that cause. In teaching Paley's "Natural Theology," my mind had come in contact with the passage in which he describes the heart's more than Herculean labors ; and I said, "This is altogether too much—the heart alone cannot perform all this—there must be some other power ;" and an abiding desire to know what

that power could be, prepared me for receiving this great idea. But my mind was agitated by it, as the sea is, when a great rock is thrown into its waters.

The cholera was then raging around me; and as I prepared to flee from it to a mountain air, I confided to a scientific friend, Professor Twiss of West Point, my hypothesis, which I regarded as probably the incipient germ of an important discovery.

But there was first the former theory to be disproved; and then there were new points to be investigated and established. In the ensuing winters of 1833, 4, and 5, I gave much attention to the subject, and employed professors in my school in the departments of chemistry and natural philosophy, who assisted me, particularly by their ingenuity in the construction of such simple pieces of apparatus as were needed.

Thus we proved that, although the heart's action gives pulsation, it does not necessarily give circulation. By an endless india-rubber tube, filled with water, coiled upon a table and struck repeatedly at one point, a pulsation was produced throughout, but no circulation. By affixing the tube to a vessel of water, and laying it on an inclined plane, the water ran through it in an equable current, making circulation without pulsation. Clapping the hand upon the tube in successive contractions, the fluid passed on *per saltem*, producing circulation and pulsation united, but no acceleration of the current. Now, add valves to the tube on each side of the opening hand, and you will have the current—which is moving by gravitation, accelerated by the hand's impulse, as the blood's current, first moved by respiration, undoubtedly is by the heart's beat.

The heart we regard as the grand regulator of the blood's flow; and it is admirably situated for measuring out a regular portion of blood at every contraction. John Bell, believing in the Harveian theory, said, "It is awful to think of the unfixed position of the heart;" and Dr. Arnott declared that "the heart, the heart alone, is the rugged anomaly in the laws of fitness in mechanics." The heart was now seen to have a right position; for it should swing loose that its moorings be not endangered; and, as whatever impugns the Creator's unerring wisdom must be wrong, so the presumption is, that whatever vindicates it must be right.

My hypothesis assumed the principle, that, if an endless hollow tube be filled with a liquid, the liquid can be made to circulate perpetually, if it be heated at one point and cooled before its return. A drawing of the simple apparatus by which this problem was proved, is given in my published work on "the Motive Powers, &c." The figure which represents this apparatus gives the learner the most simple idea possible of the connection of the respiratory and circulatory systems, and of the combination of the two motive powers; the first, or chemical, coming from the lungs, and the second, or mechanical, from the heart.

Suppose the heart divided into right and left hearts by dissection at the

septum: the circulatory system might then be represented by an endless tube. Let such an one, nine or ten feet in length, and of one inch bore (to be filled with water) be placed upon a horizontal table. Let an enlargement of the tube be made by a tin vessel to represent the lungs, which shall contain about one-fifth part of the water. Let the tube connected with the right side of the vessel have, at a little distance from the vessel, a smaller enlargement, composed of india-rubber, which can be grasped by the hand, to represent the heart's right ventricle, with a valve on each side opening towards the tin vessel, the two to represent the tricuspid and semi-lunar valves. Let the whole be made nearly full of water; then, under the tin vessel (representing the lungs), let a fire be made. As the water heats, it will expand; and as the valve closes to the right, it will go off to the left side of the vessel. But, as no water will come in from the right, on account of the valves, there will be no current. Now let the hand grasp the india-rubber, and the fluid between the valves being displaced by its pressure, all the water will go towards the tin vessel, because, while the valve representing the tricuspid would close, that representing the semi-lunar (between the mimic heart and lungs) would open—and very freely; because the expansion made by the heat under the tin vessel had created a vacuum, and thus made a suction power to draw it forward, while there is a driving power behind to force it onward into the tin vessel. Then relaxing the hand, a vacuum will exist between the two valves; and the valve in the rear of the current now begun (the tricuspid) would open, and the water rush in to fill the vacuum in the india-rubber ventricle, to be again pressed forward by the next grasp of the hand; and thus—the fire (representing respiration) being kept up, and the alternate grasping and relaxing of the hand (representing the heart's regular impulse)—a perpetual circulation might be made to go on;* but not without another condition of the problem.

And it was in performing this experiment that a truth was discovered, which, had it been known, many who have ignorantly lost their lives might have preserved them. When the fluid in the apparatus became equally, or nearly as much, heated at the extreme parts of the circulating tube as at the heating vessel, then the motive power of expansion ceased, and (the hand's impulse being too weak of itself to carry it on) circulation failed; but it was

* It is here seen what an important work this theory does for the venous-circulation, and why the blood moves into the lungs. We have read of a theory which maintains that it goes there because there is a mutual attraction between it and the capillaries of the lungs. But there is none between the water in our tube and that in the tin vessel where water is boiling; but it goes into it with a rush notwithstanding. Because there is a strong suction power produced by expansion, no other attraction is needed. The apparatus, as here described, goes no farther than to represent the circulation in single-hearted animals. But in my work is a drawing which shows the left heart on the opposite of the mimic lungs from the right; and then how the same tube, by being folded in the form of a figure eight (8), shows the two hearts united into one, and both ventricles working by the same contractions to perform their different tasks.

restored by putting snow or ice around the extreme parts of the tube. How often have we heard of ladies who, having gone into warm baths, have been found dead by their friends, or too nearly so, to be restored.* Through ignorance of the cause, no right means would be taken to restore them, such as dashing cold water upon the exterior, with simultaneous efforts to produce, in fresh air and in proper position, such artificial respiration as leads to the natural. Where no internal lesions have occurred, there is every reason to believe that such measures might produce restoration.

My imperfect machines gave me to see how much might be done for this important part of physiology by a more perfect apparatus. Mine was merely horizontal—but one might be made to take as many positions as are natural to the human frame; and how many facts might such an one elicit concerning the effects of position on the circulation, by which lives might every day be saved! But skilful mechanicians, not ordinary mechanics, are needed, who are men of intellectual capacity, and are furnished with *carte-blanche* for time and expense.†

The years 1836-'7-'8 witnessed, on my part, several extraordinary and fruitless efforts to get before the public the theory, of whose truth and importance I was then fully convinced. In 1839, Dr. C. Smith, then of Troy, an able medical lecturer, became a convert to the theory; and showed me, in post mortem dissections, the organs of respiration and circulation. At the close of that year, having carefully corrected and made out copies of my manuscript theory, which I had before written, I sent two to Paris—one to the two brothers, Drs. Edwards, members of the French Institute, and one to my friend, Madame Belloc. I also sent one to Edinburgh, to Dr. Abercrombie. Dr. Milne Edwards soon after wrote a book, in which he made it a point to show that animals could live several minutes without breathing; and Dr.

* Mrs. B. Ogle Taylor, of Washington, formerly Miss Julia Dickinson, of Troy, was thus found dead; and the late Mrs. Cass thus lost her life. "She was seized," says a newspaper account, "in a hot bath, which she had taken soon after eating." She lived an hour, unconscious, and the physician said she died of congestion of the brain. How easily could these highly intelligent ladies have kept themselves from danger, or saved themselves when they felt it approaching, had they known and understood these principles. For two reasons, in case of the failure of the motive power from keeping the body too long in hot water, the blood would be congested in the head. First, the head would not be immersed, and, second, the last blood which the lungs sent forth would go to it.

† What can the Smithsonian Institute do better to carry out the views with which the benevolent Smithson gave his fortune, than thus to teach mankind when life may, by free circulation, be made to confer enjoyment—how it may be inadvertently destroyed—and how it may be restored, when, by drowning or otherwise, it is suspended? Sudden deaths often occur by mal-position. That of the late Secretary Marcy is doubtless an example. After his blood was heated and his circulation quickened, he laid himself down on his back, his head not raised. Attention to the workings of such a piece of apparatus as might be made, would have shown the fatal effects of such a position at such a time.

Frederic Edwards wrote me a short letter of objections to my theory, and adherence to that of Harvey. This letter was copied and answered in my work published in 1846.

About this time, Dr. Aikin, of Baltimore, wrote to me on the subject; and showed, by calculations, that the mere gradual expansion of the water of the blood was not sufficient, of itself, to produce a current as rapid as that of the blood was proved to be, even on the lowest estimate of its velocity. This did not shake my faith in the great fact that circulation was created by respiration. It must be so; for in life, such respiration as produces heat is the invariable antecedent of circulation, and nothing else is. There was something, then, which remained to be discovered. Again, I placed before me the conditions of the great problem, and set myself intently to its study; and I soon found what I thus sought, and then discerned for the first time that the blood moves, as does the railroad car, by steam. John Bell, my favorite author, had shown that the lungs work *in vacuo*. A great proportion of the blood is water, which, in a vacuum, springs into vapor at 67° , and the temperature of the blood in the lungs is 101° . Its expansion, then, was not merely the gradual increase of bulk by transmitted heat, but also that of instantaneous expansion, by the vaporization of so much of it as is needed; and what expanded water could not do, steam certainly could. At once, a throng of proofs came to my mind. The most apparent of these was the vapor *expired* in breathing. I recollected how, in former times, the stage horses, driven rapidly into my native village of a winter morning, had clouds of vapor wreathing upward from their nostrils, while the icicles of condensation were hanging below. The nurse, who stands over the dying, holds a mirror before the mouth and nose, and considers that life is only extinct when vapor ceases to be formed. Then came to mind the solution of that great mystery of physiology, why the arteries are empty at death, which so long hindered the discovery finally made by Harvey.

In the state in which chemistry was, even as late as the time of John Bell, the chemical power of the heat produced by respiration at the lungs could not have been understood.

SECTION II.

Publication of the Theory, in 1846, in "A treatise on the Motive Powers which produce the Circulation of the Blood." Its Reception: Critique in the New York "Journal of Medicine," September, 1846. My Reply, in the same Journal, March, 1847.

TO DR. MARCY.—In the years immediately succeeding 1840, (in which year, as you will recollect, I had the honor to receive your countenance and advice respecting my theory,) I was almost exclusively devoted to the revision and enlargement of my historical works; but early in 1846, having deter-

mined on making the tour of the United States, I resolved first to prepare my theory for the press. In the introduction, I remarked, "The house of clay in which the mind dwells must receive a portion of its care; and that which I have bestowed on mine has proceeded on a belief in the truth of the theory herein advocated, a belief as undoubting as that in the laws of gravitation; and when any new fact, or any remark of an author, relating to my theory came under my observation, I noted it down and laid it by with its kindred. About to set out on a long journey, and aware that my field of vision had thus enlarged, I felt it my duty to put together the principal of my remarks, that I might so leave the subject, that, in case anything should prevent my return, it would be in a form equal to the present state in which the theory exists in my own mind."

The time I had spent in devotion to this theory, the many rebuffs I had met in seeking to promulgate it—sometimes, unhappily, affecting my social life—had made painful the duty of publishing it. My historical works had been received with favor; but I believed that, in publishing this, it would be charged against me that I chose a subject unsuited to my sex. I therefore said, in my preface, "This is not so much a subject which I chose, as one which chooses me; and if the Father of Light has been pleased to reveal to me from the book of his physical truth a sentence before unread, is it for me to suppose that it is for my individual benefit? or is it for you, my reader, to turn away your ear from hearing this truth, and charge its great Author with having ill-chosen his instrument to communicate it?"

As I passed southward on my journey, I left, March, 1846, my manuscript in the hands of Wiley & Putnam, in N. York: * to be published at my expense. During the six months in which I was absent on my travels, my book was published; and the publishers sent copies, as directed by me, to many of my personal friends, and to several physicians. They sent other copies, which procured notices, some of which were favorable, particularly one from the *London Critic*, and others, the reverse. As few copies of the book sold, I was not remunerated for the cost of publication. The copies sent to physicians were mostly unacknowledged—received in cold, if not contemptuous, silence. But my family physician, the worthy and learned Dr. Robbins, to whom I dedicated the work, ever upheld me. He answered my questions, gave me instructions, and showed me post-mortem dissections; and to those who asked him if he believed in my theory, he wisely replied, "Mrs. Willard is right as far as she goes." He knew that I made no pretensions to understand the vast variety of medical subjects not connected with the circulation, and that I never doubted his skill or disputed his prescriptions. An honest man, and a skilful physician, he deserved and had my unfailing confidence. And if, by reason of what I knew, I had prolonged my life, he had the longer kept a good and faithful

* A young physician, whom I paid for correcting the proofs, was not successful in preventing mistakes, especially in regard to numbers.

patient. Lady friends, to whom I had sent my work, had sometimes referred it to their medical advisers; and thus Dr. Hiester, an eminent physician of Reading, Pa., became a believer. And in the same way, the eminent Dr. Cartwright, then of Natchez, and President of the State Medical Association of Mississippi, came to a knowledge of those principles, which, as we shall hereafter show, he so remarkably elucidated.

In September, 1846, the *New York Journal of Medicine*, then edited by Dr. Charles A. Lee, contained a review or critique on my work, which, if the history of the theory shall hereafter become a matter of special interest, may, with my reply, contained in the March number of 1847, furnish any examiner with the full state of the question at that period.

The learned reviewer showed himself acquainted with the subject as it then stood, and with its history in the past. He held that the heart's action, "the contractive power of the cardiac walls," is the main spring or *primum mobile*, from which the circulating force proceeds, notwithstanding the great discrepancies as to what that force is; and while he objected to my theory, that it did not show any distinct measure of force, he said that, while Borelli estimated the contractive power of the heart at 180,000 pounds, Keill stated it at five ounces, Sir Charles Bell at 51 pounds, Carpenter at 51½, and Hales at 50. He abandoned, however, Harvey's idea that the heart was the only organ of circulation. He believed that it was assisted by the contractile power of the arteries, by the movement of the ribs and chest in respiration, by capillary attraction, muscular contraction in exercise, and several other forces; one of which, the attraction of the venous blood for the pulmonary cells, had been recently pointed out by Dr. Draper. The author did not suppose he was bringing forward any new truths; "but," said he, as an introduction to his account of my theory, "are we not sometimes in danger of forsaking old truths for new theories?"

Of my theory, he says: "The mere statement of it must satisfy our readers that it is wholly untenable. It is well known that heat is generated in every part of the system as well as the lungs. Whenever oxygen and carbon unite, there it is developed; but it is imparted to the *solids* equally with the fluids; it maintains the temperature of the whole body by radiations from the points where it is generated." "It is believed that all those functions of the organism which are necessary for the preservation of life, contribute directly or indirectly to the production of animal heat; so that it is developed at every point at which metamorphosis is occurring, and therefore not merely in the lungs, but in the whole peripheral system."

The writer then observes, that "the heat of the venous blood as it reaches the right side of the heart (according to Davy), varies only two or three degrees from that of the aorta. Granting, then, that the blood receives three degrees in the lungs, it is very evident that the expansion produced by it would be too small to be appreciable. The cause, then, is insufficient to produce the effects." The writer gives me credit for having ingeniously supported

my theory, and then politely bows me out of the department of physiology into my more appropriate sphere of educating girls.

In my reply, this sentence from Cuvier was chosen as a motto: "Respiration is the function essential to the constitution of an animal body; it is that which, in a manner, animalizes it; and we shall see that animals exercise their peculiar functions more completely according as they enjoy greater powers of respiration."* My reasoning was to this effect: "It is in vain to say that cannot be, which is. When two events are so conjoined in nature that one is the only invariable antecedent of the other, then, according to all logic, we are bound to conclude that the first is the physical cause of the second, even though we cannot understand how it should be. Of the circulation, such living respiration as produces heat is the invariable antecedent, and nothing else is. The heart's action, as stated by our reviewer himself, is not; therefore respiration, and not the heart's action or anything else, is the cause of the circulation. This argument is upheld by the fact that circulation varies not only as respiration, but as its products (digestion, strength, and, according to Cuvier, animal vitality) vary. All begin with respiration, end with it, and are as it is. If respiration ceases, restore it before the organism is deranged, and they are all restored. We must conclude, then, that respiration is the cause of circulation, although we could not see how it should be. Much more, when we discern a mighty power, that of expansion, and see how the Almighty has made our frame in reference to its production by caloric—the lungs allowing of heat within them like wet cloth, and the nerves, bones and muscles all made and arranged, so that oxygen shall be brought to them by respiration on the one hand, and carbon by the numerous digestive and circulatory organs on the other.

As to any deficiency of power, my reviewer had omitted to notice that not only the ordinary expansion of the water of the blood by caloric had been assumed, but also its vaporization, or the change of such a portion as was needed into steam, the lungs being *in vacuo*; so that nature here had not failed of her usual abundance. And had not this power been kept in check by the pressure of the surrounding air hindering the perfect vacuum of the lungs, there was reason to fear, rather its excess than its deficiency. As to the reviewer's assertion that heat is generated in every part of the system, and imparted to the *solids* equally with the fluids—that I positively denied, in the name of common sense. For who does not know that, although there may be some heat elaborated in the stomach, and some during the processes by which

* I had just been reading Cuvier, to see whether he believed in the Harveian theory of the circulation. I found he did not. "The circulation vortex," says he, "is sometimes simple, sometimes double and even triple (including that of the vena porta); the rapidity of its movements is often aided by the contraction of a certain fleshy apparatus denominated hearts." Thus showing that my theory gave to the heart all the prominence that was given to it by this great philosopher, who had not, however, advanced any opinion as to the cause of the circulation.

the fluids change to solids, that the great source of heat to the system, is in the fluid blood, and not in solid flesh or bone? Our senses of sight and feeling show us, in the case of blushing, that heat comes and goes with the blood. No one believes that the solid parts of his leg warm the blood as much as it warms them. Finally, it discredited the old theory, that it showed no adequate use for the great primary function of respiration, and its constant attendant, animal heat. Breathing and warmth are not ultimate ends. Man breathes to live; he does not live to breathe. He is warm to live; he does not live merely to be warm. Our theory shows that it is these primary agencies which sustain his being; and it sets forth the manner in which they operate for this end. And thus, while it indicates the wisdom of the Almighty in the formation of the animal frame, it shows itself to be His true interpreter.

SECTION III.

Uses of the Theory—Proofs.—Publication of a Work, in 1849, entitled “Respiration and its Effects, more especially in relation to Asiatic Cholera and other Sinking Diseases.”—Examples.

TO DR. MARCY.—The theory of the two chief motive powers which operate at the centre was, we conceive, completed by the addition of steam formed in the vacuum of the lungs, as available to give to the blood its due velocity. We also believe that complete proof *a priori* had been adduced of the fallacy of the theory that the *primum mobile* is in the heart; and, also, that proof *a priori* had been given that it begins at the lungs, and is the product of respiration. It remained to apply this theory to use, and to find proofs *a posteriori*.

Although some of my friends regarded my theory as an *ignis fatuus* which led me into nothing but evil, yet it has enabled me, by plans of exercise, to endure for many years, in-door sedentary labor—and yet enjoy health; and in unusual emergencies, more than once to save my own life and that of others.

In the cold winter of 1835, I took, at Troy, the old summer stage, at midnight, to cross the Green Mountains. I was alone in the large and ill-closed vehicle; the thermometer was sinking as I proceeded on my way, until it had reached 25° below zero, a degree of cold to which I had never before been subjected. When I had traveled alone twenty miles, I found myself in imminent danger of perishing. Ordinary expedients to get warmth were no longer availing; numbness and cold at the vitals were overcoming me; and I knew that to give way to them was to die. I thought of my theory; but I was fearful that I should commit sin if I tampered with the sacred “breath of life.” But my necessity was urgent, and I aroused, stood up, and breathed that dense air with violence. It felt for the moment cold to my lungs, but soon came heat

with a rush, and with it pain, as if the whole surface of the throat and lungs were blistered; and my first thought was that I should die, justly punished for my temerity. But soon I was restored to genial warmth; and rejoiced in having successfully made an important physiological experiment.

Afterwards, having been instrumental in relieving a woman who was perishing from having breathed the fumes of charcoal, I was led to reflect that in such cases there was something to be taken away from the lungs, as well as warmth to be added. This woman's extreme coldness, and feeble, fluttering pulse, showed that she was dying for want of right breathing; and in her case there was no doubt that the cause was the same as that of death by drowning. The carbonic acid gas which she had inspired, being heavier than atmospheric air, settled as water in her lungs, and in the same manner prevented the access of oxygen to their living tissues. And hence arose the reflection that the ordinary carbonic acid gas, which is always the residuum of respiration, might, from weakness, settle in the lungs, and thus become the cause of disease and death. The presence of carbonic acid in the lower bronchial tubes and cells, existing in quantities sufficient to prevent the natural combustion by breathing, was brought to my mind in March, 1847, while searching for the cause of an agonizing paroxysm of sick headache. The distressed feelings of obstructed life with which I was tossing and struggling, together with the agonizing pain in the head and pressure on the stomach, might well arise from such a cause. Standing (for position is important) in a full current of air from an open window, I commenced a species of violent artificial breathing, for the purpose of ejecting the supposed heavy gas, and filling my lungs with pure air. This was done by contracting the chest on every side to its smallest possible dimensions, and at the same time throwing out the air violently and from the bottom of the thorax, as if under the operation of an emetic; then alternating by opening the chest to its greatest capacity, and drawing in, by successive inhalations, all the fresh air possible, and pressing it down to the lowest depths of the lungs. This process at first gave such intensity and sharpness to the pain in the head, that it required much resolution to continue it; nevertheless it was persevered in. After a few minutes, the pain diminished, and soon entirely ceased. This was followed by free perspiration, and equalized warmth and circulation. Perfect repose and quiet sleep ensued. Friends, who a short time before had seen a countenance like that of a dying person, and knew how slow was ordinary cure, were astonished, an hour afterwards, to behold, on my awaking, the full glow of restored health.*

On the re-appearance of cholera, during the summer of 1849, my mind was peculiarly affected, from the belief that a false theory of circulation prevailed, although there was a true theory, which, if generally believed, might lead to the knowledge of the cause and cure of this terrific malady; and thus thousands

* One of them, my lamented niece, Jane Porter Lincoln, at my request, immediately wrote an account of the experiment, which is now in my possession.

of lives be saved which would otherwise be lost. This thought almost distracted me; and believing that my sex stood in the way of my theory's being acknowledged, I sometimes wished that it might please God to take me out of the world. Then coming to better thoughts; I cast away despondency as unworthy of me; and determined to proceed to the further investigation and development of the great truth, of which I had, as I believed, been made the unworthy recipient. I studied my theory anew, while I read the most approved works on cholera; and I came to the belief that imperfect respiration, caused by the want of due oxygen in the air, was the principal predisposing cause of the premonitory symptoms; while the death that supervened was often caused by the settling of carbonic acid gas, the residuum of animal combustion, in the lower air-cells of the lungs. The symptoms of the cholera, as treated by the best writers, were full of new proofs of the truth of my theory, especially of its last step, the formation of steam or vapor in the lungs. Without that, the collapse of cholera was a fearful mystery; with it, everything was plain. With a coldness that would collapse the lungs, the bowels must naturally be drawn up (and with dreadful pains) to supply their place. The ghastly change in the face must occur when cold has condensed its arterial vapor. If respiration could restore heat, before any lesions had taken place in the organism, the patient might recover. Then I began rewriting my theory in a work afterwards published, with the title, "Respiration and its Effects, especially in relation to Asiatic Cholera and other Sinking Diseases."

While thus occupied, the debilitating air of the season weighed upon my health and spirits. I had been affected for about three days with what I regarded as the ordinary complaints of the season, when one night, after my family had retired, I found myself suddenly very ill—my symptoms being coldness, debility, and spasmodic pains. I believed myself to be attacked with cholera. I efficiently practised the artificial respiration in fresh air as before described. Gaining strength as I proceeded, I soon found a death-like coldness giving place to genial warmth. Violent exercise, with artificial breathing, was kept up some time, with such rests and full free breathings as nature required; after which, I slept, perspired profusely, and was well in the morning.

This was an occurrence which sunk deep into my mind; and the more so, as I could not speak much of it, for the truth was too improbable to be believed. But the successful issue of this, my first experiment upon the dreaded disease, prepared me to act with boldness and efficiency in a case which occurred in my own house about a week after.

On the 14th of August, 1849, Jane Phayre, an Irish woman in my service, of about twenty-five years of age, having been ill for four days with diarrhœa, was suddenly struck with what the French call cholera *foudroyant*—from fright. Alarmed by unwonted sounds near her window in a basement room, she mounted the window-seat to look out at the top sash, and found her face close to that of a man dying of cholera, who in his death-cramps was brought from a steamboat on a litter, and thus rested upon the pavement.

The cover was lifted from his face, and the sight and the smell struck her with faintness and trembling; and with difficulty she reached her bed. I was called to go to her quickly by Eliza Fagan, who said that Jane was very bad. She had a clay-cold death-look, and a frightful blackness around her eyes. Her face, as I saw it, was livid, pinched in features, and corpse-like, and her pulse but a feeble flutter; and she seemed only to breathe from the top of her lungs. She tried, as she afterwards told me, to say, "I am dying," but her speech was husky and inarticulate. She says her sight and hearing were gone; and while Eliza and I were dragging her out of doors, she could not see the window, and did not feel her feet. We placed her in an upright position, with her back resting against a board-wall, a fresh breeze blowing full in her face. Her senses were now partially restored. I told her to breathe violently, for she must get the bad air out of her lungs and the good air in, and I showed her how she must do it. At first she said, "I can't, for something rises up in the inside." When I told her, sternly, that her life depended on it, and she must, she tried to obey me. At first, it gave her severe headache, but as soon as deep breathing was fairly begun, while I was watching her face with intense anxiety, the color changed from the clay-cold death-look to the full flush of the warm hue of life, and she joyfully exclaimed, "Oh! I feel well!"

When the removal of carbonic acid gas had made way for oxygen to be brought to the yet uninjured lungs, the carbon of the venous blood ignited, the motive power was furnished, the blood was again moved forward into the arterial system, and the dammed up venous current, receiving the suction force, rushed on so violently as at times nearly to produce suffocation; but the struggle was soon over, and the lungs, free both from carbonic acid gas and an unnatural quantity of venous blood, once more received pure air—and to the relieved sufferer respiration became delightful—the circulation passed freely through an unbroken system—and **THE CHOLERA WAS CURED.**

Was there, in the whole wide world, another person besides myself who would have taken such a living corpse, dragged it out of doors, and set it upright, on feet which could not feel, with the expectation that it might breathe out death, breathe in life, and be restored? The result is a proof, *a posteriori*, that the theory on which the experiment was made is true.

Other cases occurred, where, under different circumstances, cures of cholera were effected. One, as instantaneous, and in some respects as remarkable as that of Jane Phayre, was that of my friend and former pupil, Mrs. Gen. Gould, of Rochester, who sent for me, believing herself to be dying of cholera. I have her letter, which, by permission, is published in my work on Respiration; and also a letter from her physician, Dr. Bloss, of Troy, testifying that her disease was cholera, and that he had little hope of her restoration. This letter is published in the appendix of a report on my theory, read in Buffalo, August 8th, 1851, to a convention of the New York State Association of Teachers.

In my journeying to New York city, to attend their previous convention in August, 1850, an accident obliged me to walk for some distance, in the middle of a hot day. The convention sat in Hope Chapel, which was poorly ventilated; and in the evening, I sat under a large gas-burner. On entering my room at the New-York Hotel, which was on the ground floor, situated where the only air was from a confined, central enclosure, I perceived at the only window a strong smell of fresh paint from the outer walls, so that I was obliged to close it. Being excessively fatigued, I slept heavily—till at early dawn I awaked to find myself in a dying state. Attempting to move my arms, they were like lead by my side—and my breath was but a feeble gasp. Without the knowledge of my theory—my bane, as many of my friends have thought—I should then have had no antidote. But I knew where was the destroying agent, and what was the only means by which I had a chance of removing it; and I used the little strength I had left to breathe deeper, and then to strive for a better position. Long and doubtful was the struggle. It was ten o'clock when, with tottering steps, I got into a carriage, and sought the free fresh air, which enabled me to take a little food. In the evening, I went into the Teacher's Convention, having first ordered from my publisher a sufficient number of my books on Respiration to present one to each member; and then, at my request, a Committee of Investigation was appointed by the convention to report on my theory. They reported favorably to the succeeding convention at Buffalo, which adopted the report, and I published and circulated it. This committee I had been allowed to choose, and it consisted of my friend, Prof. Twiss—the first believer in the theory—and Mr. Fellows, that Professor of Natural Philosophy, who formerly assisted in making my apparatus.

Mr. Fellows carried the report to Buffalo, and when he read it in the convention, editors immediately came to him to request copies for the press. But, by the influence of physicians, they afterwards declined it when offered. It seemed to be the general plan of the regular faculty (in the Eastern, not the Western, States) to put the theory into a condition resembling the algide state of cholera, where it would die of coldness; but, by the aid of Divine Providence, it will, like its author, restore itself by its own inherent vitality—the vitality of immortal truth.

SECTION IV.

Proofs from Dr. Cartwright's Great Experiments on Alligators—Resuscitation of Dr. Ely's Child—Dr. Bowling, Editor of the Nashville Medical Journal, endorses Dr. Washington, who, in that journal, "crushes out" all Opposition to the Theory—Dr. Draper's Acknowledgment of it in New York—Homœopathsists—Conclusion.

TO DR. MARCY. Thus, for thirty years, had I maintained, not only without public support, but against discouragements, these great truths, of which I had been allowed for myself such life-giving evidence. But early in December, 1851, Dr. Cartwright, then of New Orleans, announced in a letter to me that he had publicly become my advocate. His name will ever be connected with the theory, on account of the remarkable experiments by which he demonstrated its truth. In the presence of eminent physicians, and other scientific persons, he resuscitated an alligator which had been killed by tying the trachea. After an hour, when neither fire nor the dissecting knife produced signs of pain, Dr. Dowler* laid bare the lungs and the heart. Then a hole was cut in the trachea, below the ligature, and a blow-pipe was introduced, which Professor Forshey* worked with violence. At length, a faint quivering of moving blood was seen in the diaphanous veins of the lungs. The inflating process being continued, the blood next began to run in streams from the lungs into the quiescent heart. The heart began first to quiver, then to pulsate; and signs of life elsewhere appearing, the animal began to move; and soon, strong men could not hold him. Again they bound him to the table, and kept the trachea tied until life was apparently extinct; when, again inflating his lungs, he so thoroughly revived that he became dangerous, snapping at everything, and breaking his cords. For the third time, the trachea was ligatured—the animal expired, and was resuscitated.

Dr. Cartwright says in his letter to me, published in the Boston Medical Journal, January 7th, 1852, "By this resuscitation, your theory of the motive power of the circulation of the blood was established beyond all doubt or dispute." "This vivisection clearly proved that the *primum mobile* of the circulation, and the chief motive powers of the blood, are in the lungs, and not in the heart." Dr. Cartwright mentioned, in the same letter, a case in which his faith in my theory had saved the life of a breathless infant—inducing him to unwonted perseverance in inflating its lungs.

Able opposers to the theory, however, arose in New Orleans, some of whom believed that the resuscitation might have been effected by applications to the nerves. Dr. Cartwright procured, from Gen. Jackson's battle ground, another alligator, which was publicly killed and vivisected. The doctor's opponents first tried their means to bring the animal to life, and failed. Then he, by

* These physicians gave certificates of their witnessing and assisting at this memorable experiment, which were published in the *Boston Medical Journal*, February 1852.

artificial respiration, restored the huge reptile as before;—thus proving that artificial respiration could restore suspended animation when nothing else could.

Dr. Ely was one who had opposed and written against the theory. In the meantime, his infant son had cholera, and expired. His medical friends had left him, and crape was tied to the handle of the front door. Standing by the side of his lifeless babe, Dr. Ely said to himself, "If this theory should be true, I might yet save my child." And profiting by the example of Dr. Cartwright in restoring the dead alligator, he restored his child to life. Remitting his efforts too soon—again the infant ceased to breathe. And again, and yet the third time, the father restored him—when the resuscitation proved complete; and months after, the child was living and in perfect health. Dr. Ely then came promptly forward, and, like a nobly honest man, reported the case as convincing evidence of a truth which he had formerly opposed.*

Whoever wishes to know the history of theories concerning the motive powers of the blood as they then stood, may learn them by looking over files of the Boston Medical and Surgical Journal, edited by Dr. J. V. C. Smith, for the years 1852-'53, and a part of 1854. Dr. Cartwright wrote for it during those years; and, encouraged by his protection, I frequently answered objections, which flowed in from various medical opponents. The objection derived from the fetal circulation, I answered thus, in the Journal, of May, 1852: "The change occurring at birth, so far from falsifying this theory, affords presumptive proof of its truth. When first the air enters the trachea of a new born infant, and animal combustion begins, the inflation of the lungs must open the vessels and vesicles prepared to receive the venous blood. To fill the new-made vacuum, the whole of the blood from the right ventricle rushes through the pulmonary tube, leaving none to go through the *ductus arteriosus*, thus made useless, and henceforth to be abolished. But what is to move the blood from the capillaries of the lungs? The heart's force, insufficient before without aid from the mother's respiration, is now divided, while its work is doubled. A new power must then be generated by the meeting of the air with the carbon of the blood, enkindled by the peculiar functional vitality of the lungs. Without such a power, no perceptible cause exists sufficient to move the blood onward to the left ventricle. But it is moved thither, and with a power which presses down and closes the valve of the *foramen ovate*, thus clearly manifesting that this current exceeds in force that in the right ventricle. Grant that the new function of respiration has furnished a new power, and this astonishing instantaneous metamorphosis from amphibious to mammalian life becomes perfectly intelligible, and the

* Dr. Cartwright also reported the case in a letter which was published in the *Boston Medical Journal*, September, 1852. This resuscitation was more wonderful than those detailed in my published work on "Respiration." All cases of life thus restored are proofs *a posteriori* of the truth of this theory of the arterial circulation.

wisdom of the Creator is fully vindicated ; showing that His work has been truly interpreted."

In the *Boston Journal*, of April 21st, 1852, is an article from Dr. Cartwright, entitled "Confirmation of the Willardian, or Important American Discovery," in which the author endeavors to remove what doubtless has been one cause of the delay in acknowledging its truth. "Those members of the profession," he says, "whom science has only *perfumed*, are the most apt 'to look down with proud disdain' on any discovery originating 'with individuals not indoctrinated.' They do not make the proper distinction between selfish quacks who seek publicity 'to line the pocket,' and those 'who, prompted by some mysterious power,' come forward against their interest, and at the risk of their reputation. 'Rather than to condemn and ridicule, it were better to study the manifestations of that mysterious power.' They do not consider that the truth thus brought to light, while they fail to acknowledge it, is affording 'to selfish quackery' a capital to trade on."

To the same effect is the advice given to the profession by Dr. B. F. Washington, of Hannibal, Mo. He says, in the *Nashville Journal of Medicine*, July, 1854, "it is time for us to be acting; the honor of the profession is in danger. The theory of respiration is a truth which will out its way; and if we do not take it up and teach it, in a few years we may see the mortifying spectacle of the community teaching the profession scientific truths. Quacks have already taken it up, and we have inhalers and air cures of various kinds."*

The first appearance of Dr. Washington as the advocate of my theory was in the *Nashville Journal*, March, 1854; and his fertile genius had there brought a new illustration of its truth. It had, he said, opened his eyes to the explanation of a fact which had puzzled him from his boyhood. "In slaughtering animals, if the trachea was cut, scarcely any hæmorrhage resulted; while, if that was left untouched, full hæmorrhage occurred. By the Willardian theory, the fact is readily susceptible of explanation. The blood, filling the trachea, suspended respiration, and of course the impelling power of the blood was suspended, and the hæmorrhage ceased. The engine could not work without steam. When the trachea was not cut, respiration went on, and kept up the circulation, until the animal was nearly exsanguineous, and the powers of life gave way." This fact was clearly ascertained by Dr. W. K. Bowling, the well-known editor of the *Nashville Journal*, and able professor of the theory and practice of medicine in the university of that place. He sent me the Journal containing this welcome endorsement of my theory from one who was, as Dr. Bowling assured me, "an observer of superior tact and learning," known by his medical compositions as well in

* Good systems of exercise have been made in some respectable institutions for health, openly formed on the principles of this theory. Such is that by Dr. Hamilton, of Saratoga.

Europe as America. Since that time (March, 1854), that Journal, though not excluding articles which oppose, has been understood to be in favor of the theory. Dr. Washington has written repeatedly, answering all objections;* and he has, in the Journal (as I have been assured by one of the Editors), "crushed out all that would take up his glove, and is left in undisputed possession of the field—looking in vain for an opponent."

In the meantime, in 1856, Dr. J. N. Draper, Professor of Chemistry and Physiology in the University of New-York, in an elaborate work on "Human Physiology," has agreed that Harvey's theory of the paramount power of the heart's action in the circulation must be abandoned; and that to respiration must be assigned "the great duty of originating the blood's circulation."†

Dr. Washington has not only defended me in every important position which I have taken, and added new illustrations—but he has made the theory available to showing new proofs of the wisdom of God in the creation of man. Thus—steam is formed in the vacuum of the lungs at the low temperature of 67° , while, if there were no vacuum, 212° of heat would be required to produce it,—an impossible quantity, since it would coagulate the albumen of the blood. But form the vacuum, and the boiling of the blood with any degree of heat less than 101° could not cause any such disaster, while the steam going off from the lungs through the arterial system to the capillaries, gradually condenses, warming the body by giving off its latent heat; and the latent heat of vapor is the same however it is formed, and is always 1.114° . What divine wisdom and economy are thus displayed!

Homœopathy has, we believe, never found any difficulty in receiving this theory. We know that, at one of its conventions held in Providence, it was ably supported; and Dr. Marcy, whom I have the honor to address, was, as we have seen, one of its earliest defenders. He has never, whether allopathist or homœopathist, been known to hesitate when his own mind brought him clear conclusions;—the distinguishing mark, according to Dugald Stewart, of intrepidity of character.

With profound respect,

EMMA WILLARD.

* When the time shall come that, the truth of my discovery being no longer denied, its originality shall be contested, it will be a significant fact that, in the *Nashville Journal*, of September, 1854, is an article against it from a physician signing himself "Justicia," which he thus heads, "The Willardian Notion." In evil report, it was indisputably mine. This article also shows, that the Harveian theory is still maintained by the opposers of mine.

† See Draper's *Physiology*, p. 142.

Singular Case of Perverted Sensation.

To the Editor of the "United States Journal of Homœopathy."

THE case of perverted sensation which you have requested me to communicate, is as follows :

A gentleman, now forty-nine years old, of fair general health, except some disturbance of the digestive functions, causing periodic sick-headache—closely engaged in extensive business, but regular and correct in habits of life, married, of good size and ordinary healthful appearance—about eighteen months ago was attacked, while asleep in the night, with complete hemiplegia of the left side. For some time, there was loss of consciousness, and complete suspension of voluntary motion on the left side for several hours. Thus far, there is nothing remarkable. But it *is* remarkable that, in three or four days, he was about and again attending to his business, with not the slightest dragging of the paralyzed side, as is usual in those cases, though it was still weak and tremulous. It was for this latter condition that, in about six weeks after the first attack, he came under my care to be treated by movements. His recovery was complete in a few months, the left side attaining a strength even greater than the right, which it has maintained ever since. His first treatment was homœopathic. It is generally considered that such an attack as just described is produced by an effusion of blood in the brain. If so, the absorption and repair of injured brain substance must have taken place with remarkable rapidity and perfection. After this, his health remained good till the middle of August last, when one day, while drying his face after shaving, he felt a sudden sensation resembling faintness, which obliged him to sit down, and immediately his whole *right* side felt hot; and since that day to this (Dec. 22, 1860), this perverted sensation has continued, without much alteration. Every thing he touches on the right side, whether cold or warm, even ice, feels hot. The line of separation between the normal sensation on the left, and the perverted sensation on the right side, is very precise. Even drinking ice-water imparts a sensation of cold on the left, and of heat on the right side of the mouth and throat. There is no difference in the actual temperature or of the pulse on the two sides.

At the time when this took place, he was under considerable mental anxiety in consequence of the death of a child; but similar domestic afflictions which have happened since, causing great mental emotion, have rather lessened for the time these sensations. Not only does everything touched, of whatever nature, feel hot, but there is a constant burning sensation over the whole right side, and particularly on the right side of the face, running up to the middle line of the nose, and including the eye and brow; and also above the index-finger and thumb of that hand.

But a most singular fact now remains to be mentioned. It occurred in the heats of August, and he was unusually thin in flesh at the time;

but from that moment, he began to increase in flesh, and now he has attained a weight far beyond what he ever before reached, without any apparent cause for it. His general health has, if anything, been better than before. He has all along attended to business as usual; there is no mental disturbance or sluggishness of any kind to indicate lesion of the brain, and, upon the whole, the case presents some very perplexing questions.

Is there a lesion in any of the nerve-centres? If so, where is it? and what is its nature? The fact of his previously having had paralysis would lead us to examine attentively to see what relation that event might have to do with existing phenomena. But where is the connection? The paralysis was on the other side; so that disturbance about the seat of the former lesion in the brain could not have produced the present condition. Besides, a disease of the brain produces more or less *abolition* of sensation (or motion), and various other characteristic phenomena, which appear to be absent in this case. He believes there is less muscular power on the right side (there is *no tardiness* of motion); but if so, it must be very little; and evidently much of this impression arises from the perverted sensation disguising to his senses the amount of muscular force actually put forth. I am quite positive on this point, having tested his strength repeatedly. He also has complained, for a year or two, of growing tardiness of the sexual functions, but there is nothing marked in this respect; it is not unusual at his age, and may be accounted for in several ways besides supposing from disease, and he has had regular increase to his family in the time.

Upon the hypothesis that there is disease of the brain capable of producing such effects, how is the sudden and permanent increase of bodily health to be accounted for? How can digestion and nutrition be better performed with a disease in the brain impairing the functions of the nervous system, which presides over the nutritive processes? The presumption would be inexplicable.

Allow me to offer a suggestion. May we not, with propriety, turn from the nervous centres to the nervous extremities—to those minute points of gray matter lying in contact with the tissues, which receive impressions from without on the one hand, and afford exit for the stimulus of volition to reach the muscles on the other, and which constitutes what some have appropriately called the “peripheric brain?” May not the disturbing cause—as the shock of strong emotion—instead of affecting the central mass, have spent itself on this out-lying matter of the nervous system? Hence a perversion of sensation from without approaching, and integritation of volition emanating from, the central organ. This would, I think, explain all the phenomena, and be good physiology. The subject is interesting. Who has any facts or experience which can throw any light on it?

CHARLES FAYETTE TAYLOR., M.D.

Petition to the Emperor of the French, by Count DES GUIDI,
of Paris.

WE clip the following from the "*Bulletin de la Société Médicale Homœopathique de France*," of November, 1860; and, as will be seen by our readers, it is the translation of a petition presented to the Emperor of the French, whose prayer and purport it is to secure the imperial authority and patronage towards the establishment of such decrees as may facilitate the spread of homœopathy in France, and the bestowal upon it of common privileges and immunities with kindred sciences and associations. The professional fervor and unselfish devotion to the cause he represents, as manifested in the glowing periods of his "petition," are worthy of imitation, and should bespeak for its author the cordial sympathy of men, and especially of such as are of kindred sentiment with the cause promulgated on our pages.

To his concluding invocation from Holy Writ (*nunc dimittis servum tuum Domine*), we would offer the hope that God would prolong beyond its natural term, a life so evidently devoted to the dissemination of a truth so productive of good, and so wholesome to humanity.

SIRE: When divine providence revealed, within the half-century past, to Hahnemann, the law of cure by similars, it illuminated that which had before dwelt in obscurity and darkness; it defined truth where there were to be found uncertainty and error, and gave to man the means of corporeal salvation, as in its infinite mercy it had designated the mode of the salvation of his soul. This new doctrine has rapidly disseminated itself throughout the earth; its zealous disciples have heralded the good tidings to the sick of the Old and New Worlds, and by the agency of remedies harmless in themselves, and carrying no destructiveness to man's frail nature, attacked and eradicated disease where old methods have but palliated or destroyed. At this hour, England, Germany, Prussia, Austria, Bohemia, and Hungary have homœopathic hospitals, and professors occupying the chairs of their colleges. The two Americas openly profess the doctrine of Hahnemann. France alone—the nation so often at the head of all intellectual movements, permits herself to be distanced by her sisters; and in the march of medical progress halts, undecided, distrustful, and discouraged. As in England and Germany, however, the public mind and sympathy are ours, the more enlightened orders of society adopt and protect us. Without governmental patronage, without cliniques or hospitals, with no judges other than our enemies, we increase daily; and on the 5th of February, 1853, the editor-in-chief of the "*Union Médicale*" utters this startling cry: "Homœopathy wins its stronghold! the wave mounts—it mounts to the eye-level!! Where are we going? Where are we going?"

Sire, Lyons was for France the cradle of homœopathy. Thirty

years ago, I brought to this country the new creed, and perhaps my adopted country may one day realize in the full its benefits. In 1833, she bestowed upon me, as commemorative of her gratitude, a golden medal bearing this inscription: "*Mire sanati gratitudinis memores.*" But there is yet one work to be accomplished. At our last parting for France, whither I was going for the purpose of propagating his doctrine, Hahnemann embraced me, uttering the words "*homo homini Deus;*" and gave me a ring, encircled with these words.

Sire, let them be applied to yourself; be the agent providentially elected for the protection of our faith; and in the Faculty of Medicine, whose existence has been decreed by your puissant will, let there be instituted a Department of Homœopathy; so that Lyons, which was the first city of France that was enlightened by this doctrine, may be the first to possess an institution for its dissemination, and professors for the instruction, of those who will soon follow our path when they shall be able to choose between the old medicine founded upon the uncertain opinions of man, and as fickle as himself—and homœopathy, having for its basis an unshakeable experience, upheld by the daily confirmations of nature. Create homœopathic physicians for this vast people, so devoted and so true—for this army so glorious—for this city, the second of your empire, whence soon may radiate the light of truth throughout the land—and I, the patriarch of this new creed, whose years approach the confines of man's allotted span, and who, for fifty years, have lived to spread this thought for Heaven's glory and man's good, will consecrate my few remaining days to bless you, and to say with Simeon, "*nunc dimittis servum tuum Domine.*"

Sire, your Majesty's most humble and obed't servant,

COMTE SEBASTIEN DES GUIDI,

Honorary Inspector of the Academy, Doctor of Medicine, Chev. of the Imperial Order of the Legion of Honor and of St. Etienne of Tuscany, Member of the Royal Academies of Science and Belle-Lettres of Naples and Turin, &c. &c. &c.

Clinique Homœopathique.

TRAUMATISM.—First Observation—Wound of the Crural Artery—Cure without Ligature.

On the 12th October, 1858, a bootmaker named Fazy, forty-seven years of age, and living at No. 10 Rue Bon-Pasteur, Toulon, stopped his work, and with his knife in his apron and between his knees, began to romp with another, whom he had drawn upon his lap.

While playing thus, the thighs were suddenly drawn together, and the knife being horizontally placed upon his apron and pressed between the thighs, penetrated the left one, from which the blood spirted by vigorous jets. I was speedily summoned, and arrived in five minutes after the accident. I found Fazy upon a hastily prepared bed, pale both from fear and hæmorrhage, which was immense. Upon seeing the force of the jet, he had instinctively applied forcible pressure; but the hæmorrhage continued through the compress. It was evident that here an arterial lesion was to be dealt with. To satisfy myself of this, after procuring bandages, *arnica*, &c., I removed the compress which had been applied to the upper third of the thigh; immediately an arterial jet, isochronous with the cardiac pulsations, and of the size of a quill, sprang from a wound parallel with the axis of the thigh, of an inch in length, and situated at the apex of Scarpa's triangle, at the point where the sartorius muscle crosses the direction of the femoral artery. Here it is superficial, and soon dips deeply under the muscles. Compression upon the pubis stopped the hæmorrhage, which re-appeared upon the removal of the finger. From the direction of the wound, the artery must have been wounded upon its anterior part. Was I to follow the prescribed method here, viz., to find the artery through the wound, and tie it above and below? Such was the advice of an esteemed professional friend who examined the case with me, and who cautioned me against consecutive aneurism. Prompt decision was imperative. Relying upon the hemostatic virtues of *arnica*, and re-assured by the direction of the wound, I applied to the orifice lint saturated with its bitter tincture. Upon this was superimposed a small pyramid of compresses dipped in pure *arnica*, and all kept in place by bandages, &c., &c. from the middle third of the thigh, above the lesion, so as to produce moderate and graduated pressure. The whole was then thoroughly wetted with *arnica* water. Hæmorrhage ceased, upon the application of *arnica* to the wound. The compression made by the patient, it may be remarked, had not prevented the blood from escaping ('tis true, it was not methodically applied), but the lint was not impermeable, and the pressure of the roller was not sufficient to obliterate the arterial tube, for its pulsations could be felt at the popliteal space and at the malleolus internus. *Arnica* was administered internally also in proportion of two drops to 150 grammes of water, one tablespoonful every half hour. My visits were frequently repeated during the day, and greatly to my satisfaction, there was no trace of blood upon the bandages. They were not touched before the 18th. His diet had been rigid; absolute rest had been enjoined; constipation supervened—due, perhaps, to the action of *arnica*—rather a favorable circumstance than otherwise; dressing continued to 30th, at which time wound perfectly healed; no tumor upon the course of the artery; marked arterial fremitus, upon application of finger—due, perhaps, to friction of the column of blood upon the retracted calibre of the vessel; distinct bellows-murmur upon auscultation; slight ulceration of the lips of

the wound—due, perhaps, to the irritation of compress; rest in bed recommended to 20th November, when patient arose and resumed his work.

August 12th.—Saw Fazy to-day, twenty-two months after his accident; health better than ever; no swelling of thigh; marked thrill still existing at seat of injury; bruit de souffle and bruit de diable propagated along the thigh by its conductivity. Upon pressure at the pubis, pulsation, thrill and bruit cease; not so from pressure below the wound; hence there was no venous complication to account for the bruit de diable. Cure complete. Would the cure of the arterial lesion have occurred spontaneously? Would it have been produced by methodical pressure? Without exaggerating the fact of the immediate suspension of the hæmorrhage upon the employment of *arnica*, which had continued after the application of the compress by the patient, it may be said that cases of spontaneous cures of arterial lesions are rare. The result in this case, we think, may be justly attributed to *arnica*.—*Bulletin de la Société Médicale, of Nov. 1860.*

Clinical Instruction in Germany—Project of Reform in Clinical Instruction in France—Medical Journey to Germany. By M. GALLAVARDIN.

Translated from "*Bulletin de la Société Médicale de France,*" of Dec., 1850, by Dr. CARMICHAEL.

Dr. GALLAVARDIN published, in 1858 and '60, two works upon the subject of Medical reform. He compares clinical teaching at Vienna with that of other German schools, and also with that of France; proposes to adopt, in France, the different institutions which long experience and successful results have established in Germany. The regulations of the universities, the condition of the professorate, the moral status of the students, and the general tendencies of the German medical doctrines, are amply detailed. Finally, he concludes, by two very remarkable chapters, one upon the position of the Jews in the world, and particularly in France and Germany, in society, letters, the arts, sciences, and the curriculum of the universities; the other, upon professional journeyings. The reform proposed to be introduced into medical instruction in France by M. Gallavardin, may be summed up in four propositions.

1st. The duties fulfilled in the hospitals by internes, should be confided to regular physicians, appointed by convention, and who shall fill the office of adjunct physicians; thus making a sort of noviciate.

2d. Every student shall be compelled to pass a certain time in the service of each clinique, medical, surgical, and special; thus performing the duties of actual internes to a designated number of patients, and to keep a record of them.

3d. The clinique should not be confined to the hospital services;

it should extend to dispensaries and to the dwellings of the indigent poor, under the name of "polyclinique" or city clinique. Each polyclinic professor should have under his charge a certain number of students, and each student should be charged with the care of a certain number of patients, to visit them at their homes, perform their dressings, make the most urgent prescriptions, and report, with as brief delay as possible, to the polyclinic professor.

4th. Finally, in all hospital establishments, the clinic should be made at the bedside of the patient, the different clinics, at different hours, so that the students may see many the same day.

The plan of M. Gallavardin meets our hearty acquiescence; its advantages are manifest for the instruction of the student, and finally for the benefit of the patient. The parallelism of the corps of German teachers with those of France makes it apparent that, in Germany, the professors neglect their practice for the sake of clinical teaching; while, in France, they occupy themselves with the former somewhat at the cost of the latter.

Passing from this, so to speak, administrative portion of his subject, M. Gallavardin establishes the fact that the medical doctrines of the day are represented in Germany by Skoda and Rokitsky in Vienna, Dietl at Cracovic, and Wunderlig at Leipsic. According to him, it appears that, from a pathological stand-point, Germany has returned and continues in a condition of mechanical, physical, and chemical medicine, at this the approach of the termination of the eighteenth century, with all the exaggerations and exclusivism multiplied by the progress made in mechanics, physics, and chemistry. In therapeutics, she is abandoned to scepticism or expectant medicine. The statistics collated by M. Gallavardin upon the mortality of pneumonia, demonstrate this fact. They are taken from official documents at Vienna; also at Paris, Lyons, Rouen, Nantes, Copenhagen, Holland and Italy. He has recorded the treatment, the different periods of pneumonia in which the treatment was interposed, the age, season, forms of disease, sex, previous condition of health, social position of the patients, their habits, constitution, cachexiæ, complications, &c., &c.—all the influences, in a word, that could possibly modify the results of the treatment. There is but one deficiency in the work of M. Gallavardin, but that is one of capital importance. He contents himself with the simple mention of the existence at Vienna of the homœopathic clinics, at the hospital of Gumpendorff and of Leopoldstadt, but he is mute upon the subject of the results obtained by Fleischmann and Wurmb, in the treatment of pneumonia. He also passes over in silence the official returns of the treatment of the same affection, by the homœopathic method, at the Hospital St. Marguerete in Paris, under the guidance of M. Tessier. From his statistics, M. Gallavardin decides against the expectant method in pneumonia, and accredits the superiority to the traditional treatment by bleeding, emetics, derivatives alone or combined. Upon this point, we differ in *toto celo* from M. G., and deduce from his own figures conclusions

diametrically opposite. M. G. cites Sandras and Legendre, physicians of the Paris hospital, as victims to the expectant method. He forgets the losses of MM. Louis, Chornel, Bertin, Gueneau de Mussy, &c., &c., which he himself cites, and which we have so often recalled. Do Skoda, Diel, Bennett, Magendie, Andral, Louis, Grisolle, Valleix, Beau, pretend that they have never lost a patient by the expectant method? Do Basoir, Bronpais, Bouillard, Chornel, pretend that no mortality has attended upon their active medication?

It is not our purpose to inquire if Sandras and Legendre died of pneumonia, which was not treated at all; but to know if, in a given number of pneumoniæ, and with surroundings as identical as possible, there was or there was not a larger proportion of deaths from the perturbing system than its converse, the expectant. M. Gallavardin's figures answer this inquiry affirmatively. It remains to compare the expectant treatment of Diel, Skoda, Bennett, and Magendie with the homœopathic medication of Fleischmann, Wurmb, and M. Tessier. Why has M. Gallavardin not done this? It is the only way to expose and defeat the medical scepticism. He declares that he is for medical reform. So we perceive in his project for an administrative reform; but we do not see it so clearly in his discussion of medical doctrines. He presently protests, in the name of traditional medicine, against the scepticism of Skoda and Diel; and here follows his conclusion: "We can prove that the vitalism at Montpellier, the organicism at Paris, and the ratio-physical and mechanical school at Cracovie end in treating disease in nearly the same way." *Nearly!* why not say entirely? All symptoms founded upon hypothesis terminate per force in a negation; in other words, in scepticism.

All therapeutics instituted without the method by experimentation, must conduct, perniciously, to expectation. M. Gallavardin knows this as well as anybody, and he proves it by his observations upon chronic strabismus cured by *hyoscyamus* and *phosphorus*. Did the vitalism of Montpellier, the organicism of Paris, or the mechanical, physical and chemical iatrim of Cracovie, conduct M. G. to the employment of *hyoscyamus* and *phosphorus* in strabismus? Neither the one nor the other. Who has done it? Let him stand forth and acknowledge that it is Hahnemann who has led his steps—Hahnemann, who has filled Germany and the world with his renown—who has reformed the art of healing, who has peopled the universities of Germany with his disciples—whose doctrine is taught, professed, practised, become a household word everywhere—Hahnemann, to whose memory Germany, his country, has erected statues, and of whom M. Gallavardin is doggedly silent in his review of the medical literature of Germany. Let us hope that, in the future, M. G. will fill up the gap existing here. "Fiat justitia, ruat cœlum."—Dr. A. CRETIN.

Theory of the Physiological Effects produced by Electricity, when applied to the Animal Organism in interrupted and in continuous Currents.

Continued from page 733, of Vol. I.

THE majority of the innumerable experiments made by the successors of Galvani and Volta were under these conditions. Before making a critical examination of those which seem to merit special attention, let us enter into some general considerations of the constitution of the conductors formed by the muscles and nerves.

2d. When we examine the conducting power which, during the life of the animal, the different tissues that constitute its organization possess, we do not distinguish in this respect any marked difference between the muscles, nerves, and nervous centres. This will be more readily appreciated in the galvanoscopic frog, when it shall be pointed out hereafter apropos of the induced contraction. The phenomena are not the same after death, when the blood of the capillaries, which seems in the living animal to be the principal agent in conducting the electricity, shall have been evacuated from the vessels. Matteuci has demonstrated that, under such circumstances, the conducting power of the muscle is four times greater than that of the nerve, and that these last are better conductors than the spinal marrow. Another author, Eckhard, having observed less difference between the muscles and nerves, thinks that the relations which exist in the conductivity of these three tissues are not constant, and may vary under different circumstances, perhaps according to the period (more or less remote) of the death of the animal. Be that as it may, the difference *does exist* from the moment of death,—the point essential to be established in the first place. In consequence of this difference of conductivity, it is evident that, if a current of any sort be made to pass into a muscle, the nervous trunks and their ramifications contained within the thickness of the organ will be slightly or not at all traversed by said current, and it will pursue electively the course of the anatomical elements peculiar to the muscle, because of their greater conducting power; but if the two poles of the circle are put in communication, the one with the muscle, the other with the free isolated extremity of the nerve of the muscular organ, the current will be compelled to pass through the nerve in order to traverse the muscle; and, supposing that the electricity passes by the nervous cord, it will at once follow this along its whole length to the point where it plunges into the muscle, into the depths of which it will immediately penetrate, instead of pursuing its path along its weaker nerve-conductor. In reality, the nerve and its muscle form two distinct conductors placed one after the other, each presenting its point of entry and exit; and it is not improbable that, by the union of these two conductors, they would play the part of electrodes,

as happens, according to M. Pouillet, in the case of two different liquids placed one upon the other in the same interpolar arc. Thus, when M. Pouillet caused a current to pass through a column of liquid, of which one was formed of distilled water, and the other of a solution of chloride of zinc, and contained in a tube of a V shape, at the point of contact of these two liquids they seemed to be separated by a metallic diaphragm, and an analogous electrolytic effect was produced by the electricity.

According to the experiments of authors, the formation of the interpolar musculo-nervous arc in the frog may be observed in three ways, or by three different processes, for each of which we must examine the constitution of the conductor, according to the principles I have laid down. The first may be indicated in general terms: leave adhering to the fleshy portion of thigh in a frog a certain length of the plexus of lumbar nerves, and apply one of the poles to the extremity of the nervous mass, the other to any part of the surface of the limb (the extremity of the toes in preference), or act only upon the leg and the sciatic nerve isolated from the superior portion of the thigh. Or again, the animal may be prepared by Galvani's method, and the extremities of the two upper portions plunged into a glass of acidulated water, in which is one of the poles of the circle, while the portion of the vertebral column suspended to the original extremity of the two lumbar nervous plexures is put into another glass, with which the other pole communicates. By this process, the conductor is composed of two portions only, one representing the free and isolated part of the nervous cords, the other by the muscles comprised between the adherent extremity of the first portion and the second pole. In the second process, the two thighs of the frog remaining united to each other by the symphysis pubis, the two lumbar nerves, isolated and cut at their origin, are put in connection at their free extremities by the poles of the circle. The interpolar conductor is then triple; for it is composed, 1st, of a middle part represented by the superior region of the two thighs, 2d, of the two extreme parts formed by the free portion of the nervous cords. The third method consists in separating the thighs at the symphysis pubis, so that they shall remain united only by the portion of vertebral column that holds to the lumbar nerves. When the poles are applied to the thigh, the current is established by passing successively through the five conductors placed one after the other—and which are, supposing the positive pole to be in communication with the right extremity, 1st, the right thigh, 2d, the free portion of the right lumbar nerve, 3d, the portion of the spinal marrow and vertebral column intermediate to the nerves, 4th, the free portion of the left nerve, and, 5th, the left thigh. Whatever be the process employed, it is evident that the electricity, in passing through each nervous cord, must act upon it as if the two extremities of the nerve were both in contact with the poles, since these extremities form points of entry and of exit to the currents. Again, if these last be sufficiently feeble, they

will produce excitation only at the point of exit ; the effects of which will be *en rapport* with the excitability of the nerve at this point, and the small extent that this point of exit will occupy upon the nerve. Such is the key to the phenomena observed by experimenters during the passage of electricity through nervo-muscular conductors.

3. After preparing the frog by Galvani's method, we expose the vertebral column and the spinal matter, place the animal upon an isolated plane—its two nerves separated from each other—and apply the poles to the superior extremity of each. If the current be not extremely feeble, it will cause contraction in the two thighs; but if it be sufficiently so, only one will contract, and it will be that one whose nerve is traversed by the centripetal current.

This fact being established, as quickly as possible we compress each nerve with forceps, in order to interrupt the continuity of the nervous tubes, near the point of application of the poles, between this point and the muscles. We wait a moment or two, to permit the excess of excitability produced by the operation to subside, and then transmit the current anew, without changing the position of the poles. Generally, we find that no effect is produced; but if the force be gradually augmented, contraction of one thigh is produced, and not that one whose nerve is traversed by the ascending or centripetal current, but the descending or centrifugal. By removing the poles, and putting them upon the nerves below the contused points, at a small distance from the muscles, the same current will provoke contractions in the members; but by reducing it to its primitive activity, we have nothing more than the contraction of the thigh through whose nerve the centripetal or ascending current passes. The above observations prove that the different effects produced by currents through the nerves, whether centripetal or centrifugal, are not regulated by any difference of direction. If it were otherwise, we should not see (the direction being the same) the effects of excitation transformed by a simple change of the position of the poles. For their explanation, we must look to the constitution of the inter-polar conductor. As we have already declared, it is triple, leaving out of consideration the intermediate portion, whose excitation is inadequate to the phenomena produced. It remains now to occupy ourselves with the extreme conductors formed by the lumbar nerves. Naturally, each one of these nervous conductors has a point at which, at the moment of the passage of the current, the electricity acts more strongly than at others. It is the point of exit of the current; but this point is not situated upon the same part of the two nerves. Thus, supposing that the current penetrates by the right nerve: after traversing this nerve in a centrifugal direction, it will emerge by the part of the conductor which is engaged between the muscles, and will pass through the superior extremity of the thighs, to enter into the inferior extremity of the free cord of the right nerve, whence it will make its exit at the opposite extremity, which is in *en rapport* with the negative pole. In a word, the point of exit of the current will be in the left nervous

conductor at the inferior extremity, and in the right at the superior extremity. To recapitulate: The explanations we have given above of the effects of excitation produced by electricity upon the nerves, when the muscles form with them the inter-polar part of an electric circle, are easily comprehended if we bear in mind the three following points: 1st. When a frog, prepared in one of the three modes indicated, is traversed by a current, it forms a multiple conductor, the different parts of which, successively placed, present each points of entry and of exit, and play the part of electrodes, the one by juxtaposition with the other. 2d. That it is from the excitation produced at the negative extremity of the nervous parts of the conductor, that the physiological effects are produced. 3d. These effects are in proportionate relation with the condensation of the electricity at their negative extremity—that is, at the point of exit of the current—and with the degree of excitability possessed at this point by the nervous conductor.

Action of the Transverse Current.—It is generally denied that electricity is apt to excite the nerves when the currents pass transversely, and when they are not too strong, and which, this admitted, proves a certain diffusion in the direction of the length of the nervous cords. The opinion is an erroneous one, although it is maintained by such men as Matteucci and Cl. Bernard, and although certain important facts seem to indicate it. There exists, in reality, no difference of action between the transverse and longitudinal currents. These facts, cited in our first two memoirs, prove that. These facts, it is true, were produced by experiments in which the nerves were not isolated, and where the electricity would disseminate itself through the mass of the organs; but we have varied these experiments by repeating them upon isolated nervous trunks, and the results were constantly the same. Thus, we divided the facial nerve in a horse, lifted up a portion of it, placed under it a piece of tafeta, and passed a current capable of producing electrical excitation only at the point of contact with the negative pole. This pole being placed upon the middle of the nerve, the positive was carried in a radius of five or six millimetres around, first, the superior side of the nervous cord; then the inferior; before, behind, and in different intermediate positions, so that the current affected it in all possible directions—longitudinal, transverse, or oblique—and contractions manifested themselves nearly always in the same manner. The only precaution to be used is to employ very delicate excitors, whose surface of contact may be aptly applied to the transverse section of the nervous conductor.

The activity of the transverse currents is inferior to the longitudinal, which can be explained principally by this consideration, that the electricity, in passing from one pole to the other, is more condensed in the longitudinal than in the others. Indeed, in the case of the longitudinal current, the diameter of the conductor is very small, since it is measured by the transverse section of the nerve. It is, on the contrary, very large in the other case, for it is represented by the

longitudinal section of the nervous cord. It will suffice, in order to comprehend this, to remember what has been said respecting the diffusion of currents, and the influence it exerts upon the excitable properties of electricity. We may be certain that in the experiments of authors, by which the great degree of difference of action of the two sorts of currents have been attempted to be demonstrated, there are causes of error which have escaped them. This is particularly the case in the well known experiment of Matteuci, in which the nerve of one thigh of a frog was cut in the middle, its two ends separated, the nerve of the thigh of another frog placed across the two ends of the first, and a drop of acidulated water at the point of crossing, in order to establish at this point a union of the three nervous conductors. We know, that in causing a current to pass through the first nerve and a fragment of the others (a current which was obliged to pass through the drop of water and the second nerve dipped in it) we know that Matteuci only obtained contraction of the first thigh; the other, that is to say, the one whose nerve was crossed by the current, remained in repose. But if the phenomena did occur, it was because the current (whatever Matteuci may advance to the contrary) only penetrated imperfectly the interior of this nerve, and circulated around it in the drop of water and again, because the small quantity of electricity which traversed this nervous cord found itself much less condensed than in the nerve in which the current followed the longitudinal direction.

[To be continued.]

A Foreign Substance in the Bladder.

BY HENRY MINTON, M.D., BROOKLYN, L. I.

I WAS called, Tuesday, January 9th, 1859, to see Miss S., a young lady perhaps seventeen or eighteen years old, on account, as I was informed, of some urinary difficulty. I found, upon inquiring into the history of the case, that it was one of unusual interest, and one that in all probability would give me a great deal of trouble.

She had, three days previous to my seeing her, allowed a short piece of common lead pencil to pass into the urethra, beyond her reach. She says, that she was scratching herself with it (?), when it slipped into the bladder. This was followed in due time by tenesmus of the bladder, and other unpleasant symptoms; and when I was called, she was suffering from severe pain in the back, while the inclination to pass water was exceedingly urgent. The urine had been quite bloody since a short time after the accident, and now contained a good deal of mucus. On exploring with a sound, I was unable to detect with any degree of certainty the offending substance, though conscious it was there.

Now, the question arose, *how* was it to be removed? This puzzled me for a long time. I finally hit upon the following plan.

I directed her to retain her urine as long as possible; and when she could do so no longer, to place herself upon her hands and knees, and expel it with all the force she could.

She succeeded in retaining it about two and a half hours; when, being unable longer to resist, she placed herself in the position directed.

Fortunately for her, this experiment proved successful on the first trial; for, with several violent and almost involuntary expulsive efforts, attended with severe pain, the intruder was thrown out; and, as it struck the side of the chamber, she went into an ecstasy of joy, and declared that that sound to her ear was the sweetest music she had ever heard.

I now have the pencil in my possession. It is an ordinary cedar pencil, about an inch and a half long, and pointed at one end. It was coated with a tolerably firm coating of mucus, somewhat resembling false membrane; so that probably the acute symptoms of which she complained would have soon subsided, while at the same time the pencil would undoubtedly have proved a nucleus for further accumulation.



Reviews and Bibliographical Notices.

EXTRACT FROM DR. WOLF'S NEW WORK,

“DIE GRUNDVERGIFTUNGEN DER MENSCHHEIT UND IHRE
BEFREIUNG DAVON.”

Translated by Dr. BRUCKNER, of Basle, Switzerland, for the U. S. Journal of Homoeopathy.

Continued from page 759, of Vol. I.

The greatest evil of psora is, that it reproduces itself, and descends to posterity. The children of psoric parents are very often born with

Malformations;

Amongst which, tumors on the head, and yellowish sallow color of the skin, old face, head too large, phthisical conformation, hernia, club foot, &c., may be mentioned. The children are often born with scabies, which will infect the whole family; they soon get scald head, and other eruptions. It is, therefore, the duty of every family physician to begin the antipsoric treatment as early as possible in newly-married people; for, during pregnancy, the cure progresses but very unsatisfactorily. Psora has, in the course of time, and under favorable circumstances, reached its culminating point, and produced a new form of disease, towards the end of the fifteenth century.

Syphilis.

The connection of psora and syphilis is proved particularly by the fact that, since the appearance of syphilis, the lepra has become very scarce. The syphilitic dyscrasia has three characteristic peculiarities.

1. Want of flexibility (*unbieglichkeit*) of the limbs, which refuse to obey the impulse of the will. A painful crepitating noise in the joints, when moved, accompanies it.

2. Shuddering when going to stool, and

3. Sleeplessness without any cause.

Primary syphilis will, under favorable circumstances, remain stationary for twenty years, as Dr. Wolf has observed in several cases. But, if the chancre is interfered with, and if mercury in large doses be used, and the ulcer healed by force, the *slow chancreous dyscrasia* is generally the result. Of this, Dr. W. gives a very minute description.

The outbreak of secondary symptoms is, in most cases, caused by taking a severe cold, often showing itself in an attack similar to acute gout. The combination of the syphilitic and mercurial poisons greatly aggravates all pre-existing morbid dispositions; the liability to take cold is greatly augmented, the worst form of coryza with stinking corroding secretion is produced, the glands are affected, and a great disposition to parenchymatous inflammations, ulcerations, dissolution of the blood, &c., &c., is produced.

But all this suffering mercury alone can produce, without its combination with syphilitic poison. Mercury and iodine are the very worst poisons, and should

never be used but in syphilis. The affections of the mucous membrane, so often treated by mercury, will also yield to apis. Scrofula, tubercles, tumor, and goitre will yield to thuja.

Only against syphilis, mercury and iodine are indispensable.

Pure syphilis requires mercurius; the combination of syphilis and sycosis, iodine—only one dose 30° must be given. Where a cure is not effected by it, it is a sure sign that one of the following three impediments hinders the cure:

1. Abuse of mercury or iodine. The first can be remedied by one dose of mercury 6000°, the second by one dose of iodine 5000°. Where both have been abused, it is necessary to give, first, mercury 6000°, and afterwards thuja 1000°.

2. The second impediment is the predominating influence of the psoric poison. This requires one dose of sulphur 30°, or in case of abuse of sulphur, sulphur 6000° (after the previous dose of mercurius 30° has left the cure unfinished).

3. The third impediment is the predominating influence of the syctic poison, the treatment of which will be given under sycosis. Syphilitic ulcers require kali bichromate 30°, one dose, where the cure remains unfinished; after it, sanguinaria 30°.

Sanguinaria 200° is the remedy for that severe one-sided headache extending into the sinus frontalis, which quinine never cures. Corrosive sublimate removes it quickly; but it generally returns after some time in an aggravated form.

Where the blood has already a great tendency to dissolution, with great want of strength, sugillations of blood, bleeding from the nose, lungs, or intestines, with a scorbutic state of the gums, nitric acid is the proper remedy in chronic cases, one dose 30°; in more acute cases, one dose 30° every twenty-four hours for three days; and in the worst cases, acid nitr. 30° W. (in dilution), every one to three hours, till amelioration takes place. Inflammation of the lungs, on syphilitic ground, is also to be treated by acid nitr.; and where this does not suffice, sanguinaria 200° W. every three hours.

Acid nitr. is also the principal remedy in that bad form of disease of the throat, with swelling of the mucous membrane, ending at last in phthisis laryngea; where this does not suffice, one dose of apis 30°, and afterwards acid fluor. The symptoms of all these very serious diseases are very minutely described, but cannot be given in an extract. Fluor. acid 30° in the slighter cases, in the most serious cases 2000°, in more acute cases 200° W., one dose for five days.

Where the syphilitic poison has concentrated itself on the liver, and consensually affects the spleen, kidneys, and genital organs, lycopodium 200° is the proper remedy. Magnesia mur. and natrum mur. only aggravate the symptoms in such cases, even where they seem to correspond to the symptoms. This explains why the sea bath is so injurious after syphilitic affections.

Lycopodium is also the best remedy in those dangerous hæmorrhages of the womb in syphilitic and mercurial cachexia—lycopodium 200° W. every three hours; and the same remedy holds good in those cases of bloody urine, of hypochondriasis, and hysteria, originating in the above stated combination of the syphilitic and mercurial poisons.

Syphilitic Diseases of the Bones.

1. Syphilitic affections of the nose require aurum 200°, one dose every twenty-four hours for seven days.

2. Tophi, exostoses, &c. They are only produced by the abuse of mercury; therefore mercurius 6000° must be given. Where caries has already set in, and the cure does not progress after that dose of mercury, silicea 30° is to be given (neither higher nor lower potencies of silicea will succeed); where, in the most severe cases, silicea cannot accomplish the cure, one dose of sulphur 30° is yet required. Where the bone-pains do not quickly yield to mercury, apis 3° W., or aconite and apis, alternately, must be given.

Softening of the bones, swelling, and curvature yield to acid. fluor. 2000°, one dose.

Brittleness, dessication, and breaking of the bones yield to *calcareo carb.* 200° W., one dose daily for five days.

The third impediment to the cure of syphilis is the predominating influence of

Sycosis,

Or the poison of the sycotic gonorrhœa. The sycotic poison is the result of a combination of psora and syphilis in their highest potency. It is a dyscrasia which has spread fearfully, and in a hitherto inexplicable manner, since the beginning of the present century; so much so, that if this progression should continue on at the same rate, the very existence of mankind is in jeopardy.

The sycotic poison greatly increases the disposition to all those every day illnesses, and it renders all diseases more obstinate and pernicious.

Dr. Wolf then gives a minute description of the progress of the disease, and of the manner in which by degrees the different organs are affected by the poison. We can only give a short list of the principal affections. Affection of the teeth, with loosening of the roots and falling out, with the most obstinate form of pro-sopalgia, alternating sometimes with the most insufferable cephalalgia, affections of the mouth, with cracks on the lower lip, with peeling of the epithelium, small flat whitish ulcers, &c. Hypochondriasis, pain in the muscles, spasms, giddiness, deadness of the tips of the fingers and toes, constipation, breath smelling like carrion, affections of the mucous membrane, and infectious character of its secretions, tubercles, warts, fungous excrescences, varicose veins, deposition of bacon-like fat, gout, chronic catarrh of the urinary organs, Bright's disease, diabetes mellitus, &c.

The small pox is the efflorescence of the sycotic poison, and *vaccination* is the greatest aberration of the human mind. The most prominent symptoms of the sycotic dyscrasia, after clap and leucorrhœa, without any previous affection, are sometimes observed as the result of vaccination. Likewise, we often find great disposition to self-pollution, affections of the testicles, ovaries, eyes, ears, teeth, and hairs, weakness of the nerves and head, giddiness, paralytic affections, spasms, asthma, chlorosis, anomalies of menstruation, diabetes, tuberculosis, &c., appear as an immediate consequence of vaccination; and most of the above mentioned diseases are the standing and predominating diseases of the present time.

Influenza, typhus, and hooping-cough, with great tendency to tuberculosis, have also become standing diseases in a hitherto unheard-of manner. The "paralytic progressive," (a newly-described disease), and the prevailing disease of the mind minutely described by Dr. Wolf, and designated "grosserwahn," is also a consequence of the continual poisoning of successive generations by the vaccine or sycotic poison.

The so-called Egyptian ophthalmo-blennorrhœa has become a standing disease amongst the soldiery, and very often follows vaccination; and it is well known that gonorrhœal ophthalmia, and the above-mentioned form, bear the closest resemblance.

Dr. Wolf then gives a new and very minute proving of the thuja, instituted on himself and more than one hundred persons of every sex and age, which contains very many new symptoms (it contains 1,050 symptoms). The principal results of this proving are the following:

1. Irritation of the mucous membrane of the genital organs, extending itself over all organs.

2. Changing of the naturally mild secretion into an acrid, corroding, infectious quality.

3. Over-irritation of all the nerves, with tendency to centripetal paralysis.

4. Disturbance of digestion and sanguification, tendency to destruction, dissolution of the fluids, and of the whole organism. It will thus be seen that the thuja corresponds in every respect with the sycotic poison, and thus offers itself as a remedy against the following diseases, which are the consequence of the sycotic poison.

The Sycotic Gonorrhœa.

The genuine poisonous figwart gonorrhœa obstinately withstands all common attempts of curing: thuja 30^o, one dose, will cure it with certainty. The duration of the cure depends on the degree of poisoning. In the freshest cases, five, seven, or fourteen days are necessary. Where, however, the disease is hereditary, or where abuse has preceded, the very longest time and much higher potencies are required, 300^o or 1000^o.

Iodine is the only remedy which alters, checks, and partially antidotes the thuja. The action of the thuja must be left undisturbed, and it will seldom be necessary to give aconite as an intercurrent remedy, where inflammatory symptoms show themselves. By these means, every new infection of married people, and the propagation of the disease to posterity, is checked.

The sycotic infection does not always show itself by gonorrhœa, but in very many cases its influence is only perceived in

Irritation of the Genital Organs,

Showing itself in symptoms of constriction of the urethra, urging to urinate, wetting the bed, and particularly irresistible desire to self-pollution. This latter evil grows more and more prevalent, amongst even small girls; and it is particularly after vaccination that the first symptoms of this irritation show themselves. It must be immediately antidoted by one dose of thuja 30^o.

Catarrh.

The continued poisoning, extending from the mucous membrane of the genital organs upwards, produces the most severe and lasting catarrhal affection of the intestinal canal first, and afterwards of the respiratory organs. Whitish ulcerations on the corners of the mouth, cracks on the lips, and flat ulcers in the inside of the mouth, &c., characterize it.

Thuja produces all these symptoms, and cures them.

Progressive Paralysis

Is characterized by the most painful aching of the muscles, lightning-like lancinating pains in the affected muscular parts, trembling and want of control of the will over those muscles, deadness of the tips of the fingers, the toes, &c. Thuja produces similar symptoms, and heals them.

Giddiness,

Coming after a meal, after exertion, even to falling—syncope, without any other morbid symptoms, resisting all seemingly suitable remedies, is cured by thuja.

Sleeplessness,

Without any apparent cause. This kind grows more and more frequent, and resists all other remedies, and is only cured by thuja.

The Eyes.

A peculiar kind of photophobia, amblyopia, amaurosis, sensation of a cold wind either blowing out of the orbits or into them; partial paralysis of the upper eyelid, occasional squinting, with a peculiar shy unsteady look, &c. Similar affections of the eyes are only the consequence of small-pox or sycotic gonorrhœa, and are also cured by thuja.

The Ears.

Deafness, without any organic lesions, often alternating with acute hearing, being inherited often by children. Thuja alone corresponds to this evil.

The Medulla Spinalis and Ganglionic System

Are also affected by the sycotic poison; lightning-like, lancinating pains in the face and neck and along the spine, deadness of single parts, inarticulate speech, and,

where the *nervus vagus* and *glosso pharyngeus* are affected, we find a want of sensibility and motion in the stomach and intestines, showing itself by absence of appetite and thirst or insatiable voracity, resulting from a want of feeling of repletion; inability to digest with normal taste; tympanitis, herniæ, and prolapsus uteri, and vagina, and of the rectum; the most obstinate constipation, resisting the usually successful remedies; paralysis of the urinary organs; impotence, with great desire for sexual intercourse; all these sufferings are the result of the sycotic poison, and can be removed by *Thuja*, at least in their earlier stages. How far old herniæ or prolapsus can be benefited by the action of *Thuja*, further experience will show.

We must mention yet some kinds of cramps, with great tendency to paralysis, and with remarkable variability. Also, the progressive atrophy of the muscles, being often the cause of some kinds of curvature of the spine, and some kinds of hip disease.

Worms,

On sycotic ground, are best removed by *Thuja*; which, by antidoting the sycotic poison, cures also the disposition to worms.

We must further mention, as consequences of the sycotic poison, varices, varicocele, hæmorrhoidal tumors, and black stools. These evils grow daily more prevalent; and the otherwise successful remedies, sulphur, *pulsatilla*, *lycopodium*, and fluoric acid, grow more and more inefficient. *Thuja* cures them all.

Painfulness and swelling of the liver and spleen; the former giving rise to depositions of fat and pigment, and to the formation of sugar; the latter producing chlorosis and leucæmia in women, and cadaverous look and hypochondriasis oftener in man. Fatty tumors, the fatty liver, heart, &c., are all cured or prevented by a timely use of *Thuja*. The same is the case in diabetes mellitus, which is often the immediate consequence of vaccination or re-vaccination, and has even been observed in children before the age of puberty—a case hitherto unheard of. All these affections of the liver run their course without any symptoms of icterus.

Chlorosis.

This disease, too, in its present form and immense extension, depends on the sycotic poison; in many cases it is congenital, or shows itself first after vaccination. It resists all other treatment, or is at best but palliated by it. Before being acquainted with the value of the *Thuja*, Dr. Wolf obtained the most satisfactory results with tartar emet., which is also a partial antidote to the sycotic poison, as far at least as it depends on vaccination; but he found even this remedy more and more inefficient for eradicating the disease; only *Thuja* will do this.

The Genital Organs of Females

are affected by the sycotic poison in various manners. Leucorrhœas of all kinds, with predominating corrosive quality of the secretion, all kinds of irregularities of menstruation in regard to the quantity and quality of the secretion, unnatural sexual desire, and great tendency to cancerous disorganization, are the result of it. The fearful prevalence of these evils has created a host of different specialists amongst the physicians, who, in their shortsightedness, treat the local affection without paying the least regard to the constitutional disease. They do a great deal of harm, particularly in this sphere. The timely use of the *Thuja* can alone radically cure and obviate all the evils to which the now existing ill-treatment has doomed the female sex.

The Gout,

In its worst and most intractable form, is the consequence of the sycotic dyscrasia. The same holds good of the tuberculosis, which has spread fearfully in this century.

Goitre and nodosities in the breasts also depend on sycotic dyscrasia, and are to be antidoted as early as possible by one dose of *Thuja*. Tubercles on the after-birth are only found in children of sycotic or tuberculous parents. Tuberculosis

and warts have a near relation, as is proved by the tuberculous matter producing warts by inoculation. The goitre is, in most cases, a kind of critical deposition, by which tuberculosis becomes latent; but, if interfered with by the common remedies, tuberculosis of the lungs is often the consequence. The same holds good of the nodosities of the breast; their operation favors cancerous destruction. A timely dose of thuja alone can prevent these evils.

The Teeth

Are also affected in a peculiar manner by the sycotic poison. The most obstinate algeas, loosening of the teeth, degeneration of the gums, with sponginess and flat ulcers, are the consequence. Thuja alone can effect a radical cure.

Baldness.

It becomes more and more prevalent, even in young people, where the common causes, psora, syphilis, and abuse of mercury or iodine have had no share in its production. We have to mention yet in this place, that degeneration of the skin, nails, and toes, which the sycotic poison produces; also, the sweating of the hands and feet, panaritium, the pains in the soles or heels not depending on any organic lesions or disorganization of the parts, corns, chilblains, &c., &c.; they mostly depend on the sycotic poison, and are, therefore, curable by thuja. The continuation of the sycotic poisoning, reaching the respiratory organs, produces extraordinarily severe catarrhs of the nose, with a secretion similar in color and odor to the secretion of the sycotic gonorrhœa, and this with considerable relief of all other symptoms. Where, however, this natural crisis is in some way checked, it gives rise to a bronchial catarrh, which often increases to

Asthma

Of all degrees and shades. Thuja corresponds to all these forms; and in the course of the cure by thuja, it is by no means a rare occurrence to see the sycotic gonorrhœa appear and reappear in its primitive form, and with apparent relief of all other morbid symptoms. Often, also, we find the above-described affections appear as the immediate consequence of vaccination.

Influenza

Shows itself either as a catarrh of the bronchiæ and lungs, with seemingly inflammatory symptoms, but with great tendency to paralysis, or it appears as a gastrico-nervous intestinal catarrh, or in the form of intermittent or typhus fever, often degenerating into chronic ulceration of the stomach, scirrhus, fatty tumors, albuminuria, &c. The remedies apparently indicated by the symptoms will only take effect after a previous dose of thuja. Rhus for the abdominal catarrh, and apis against typhus or intermittent fever.

Hooping Cough.

The hooping cough has become a stationary disease, in consequence of the universal vaccination. It often appears after vaccination or re-vaccination, or vaccination exerts a salutary influence on it. The crust of vaccine, pulverized, has been found to be a remedy against it, whereas it withstands all other medication. Thuja is the remedy.

Croup.

This disease, too, has become more frequent and unmanageable by the vaccination; and even by the common homœopathic treatment, the tendency to relapse is not checked. Boeninghausen's five powders, which have become famous against croup, consist of aconite 200^o, two powders, hepar 200^o, and spongia 200^o. Dr. Wolf himself has often used the same remedies, in their second or third potency, against this disease, generally with success, but now and then a child will die by paralysis. Whether the 200th potency is more apt to prevent this deadly paralysis, he cannot affirm from his own experience; but since his acquaintance with the high potencies, it has become a question with

him, about which he is as yet unable to decide. After the attack, a dose of thuja must be given, to prevent a return; where it is possible, a dose of thuja should be given at the beginning, and afterwards nothing but aconite 2^o, 3^o, or 200^o. Apis appears also to be a very excellent remedy, to be given in alternation with aconite, and afterwards one dose of thuja 30^o.

The Ophthalmo Blennorrhœa Ægyptica,

As well as the ophthalmia neonatorum, are of sycotic origin. The first one appears, particularly after re-vaccination, amongst the soldiery. Thuja promises to be the remedy, but Dr. Wolf has as yet had but a few single cases of ophthalmia in grown people, and a few more in children, where thuja, and afterwards aconite and apis, have succeeded; but he has not yet had occasion to test his remedies in hospitals, where many cases of the kind are shut up together. The same treatment will also cure the chronic ophthalmo-blennorrhœa. The greatest danger is produced by the localization of the sycotic poison in the

Brain,

Producing all the symptoms of the most acute inflammation; and yet, after death, no sign of inflammation is found.

Happily these cases are of rare occurrence. The sudden checking of a fresh blennorrhœa will sometimes produce it, or the suppression of a catarrh in children after vaccination, or in scarlet fever. Neither apis, belladonna, nor stramonium will avail in these cases, but thuja. In doubtful cases, aconite or apis should be given; and where the fever still progresses, one dose of thuja 300^o.

Small Pox.

The small pox, as well as the vaccina, are of sycotic origin. The vaccine is the result of the inoculation of the cow with small-pox matter. Sycotic patients are greatly disposed to infection by small pox. Thuja is the true antidote against the small-pox virus; and, after vaccination, a dose of thuja should be given as soon as possible to antidote the poison.

Urticaria and Pemphigus,

As well as herpes zoster, seem to depend very often on the sycotic poison; it is then not radically cured by apis. In some cases, Dr. Wolf succeeded with one dose of thuja 30^o.

Tetters.

The sycotic tetters have the greatest resemblance to the bark of a tree. The crusts have a dingy color, or they have a more marked white appearance, like the bark of young birch trees, with continual itching and peeling off, with the peculiar odor of blennorrhœic secretion, &c. This kind is only cured by thuja.

Psoric and Syphilitic Dyscrasia, combined with Sulphurism and Mercurialism.

It seems that the thuja (in high potency) can cure even those cases. On a sycotic ground, the scrofula is changed into tuberculosis; caries is changed into spina ventosa. All diseases have become more pernicious and unmanageable by the sycotic dyscrasia produced by the vaccination. The antipsoric and anti-syphilitic remedies are without avail against these cases. The thuja alone makes the diseases curable, and the remedies which, before the administration of the thuja, were of no avail, now become efficacious.

Rules for the Administration of the Thuja.

The 30th, 300th, and 1000th potencies have proved the most efficient. In fresh cases, where the patient is free from all inherited or acquired dyscrasias and medicinal diseases, and the younger or the older the patient, the more the 30th potency is in its proper place. The older the dyscrasia, and the more complicated the case is, the higher must be the potency.

Only one single dose (of one globule) must be given; and all crises, particularly severe catarrhal affections, must be left to take their course.

Only in cases of great necessity, the following remedies may be used:

China, against great weakness.

Ferri acet. 2^o, where there is a disposition towards dissolution of the blood.

Severe pains may be treated by magnetic manipulations.

Fevers mostly require aconite, nux, and apis. All antipsoric and antisymphilitic remedies must be avoided.

The action of the thuja must, in some cases, be aided. This can be done by tartar emet., which is also an antidote to the sycotic poison, at least as far as it is the result of vaccination.

Before Dr. Wolf became acquainted with the action of the thuja, he obtained very favorable results from tartar emetic in influenza, hooping-cough, croup, all sorts of catarrh, typhus, chlorosis, &c. To small children, where there is no danger in delay, one dose of tartar emetic 30^o should be given; in more acute cases, tartar emetic 30^o W., every one to three hours; in grown persons, tartar emetic every two to six hours may be given. The most obstinate forms of megrim, prosopalgia, and odontalgia are removed by argentum nit. 200^o. The following remedies also deserve attention, though they do not seem to have any antidotal action to the sycotic poison.

Cyclamen seems to act favorably in diplopia, and many one-sided headaches.

Acidum benzoic. in cases of disease of the urinary organs and heart diseases.

Anacardium, in weakness of the mind.

The length of time required for a radical cure differs greatly. From one to three years, and in the most intractable cases even five years may be required. But only by strictly adhering to the above rules, which are the result of long and extensive experience, similar results can be obtained, and thus the greatest boon be restored to mankind—a sound mind in a sound body.

Uterine Diseases and their Treatment—Review.

BY J. DAVIES, M.D., CHICAGO, ILLINOIS.

Continued from page 543, of Vol. I.

RECALLING what has been hastily reviewed in my preceding article, the following might be deemed a summary, that the theories and therapeutics adopted by old and new school physicians in the treatment of uterine diseases, are at fault, too frequently, with the general principles of physiology and pathology; some claiming that it has an inherent power within itself to control its own functions, and displace or invert itself spontaneously—thus ignoring the conditions upon which its displacements depend and by which its functions are influenced, and disease or health maintained; some basing their principles of cure upon the laws of physics or mechanism, and ascribing abnormal states of the uterus to displacements, to deviations of this organ from the central axis of the pelvis through inflammations of the os and cervix uteri; whilst another party, presuming *a priori* that every pathological or pathognomonic sign the uterus or its appendages present to the touch, to the sight, or to the mental acumen of the student, is the result of sympathetic disturbances of the general

health. Hence is derived the most diverse, unsatisfactory treatment of organic and functional diseases of females, according to the *peculiar* theory of each practitioner. Not that it is to be understood that each of these peculiar or special principles advanced are totally at variance with successful therapeutics, but that the application of any one idea or law of cure, to the exclusion of every other, is practically preposterous.

It would be too premature to assert that there will be a unanimous opinion in the medical fraternity—a special panacea for all diseases of women—or one immutable undeviating principle of cure in uterine diseases; but that there should be a more uniform treatment even than at present, based upon scientific data, is a desideratum to be heartily aspired after.

The great importance of this to one who has to meet in general practice with a majority of cases uterine in their character, is too apparent to need further comment. Without a correct knowledge of the causes which operate to induce disease in the female economy, there can be no distinct successful treatment, no reliable diagnosis or prognosis. We, upon this basis, obtain a doubtful empirical opinion as to the course of treatment to be pursued in a given case of uterine malady, and the patient is probably sacrificed and duped, her health is rendered intolerable, and your pretensions to science and medical reputation are seriously thwarted. Such an one will be like the mariner putting out to sea, without a compass to direct his passage or a rudder to steer his voyage—trusting to fair weather, a favorable breeze, and safe arrival at some auspicious port, where he might, through nature's forbearance, acquire a temporary fame for skill and daring on a route so perilous.

Conscious of the need of a more rational and improved treatment of uterine diseases, the profession throughout the world is awaking to reformatory measures—a spirit of inquiry is stimulating the inventive genius of the medical student, and we are constantly being refreshed with new ideas upon uterine diseases, derived from the most eminent sources. Since 1647, when Dr. Hugh Chamberlin constructed the forceps, down to the present time, we have been adding to the obstetric cabinet innumerable instruments, and medicinal and anæsthetic agents too numerous to mention. The names of Drs. Simpson, Tyler Smith, Bedford, Bennett, and Meigs, are, in this connection, as familiar as household words to every physician. Their patient and practical investigations, with the aid of the microscope, have lent a charm to this department of medical art; and it is with no little interest we have followed them through page after page of their voluminous works, attended to their inductive reasoning, and analyzed their carefully prepared statistics; and would award them due credit for their painstaking researches in the collateral sciences, as well as the special departments of physiology, pathology, and anatomy, by which they have shed a lustre upon their names, and attractive radiance upon the science and art of midwifery.

Still, we cannot but smile at the fallacious theories with which they have presumed to bolster up their therapeutics; nor can we perceive the utility of such hair-splitting dogmas, presented to the reader to obtain his credence and base his treatment upon. If we enter upon a division of our subject at this juncture, and classify the several diseases and their treatment, we shall the more immediately be brought into contact with the various opinions entertained by obstetricians in the medical schools of the present day.

I.—Organic Diseases of the Uterus, &c.

These are diseases of the most serious character, and of that class which affects the happiness and health of females more acutely and insidiously than any other, and requiring of the medical attendant more than ordinary skill and well-cultivated judgment. To the homœopathist, these diseases present an admirable test of the law by which he cures; and it remains to be seen whether we have a medicinal agent or agents, which can be administered externally or internally, to cure or relieve diseases of so formidable a type according to the well-tried law of *similia similibus curantur*. These diseases pre-suppose a change of structure in the parts affected, characterized by more or less local pain, heat, and swelling, sometimes by atrophy and induration. They are marked also by derangements of the general health—occasionally by no constitutional symptoms.

Of the methods of ascertaining the diseased condition, and the treatment to be preferred, we shall observe in connection with the several distinct diseased conditions described.

Ulceration of the Os and Cervix.—We have casually alluded before to the conflicting opinions of writers as to the pathological cause of this state of things. Until recently, it has been stated that ulcer of the uterus did not exist, and that inflammation was not the pathological cause of structural or of functional derangements, and that such hypotheses were but the fabric of a vision. As a proof of which, we quote Dr. Meig's own language: "An immense experience in a populous metropolis—an experience greatly increased by the resort of many invalids from the country and from the different United States, enables me, with confidence, to declare that an ulceration of the womb is among the rarest of disorders. I repeat the expression of my opinion, that these disorders and "*sambroisee*" inflammations and hypertrophies of the cervix have been misrepresented, and accounted as ulceration, which they were not, the superficies being covered with a delicate epithelium, yet so very delicate as readily to give way and suffer abrasion under improvident, unskilful manipulation with the tube or the sponge.

Emphatic as this learned authority is in thus repudiating the process of inflammation and its sequelæ, denying *in toto* having ever seen it lead on to ulceration, his work, from which we cited the preceding paragraph, represents very graphically this same state of things producing ulceration, in a series of excellent colored plates. Dr. Tyler

Smith, in his first essay on uterine pathology, April 20, 1850, remarks: "The granulations which are sometimes found surrounding the os uteri, which may secrete mucus or pus abundantly, and which may bleed on being roughly handled, are, I have no doubt, the result of inflammation; but they resemble the granular state of the conjunctiva rather than the granulations of a true ulcer, the granular os uteri offering no edges or signs of solution of continuity, by which we might satisfactorily declare it to be an ulcer. The granular os uteri would be a more correct designation in such cases than ulceration of the os uteri. Some of the so-called ulcerations appear to be nothing more than patches of thickened epithelium, or portions of the os and cervix, from which the epithelium has been melted away by acrid and irritating secretions. It appears to me, that we can neither receive the existence of excoriations or abrasion, of granulation or of fungous growths, the secretion of pus or muco-purulent matter, as affording undeniable evidence of the existence of ulceration of the os and cervix uteri. We must try ulceration in this part of the body by the same test which we apply to ulcers in other parts of the economy. We must look for a solution of continuity, and with a secreting surface separated from the healthy structures, having defined edges, everted or inverted, for an ulcer—in fact, the common, pathological meaning of the term."

Here, again, we have a distinction without a difference—a mere subterfuge of words, to escape the more scientific and candid acknowledgment of the fact that ulcers of the os and cervix uteri do, in every particular, correspond to his definitions of ulcers, according to the "pathological meaning of the term." What is to be understood by the bleeding, granular surface secreting mucus or pus abundantly, if it is not an exact description of the first stage of ulceration? A more practical acquaintance with uterine diseases in the hospital to which Dr. Tyler Smith belongs appears to have modified his assertions, and constrained him to admit that it is only in degree, and not in character, that ulcers in this part of the body resemble those on the surface. In his work on leucorrhœa, recently published, he appropriates the truth first uttered by Dr. Bennet, that inflammations of the os or cervix sometimes terminates in ulceration. In order that he might be clearly apprehended, we present his views on the following citation. Speaking previously of the phenomena of inflammation, he proceeds to add, that "When these changes have proceeded a step further, there is found not merely loss of the dense layer of the epithelium, but the villi, both of the external surface of the os uteri and of the mucous surface within the labia uteri, are entirely destroyed or in patches. It is this condition which constitutes the granular condition of the os uteri. In that state of the os uteri which, upon examination after death, would be pronounced to be, undoubtedly, *superficial ulceration*, the condition which generally obtains is a partial or entire loss of the epithelial layer around the os uteri in circumscribed patches, and here or there partial or entire destruction of the villi. This loss of the villi gives an eaten, corroded appear-

ance to the surface of the os. Such a condition of the os uteri may be limited in extent, or it may spread over the whole of the os uteri and external portion of the cervix, and pass within the labia. In this state, there is a free secretion of purulent or muco-purulent fluid. On the surface of the os uteri, superficial ulceration does not go beyond the removal of the epithelium and villi; but I have seen a portion of the rugæ in the lower part of the cervical canal itself eaten away in very severe cases." (Pp. 88-89.)

If this is not a correct description of the ulcerative process, what is? By surgeons, it would be, undoubtedly, considered nothing more nor less than ulceration. The inflammatory process proceeds to destroy the epithelium; and this, in more refined language, is to be considered abrasion. Then follows destruction of the villi, leaving the part in a corroded, eaten condition, secreting pus or a muco-purulent fluid, until there is frequently discovered a total loss of substance of the lower portion of the cervix. Is not an ulcer distinguished by these symptoms and pathological condition? Are not the granulations of a healthy ulcer characterized by being red and small upon the surface, somewhat elevated above the edges, the discharge having the appearance of cream or muco-purulent matter, bleeding easily if rudely touched? Is there not, in some forms of ulcers on the surface of the body, a corroded, eaten appearance, with ill-defined edges? Certainly there are. It is superfluous to make a differential diagnosis between ulcers of the womb and a similar condition elsewhere. If it could possibly be done, it would have to be expressed in terms more definite and precise than the generalizing character of the language employed by those uterine pathologists who, as we have seen, attempt to dispute the question of ulceration of the os and cervix uteri.

Description of Ulcer.—According to the common acceptance of the word ulcer of the uterus, we understand, therefore, that it is a disintegration—a molecular death of the parts, indicating loss of vitality in the part or excessive determination of blood. It is intermediate between suppuration and gangrene, where the tissue is detached in mass. In ulcer of the cervix uteri, we perceive a similar phenomena to that observed in ulcerations on other parts of the mucous membrane. But in this organ, we should very naturally anticipate such a state of things to arise, sooner or later, from the causes to be mentioned; because, here we have, every month, a congestion predisposing the part to inflammation and ulceration, the menstruum being the modifying agent, together with the physical condition of the patient, her freedom from exciting or predisposing causes. Too frequently, through abnormal menstruation or parturition, the os and cervix uteri are rendered highly sensitive and irritated, resulting in an acute or chronic inflammation, leading on to ulceration, detaching the epithelium, exposing the villi, making ragged the edges of the labium externum uteri, and, if the process has been continued for any great length of time, we have an acrid, muco-purulent discharge, often streaked with blood.

Another argument has been adduced by these same gentlemen, and

their supporters, to the effect that where ulcers have been observed on the uterus, they have been produced by a specific virus, and the symptoms of excessive venery are manifest from the pathological appearance, being of a copper color tint, indurated, or occasionally discharging gonorrhœal pus of an acrid, poisonous quality. Granted, that this may be correct in regard to one form of ulceration; but it is only one form, and arises only from one cause. The most reliable testimony has and can be given by men equally eminent for observing and analyzing the womb in its normal as well as abnormal states—as we shall, in the course of these remarks, demonstrate—that ulcers may be present upon the uterus from a variety of causes not specific or dependent upon illicit intercourse.

Firmly believing that ulceration of the os and cervix uteri is not as rare as some authors would dispose us to credit, since, by their own descriptions, they convey a very truthful idea of ulcers of the womb in the very language they employ, corroborating our own diagnosis by the speculum and the pathognomonic symptoms, we shall proceed to review the causes, the variety, the signs, and methods of investigation, and ascertain from personal observation and study the treatment of this form of organic disease of the womb.

The Causes are previous inflammation of the cervix or fundus, constituting metritis; cold; imprudence in dress; suppression of the menses; excessive sexual indulgences, leading on to painful intercourse; the use or abuse of astringent injections, a practice becoming too prevalent; delicacy of texture, constituting the strumous habit; want of cleanliness; sedentary occupations, requiring the female to breathe an ill-ventilated atmosphere, and overtaking the energies; displacements; long-neglected injuries, produced from instrumental assistance during labor, &c.

The different forms of ulceration, by writers upon this subject in our own school, as well as by those of the dominant practice, are variously stated. Without discussing the question, Drs. Madden, Leadam, Pulte, and Hempel have stated their belief in the doctrine, and place before us their therapeutics and statistics of success or failure. Dr. Madden, in his valuable contributions to this subject, presents, with great clearness and forcible conclusions, his convictions of this organic disease, believing it to be a reality, to be treated as a tangible disease. Dr. Leadam describes *three* stages of ulceration. Dr. Hempel, in *Jahr's Diseases of Females*, enumerates *five* forms of ulceration observable on the os and cervix uteri—the superficial, the deep seated, the scorbutic, the scrofulous, the syphilitic.

A less complicated division, and probably more scientific, would be to classify them into the specific and the non-specific, as this would more directly suggest the cause and character of the disease, rather than mark the degree.

Taking these generic terms to methodize our thoughts, we shall, from this non-specific, derive the scrofulous, the cachectic, the debilitated; from the specific, we infer the syphilitic, &c.

[To be continued.]

On the Efficiency of Crotalus Horridus in Yellow Fever, and also in Malignant Bilioid Remittent Fevers: with an account of Humboldt's Prophylactic Inoculation of the Venom of a Serpent, at Havana, Cuba. By C. NEIDHARD, M.D. New York: Wm. Radde, publisher. 1860.

This meritorious little work (82 pp. octavo) undoubtedly calls for a special notice by the homœopathic press, as well in consequence of its issuing from the able pen of one of our most scientific and successful practitioners of homœopathy, as on account of the high practical importance of its contents. Whoever thinks of the many lives that fall victims every year to the more malignant varieties of bilious and intermittent fever—whoever remembers the dreadful plague by which Norfolk and Portsmouth, Va., were visited in 1856—whoever only considers the uncommon havoc made, from time to time, by the redoubtable Yellow Jack, even in those regions where he is a customary guest—will agree with us that the discovery of a reliable specific against this scourge of mankind would be among the greatest benefits to the population of this hemisphere, and that every contribution towards attaining this aim deserves the special thanks of the medical profession and the public at large. From this stand-point, the above literary production ought to be hailed and thankfully received by everybody. It was called forth by that malignant epidemic which raged in 1853, in some parts of Philadelphia, and was officially recognized as exhibiting the characteristic symptoms of yellow fever. The epidemic sprang up in the month of July, in the vicinity of a vessel which had arrived from Cuba on the 12th of said month, and which, although her crew was reported healthy at the time of the official examination, emitted a very offensive smell from her hold, which became intolerable whenever the bilge-water under her flooring was agitated by the pumps. The disease spread from the centre of South-street wharf, in the vicinity; and the officially reported 170 cases showed the fearful mortality of nearly eighty per cent. Besides these, there were a number of other cases of malignant fever in private practice, which either could be distinctly traced to the same source of infection, or would otherwise exhibit unmistakable signs of their near relation to yellow fever. Of these cases, some five came under the professional care of our author, and his observations on these and some other cases of a similar epidemic, in 1858, furnished the material for the present work. On prescribing for the first of these cases, which by Dr. Howard, formerly of Cuba, was pronounced to be a genuine case of yellow fever, Dr. N. was struck with the similarity of the symptoms of *crotalus horridus* with those of the disease before him, and a certain involuntary conviction took possession of his mind that this must be the remedy so long sought for. The remedy, which at first had been applied in the seventh dilution without any visible effect, was afterwards used in the third trituration, and proved highly beneficial by

producing a profuse perspiration at the crisis, towards the twenty-first day; but even then, it could not be omitted for too long an interval, lest the old symptoms of dry parched tongue, sopor, &c., would return with the same virulence, whilst, when the remedy was continued with perseverance (every hour), the perspiration would be brought on again, and all the other symptoms improved. The same satisfactory result of the remedy, in the third and second triturations, was observed in the other cases, in 1853 as well as 1858, and confirmed our author in the conviction that *crotalus* will prove the curative remedy in the lighter forms of that formidable disease as attended by him. According to his experience, it ought to be exhibited on the first onset of the disease, in order to be most useful and active; and even then continued every hour for a day, as reaction was commonly not perceptible until the second day. If it would prove equally active and efficient in the severer cases of yellow fever, as is asserted by some (page 35), but controverted by others, as Dr. Campos of Norfolk and Dr. Lingens of Mobile, remains yet to be decided by future experience.

The work before us is disposed in eight chapters, which treat of—The Yellow Fever in Philadelphia, in 1853; the question of its contagious or non-contagious character; the analysis of symptoms; the allopathic and homœopathic treatment; the comparison of the symptoms of yellow fever with the pathogenetic symptoms of *crotalus horridus*; some cases of malignant remittent fever; and Manzini's history of Humboldt's prophylactic inoculation of the virus of a serpent at Havana, Cuba; with a conclusion.

The question, whether the yellow fever be of contagious or non-contagious character, is answered by our author in the affirmative—an opinion undoubtedly supported by the facts occurring in the origin and propagation of the Philadelphia epidemic.

We can also agree with him that the yellow fever shows itself in its deadliest form only when concentrated, as on board of a ship, and can thence be propagated to an indefinite extent; but when diluted by being spread over a large part of a town, its virulence is greatly diminished, the disease is only propagated in a milder form, and is still further modified by being communicated from one person to another.

The daughter of a man who had been nursing the sick at Norfolk, and who had died of the disease after his return home, was attacked by symptoms characteristic of yellow fever only after having visited the corpse of her father; and similar symptoms were experienced by the same man's wife, who had nursed him in his illness. The daughter was attended by Dr. N., who, when he proclaimed her disease to show some of the symptoms of yellow fever, was not aware of the father having died of the plague, nor of her having been near his corpse. The author comes to the conclusion—1, That yellow fever will only show its deadliest effect when in its most concentrated form: and 2, that there must be a peculiar susceptibility of the individual to this particular poison at the time of his exposure, in order to show its most

penetrating effect—two observations which he correctly observes (page 17) hold good with all epidemics.

Chapter three gives the analysis of the pathognomonic symptoms of yellow fever in ten cases, as furnished by Dr. Gilbert, the port physician, and of thirty-four additional cases reported by Drs. Sewell and Stokes. We gather from it, that the black vomit occurred in 26 out of the 44 cases, and exhibited under the microscope the true blood corpuscles; that the peculiar yellow, sometimes bronze-coloring, of the skin, was more apparent after death, and that the post-mortem examinations (made in eleven of the thirty-four cases) showed invariably the yellow or ochre-colored liver and the coffee-ground fluid or melanic blood in the stomach and intestines, as the true evidences of the malignant form of the fever.

The allopathic treatment which is referred to in chapter four, was of course as absurd, hazardous and inefficient as might be expected from a system which, being without a guiding principle, has no other foundation but traditional routine or arbitrary experiment, and no other knowledge of remedial agencies but imaginary classification and so-called observation at the bedside. We meet here the whole formidable old-school armory, with blood-letting, cupping, emetics, mercurial purges, diaphoretics, calomel (ten grains every two hours), and quinine (in some cases over seventy grains daily for several days). Such was the model treatment of the best allopathic physicians in the nineteenth century; and all this with the full knowledge of the superiority of the simple treatment of the creole nurses in New Orleans over the usual calomel treatment, to say nothing of the acknowledged success in the disease of the homœopathic physicians of New Orleans, Charleston, Natchez, and Norfolk.

Chapters six and seven contain an exposition of the author's own experience in yellow fever cases in 1853, and some malignant cases of bilious-remittent in 1858, in which, as already mentioned, the similarity of the pathogenetic symptoms of *crotalus* with those of the disease led him to administer this remedy, in the lower triturations, with signal benefit. This similarity is more fully demonstrated in chapter seven; and whoever follows our author in this comparison, will find him right when he asks, "Can there be a better *fac simile* of yellow fever than the following *verbatim* extracts from the 'Authentic Pathogenesis of *Crotalus*?' " Among other characteristic symptoms "common to the rattlesnake poison and the yellow fever, we find a yellow coloring of the skin, which, in a remarkable case of poisoning by the mere effluvia of rattlesnakes (mentioned, page 44), is already lasting ten years, besides the annual recurrence of other symptoms, and also the prevalence of most of the symptoms on the right side, which, as Dr. N. says, was highly characteristic of all the cases under his observation. To judge from these facts, there cannot, for all those that are familiar with the fundamental law of nature in curing disease (expressed by Hahnemann in the formula S. S. C.), be any doubt that *crotalus horridus*, if it is not the specific for yellow

fever and its kindred diseases, must, at least if applied in time and in the proper dose, become the most efficient means to reduce the deadly virulence of that malady, and the most powerful assistance to the healing power of nature, wherever there is reaction enough in the affected system."

These assumptions are materially supported by the appendix to chapter eight, which gives the history of the prophylactic inoculation of the venom of a serpent against yellow fever. This experiment was made at Cuba, in 1854, under the auspices of the governor general, on motion of one Dr. Humboldt, of New Orleans; and its history, afterwards given by Dr. Manzini, of Havana, who at that time was connected with the military hospital, who himself inoculated some two thousand persons, and, as it seems, got perfectly convinced of the efficacy of this inoculation—if not to exclude and remove the susceptibility for yellow fever altogether, at least to reduce it in a great measure, and to mitigate and shorten, nay, almost to cut short, the attacks of the modified fever. Dr. Manzini says: "In the case of the inoculated, it was not a progressive diminution, a slow killing of the fever, which we observed; it was a complete destroying of it (jugulation) in the whole force of the word, as we have never observed it with the unacclimated patients." According to his experience, the effect of this inoculation is, *that it serves the same purpose as acclimation*. That the inoculated poison, which Dr. H. only asserted to be "the venom of a serpent"—keeping, it seems, the rest as a secret—was the rattlesnake virus, is more than probable, if we judge from the similarity of the symptoms produced by it with those of *crotalus horridus* and yellow fever; and that the whole experiment was based on the principles of homœopathy, is another incontestible fact. But the manner in which it was conducted was so perfectly absurd and intended to render all sound observation impossible, that the conclusions which might have been drawn from an experiment of this kind, if instituted in a rational way, are entirely spoiled, and made almost useless to theoretical as well as practical purposes. The inoculation virus was used in such a concentrated form, that it was necessary to administer at the same time a syrup of *mikamia-guaco*, the well-known antidote to all snake poisons, which of course, as the Spanish committee was right in objecting, suggested the suspicion that the symptoms of the inoculation might be owing to the administered drug.

Moreover, notwithstanding the administration of the antidote, the symptoms which followed the inoculation were so violent that a highly drastic allopathic treatment (venesection from the feet, inducing relaxation of the sphincter-ani muscle, of large doses of *calomel* and *quinine*) had to be resorted to; so that every unprejudiced man will be led to ask, with our author, Might not all these fevers in a great measure have been avoided by a more diluted inoculation, or by administering the inoculating matter internally in small doses?

The experiment did not meet with much favor from the official

committee; and when, of the 701 inoculated at the military hospital, 121 were attacked by yellow fever, of whom 47 died, at the end of the year 1855 the inoculation was pronounced a total failure. Dr. Manzini's judgment on the matter is more favorable, as we have seen; and we doubt not that every believer in the homœopathic law will concur with Dr. M. that this whole question deserves our most serious consideration; and that it is only after repeated trials, and, we add, repeated in a rational and scientific way, that we arrive at the final solution of the subject.

We recommend Dr. N.'s work, the external outfit of which is highly creditable to the publisher, to the careful perusal of all that take interest in the cause of humanity, medical science, and homœopathic art particularly. Almost every one may learn something by it; and our brethren of the old school particularly (supposing they were willing to learn), might, by studying it, get a glimpse of the truth that the great principle of homœopathy, *similia similibus curantur*, is an invariable law of nature, which even the most foolishly conducted experiments will bring to light.

The Homœopathist's Visiting List, Book of Engagements, and Pocket Repertory for 1861: Compiled and arranged by HENRY MINTON, M.D., Brooklyn. New-York: J. T. P. Smith, 1861.

THIS is the most complete and useful work of its kind that has ever been published. Differing in many respects from any that has preceded it, it gives in a remarkably compact form more desirable conveniences than have before been furnished in any form. The object proposed is, "to present the practising physician with an *actual* Pocket Repertory—a book that *can* be carried in the pocket; and thus, being always at hand, a ready reference at the bedside—occupying but a small space, and yet containing a large amount of valuable matter, arranged in a brief and comprehensive form." The amount of useful matter compressed into forty-five pages of this part of the work is surprising, not only for its quantity, but for its accuracy and real value.

The visiting list, obstetrical record, diary, list of engagements, addresses, and other references, are all complete in arrangement, and the blanks which provide for the keeping of the record of prescriptions, made in each case in association with dates, are so convenient in daily use that it is scarcely possible to improve upon them. The homœopathist, who always endeavors to reach the highest possible degree of success, has often to review his treatment of particular cases. He remembers their principal features, and the final result; but he desires to recall the whole series of prescriptions he employed, the order of succession, the time between any two of them, and how

long he waited on the last remedy he tried before he saw improvement or recovery. To him, a complete record of every case treated would be highly useful; but men in actual practice seldom take time to record many cases in full. This much, every man could do and ought to do: when he makes his daily entries of visits or prescriptions made, he can, when the blank space is open before him to receive the name of the remedy given, without loss of time fill the blank. This brief report of the cases treated during the year, when it stands out to the eye on the tabulated visiting list, enables the physician to follow out, in essential particulars, the history of many an interesting and instructive case which would otherwise fall into the chaotic mass of *unusable* rubbish that burdens the dusty closets of the dull student's memory. It also brings up in review before him the diseases he has encountered, and the remedies he has most frequently prescribed; and the comparative value of each one is estimated by the cases in which it has been successfully employed. From pages filled as these should be, each physician has it in his power to extract materials of great value to the future compiler of the statistics of homœopathic clinical medicine.

Theory and Practice of the Movement Cure: or, the Treatment of Lateral Curvature of the Spine, Paralysis, Indigestion, Constipation, Consumption, Angular Curvature, and other Deformities; Diseases incident to Women, Derangements of the Nervous System, and other Chronic Affections, by the Swedish System of Localized Movements. By CHARLES FAYETTE TAYLOR, M.D.: With Illustrations. Philadelphia: Lindsay & Blakiston, 1861, pp. 295.

WE have here a new and more extended work on the theory and practice of the Swedish system of gymnastics. The author, "having made the somewhat hazardous attempt to introduce a new and distinct practice, and that a specialty," is determined to work hard enough to make his theory understood, and the practice successful. In a lucid and readable physiological chapter, he demonstrates the possibility of regulating and controlling the processes of nutrition by means of the "purely mechanical agencies and dynamic powers within us." "Passing by those important and interesting processes of *digestion, absorption, &c.*," the author proceeds to investigate the function of NUTRITION, including all "those interstitial changes by which the integrity of our tissues is maintained against the destructive agencies of time, and the wear and tear occasioned by those functional activities common to all animal organisms." The conditions necessary for this proper nutrition are stated to be, 1, a right state and composition of the blood or other nutrient material; 2, a proper circulation of the nutrient fluids; and, 3, the necessary and healthful influence

of the nervous system on the nutritive processes. Upon each of these points, the illustrations presented are sufficiently full for the purpose designed by the author. The physiology of the circulation of the fluids is explained; and the influence of muscular movements in increasing the action of the vascular system and regulating the nutritive processes, is shown to be highly important in "substituting the harmonious play of all the forces, instead of the deranged conditions called disease."

In the chapter on muscular contraction, it is shown "that muscular contraction is the *result*, rather than the *cause*, of muscular waste: the *oxydation* in the cells caused by a stimulus, occasions an actual change in the structure of the fibre—the waste matters passing by exosmosis into the venous capillaries; and that the contraction is the mechanical result—supply and repair taking place immediately from the arterial blood." It is "sufficient to know that actual loss of tissue takes place with every muscular contraction, which is immediately supplied from the blood by the plastic power of the fibre-cells themselves."

"Thus it will be seen that a large and important portion of the nutritive processes, whereby our systems are built up and sustained, is under a certain amount of control of the will. A large or small amount of food and drink is required, varying in quantity at least one-half, according as we create a necessity for it by using our muscles. Even the amount of the air we breathe, the vital oxygen of which is concerned in the minutest changes of the constituents of our tissues, is greater or less as we *will* it to be, being regulated according to the amount of those changes which our own volition has caused to take place. And, not least of all vital phenomena, the manifestations of the nervous system are capable of precisely the same voluntary regulation. Indeed, *all* vital phenomena are so far under our control as to be at least directly or indirectly *modified* at will." It is then claimed, that, as "pathology is simply modified physiology—only a variation one way or the other of the ordinary physiological action which we call health," it is possible to "so control the action of the muscles as to influence pathological processes," and change them into physiological or normal processes consistent with the health and well-being of all the organs and faculties.

The extent to which special movements can be applied in the treatment of disease, remains a question in the minds of physicians generally. The claim set up by Dr. Taylor is sufficiently modest to evince his candor. He thinks he has proved "that the various movements of the body, both voluntary and involuntary, though not of service in every case of disease, perhaps in no case of *acute* disease, can be so controlled and directed as to secure very many of the conditions of proper nutrition or health—the healthful quality and purity of the blood, its proper and equal distribution, the just and unperturbed influence of the nervous system, and general and

normal nutrition in all the tissues of the body. So, also, the special correction of particular conditions unfavorable to right nutrition in different parts, in accordance with the nature of the pathological states, whether of external or internal organs, whether of the muscular or involuntary system, can also be brought under intelligent control. All this in connection with or without any other medical means, as the indications of the case may require.

"Here, then, we have the basis for establishing a medical treatment which, though occupying a limited field, will be purely scientific, and in accordance with physiological principles. With none of the elements of empiricism, it will be simply auxiliary to all legitimate methods."—p. 57.

The claim thus clearly and considerably set forth, is well sustained by the succeeding chapters, which are devoted to the examination of the following subdivisions of the subject: Physiology of general exercise; lateral curvature of the spine; paralysis of motion; the circulation of the blood; constipation; chronic diarrhœa; dyspepsia; pulmonary consumption; angular curvature of the spine; deformities of the limbs; chronic injuries of the foot and ankle; diseases incident to women; derangements of the nervous system, &c. On each of these forms of disease, the general principles advanced are philosophically and practically sound, though we would desire to combine a truly scientific *homœopathic* drug treatment with the treatment by *movements*. The author has very clearly set forth his own method of treating them; and has so fully illustrated the various specific movements, that his reader can always understand *what* is directed in each given condition, as well as *how* it is to be done. We make an extract on the pathology of

"*Lateral Curvature of the Spine*.—The pathology of uncomplicated lateral curvature of the spine is exceedingly simple. It is invariably produced, in the first instance, by the *unequal action* of the muscles, generally, but not always, accompanied by muscular weakness.

"The spinal column consists of twenty-four vertebræ—little blocks of bone, piled one on top of the other, with the intervening cartilages as elastic cushions between each, and held strongly but not immovably together by the various ligaments, the whole forming a very flexible column, with little power to sustain itself in the upright or any other position in which it may be placed, without the aid of the muscles. The spinal column is necessarily so formed, in order to allow flexion in every direction, to accommodate the various motions of the body, and to secure pliability and elasticity in connection with firmness and strength—qualities, in this particular instance, necessary to co-exist in the same organ; the latter to enable it to sustain the burdens imposed upon it, and the former to secure immunity from shocks and the operation of counter forces.

The muscles of the trunk, secured to the pelvis below as a base, are attached all along the spine as "guy-ropes;" and, in several

layers and groups, by their uniform co-ordinated action, sustain the spine in place, or move it about in any required direction, in the most symmetrical and perfect manner. Excepting the slight curvature forward in the lumbar, and backward in the dorsal regions, the position of the spine and shape of the spinal column at any moment, in health, depends on the muscles.

When the muscles act in harmony—the different groups being properly set off by their respective antagonists—then the spinal column, whether at rest or in motion, is always where it should be. But if the action of certain muscles is not properly antagonized, for some muscles do not act with the same degree of force as their mates, then this harmony and co-ordination are lost, and the spine makes a greater flexion toward the point where is the stronger muscular action, if this action is in the transverse direction, as of the scapular muscles acting at the *middle* of the flexible column; but *from* the stronger muscular force, when acting from one side at the *ends* of the flexible column longitudinally. That is, the *spinal* muscles act like a string to a bow; and if they contract more on one side, the ends of the spine are made to approximate towards that side, making the spine to swell out toward the other side; but the scapular muscles acting at the middle, would draw the spine toward themselves, and thus this unequal muscular action may cause the spine to deviate to the right or left, to or from the stronger muscles, according as they may happen to be those that act longitudinally or transversely.”

Introductory Lecture to the Class of the Homœopathic Medical College of Missouri, October 31, 1860. By WM. TOD HELMUTH, M.D., Professor of Anatomy, St. Louis, 1860.

THE Introductory of Professor Helmuth departs from the beaten path over which students entering upon a course of medical study are usually conducted, and presents us with a comprehensive view of medical science as it existed two hundred years ago. From the pages of Laurentius, published 1652, he gleans the knowledge the ancients had attained of “the anatomy of the body and the faculties of the soul.” The “contained” parts are, the *humors*, the blood, puita or phlegm, cholera, melancholy, and spirits. “Spirit is a most subtle vapor which is expressed from the blood, and the instrument of the *soul* to perform all its actions.” “Of these spirits there are three kinds, according to the three principal parts, brain, heart, liver—natural, vital, animal. The natural are begotten in the liver, and thence dispersed through the veins to perform those natural actions. The vital spirits are made in the heart of the natural, which, by the arteries, are transported to all the other parts. If the spirits cease, then life ceaseth, as in syncope or swooning. The

animal spirits formed of the vital, brought up to the brain, and diffused by the nerves to the subordinate members, give sense and motion to all."

"To the liver," says Professor Helmuth, "was ascribed directly the office of creating the blood, phlegm, choler, and melancholy; and through these, indirectly, both serum, perspiration, and spirits, 'which, expressed from the blood, are the instruments of the soul.'" The description given of these humors, which were directly ascribed to the liver, shows that the opinions of the ancients "were derived from appearances presented in the duodenum, after digestion had taken place in the stomach." The origin of the old humoral pathology is thus made sufficiently plain. The philosophy of the middle ages is regarded by Professor Helmuth as quite as good as we could look for in the times; the truth, on every subject, was only attainable at great sacrifices; but he regards the adhesion of medical men of the nineteenth century to the old doctrine as much more wonderful. Notwithstanding all the discoveries of anatomy and physiology, these old-school men "still perseveringly believe the liver to be the only organ; and 'its acting,' as it is called, the only circumstance to which attention is to be directed in the treatment of disease."

Proceedings of the Homœopathic Medical Society of Oneida County, 1860; with the Laws of the State of New-York regulating the Practice of Physic and Surgery. Utica, N. Y., 1861.

This is a handsome octavo pamphlet of forty-six pages, containing the following interesting and important articles:

- I. Abstract of the proceedings of the fourth annual meeting of the Homœopathic Medical Society of Oneida County.
- II. Report of the Secretary, Dr. H. M. Paine.
- III. Report of the Committee on Medical Societies, including—
 - (a.) Summary of the legal requirements for the organization of medical societies.
 - (b.) Form of constitution and by-laws.
 - (c.) All the laws of the State regulating the practice of physic and surgery. These are faithfully collated from the revised statutes, and should be in the hands of every physician in the State.
- IV. Officers and members of the Society.

The report of the Secretary briefly recapitulates the efforts made by himself and others to arouse the homœopaths of the State to the importance of the formation of a State Homœopathic Society, and thus sums up the argument, which we hope will soon be answered by the prompt organization of county societies in every county in the State, and the preliminary steps necessary to the formation of a State society:

"We believe it to be of vital importance in its influence upon the future prosperity and position of homœopathy in this State. The benefits of *organization* are obviously as great, as really needed, and as useful to us as to allopathic physicians. By it, we ascertain the number of educated and legally-qualified physicians of our school; conform to the statutory enactments of the State; secure concerted action in the improvement of the *materia medica*; and facilitate the diffusion of practical knowledge among the members of the profession.

H. M. PAINE, Secretary."

Miscellaneous.

PROCEEDINGS OF MEDICAL SOCIETIES.

Illinois State Homœopathic Medical Association.

The Sixth Annual Meeting of this Association was held in the City of Dixon, on Nov. 7th and 8th, 1860. The President, Dr. L. C. Belding, having the chair, the following discussion was held upon Dr. W. K. Palmer's Report on Uterine Hæmorrhage after Confinement.

Dr. Anthony.—If we secure the tonic contraction of the uterus immediately after delivery, by grasping or friction, there is little or no danger of uterine hæmorrhage. The use of our homœopathic remedies is surprisingly efficacious in this disease. When an allopathist, I used to have cases of this kind every month that would cause my hair to stand on end. Now, for ten years, by previous care as before stated, have had no alarming cases at all. *Ipecac.* and *Secale corn.* are generally sufficient; and whereas I formerly had so much trouble, have not met with a single example in which these have failed to relieve.

Dr. Palmer.—Is of opinion that this species of uterine hæmorrhage is most frequent among women of a bilious lymphatic temperament, with relaxed fibre, and those who have borne large families and have lived upon a meagre diet.

In such patients, the labor pains will be vigorous, but far apart. Never looks for such symptoms in strong vigorous subjects.

Dr. Green.—Twenty-four years ago, had a case of threatened uterine hæmorrhage in a person of like temperament. She had experienced this serious sequel to four previous confinements under the old style practice. The fifth labor was the first in which I saw her. I gave her three grains of *Ergot* in pill just as the last pains came on, and she had no hæmorrhage.

I treated her in two subsequent labors in the same manner, and with the same result.

Since becoming an homœopathist, have given the *Secale* in dilution with good effect. Never used it higher than the 1st dec. dilu.

Dr. Anthony.—I always use the 3rd attenuation.

Dr. Holt.—In a very severe case in the person of a woman of relaxed fibre, and who had been flowing frightfully before I saw her, I applied the tourniquet over a small book, and very tightly, to the region of the womb. It relieved her almost instantaneously.

Dr. Plimpton.—In my experience, uterine hæmorrhage is much less troublesome now, as Dr. Anthony has remarked, than when I was an allopathist.

Dr. Baker.—Have had no severe cases of this sort.

Dr. Kennedy.—In a case of miscarriage at three months, severe hæmorrhage followed. Symptoms, urgent pressing, "as if everything would pass away from her," excessive nervousness, was "sure she would go distracted," pupils considerably dilated, the hæmorrhage very profuse, dark colored, no clots. Gave *Bella*. 3rd with prompt relief.

Dr. McAfee.—During the first three years of my practice, saw many cases of uterine hæmorrhage. For two years past, I have taken the precaution to employ *Arnica*, both locally and internally, after every case of labor, and as a consequence have only had two patients, out of seventy whom I have put to bed in a twelve-month, to suffer from uterine hæmorrhage. In these examples I gave *Ipecac.* 3^o and *Arn.* 3^o in alternation. Sometimes *Bella* 3^o has been productive of benefit.

Dr. Palmer.—Is in the habit of administering the *Secale corn.* in the 2nd or

3rd attenuation during the progress of the labor, and in those patients especially who are prone to this sequel, as a prophylactic. Thinks it frequently acts well, as in the case reported by Dr. Green.

Dr. Ludlam.—Uterine hæmorrhage infrequent in his experience. One very severe case was cured by *Nitric Acid* 2^o, in others had employed the *Hammamelis virg.* 2^o with the most prompt and decided effect. Dr. L. inquired if the example quoted by Dr. Palmer, in which three female children of parents who were cousins were all of a hæmorrhagic diathesis. Had there been a confirmation of this in the like experience of the members present?

It would be a singular fact, were it true, if the female offspring of such marriages were particularly predisposed to hæmorrhages of one variety or another. He also inquired whether any of them had used the bolpeurynter in uterine hæmorrhage.

Dr. Guilbert recalls three instances of the children of blood relations. The women have no hæmorrhagic diathesis. Does not approve of the bolpeurynter in uterine hæmorrhage after delivery; neither of the tampon, in any form, under these circumstances. In threatened abortion, thinks either of them might be serviceable. *Hammamelis* is an invaluable remedy after uterine hæmorrhage of any sort. Uses with this *Bella.*, *Cham.* and *Sabina*. Has not given *Ipecac.*, but thinks the *Secale* very useful. Would recommend the *Cyclamen*. In one case in which I had prescribed this remedy against a hemicrania, and the patient had taken it in excess, there resulted a profuse flow of blood, which the employment of *Hammamelis* arrested promptly. I had also a second case resulting from the same cause, and which was cured in like manner.

Dr. Belding.—As an allopathist, I used to give them the *Acetate of Lead* and *Opium*, and let them get well if they could. As an homœopathist, have had no trouble. I always use, as a precaution, *Arnica* both externally and internally. In my experience, *Secale* is applicable to passive and not to active hæmorrhage.

Dr. Pratt mentioned two cases of internal hæmorrhage, with violent after-pains, and found clots in the os: removed them and used slight pressure on the abdomen, gave no medicine. Patients immediately relieved, and no return of the hæmorrhage.

Dr. Levanway.—It has been my fortune to escape this terrible sequel to confinement. I use *Arnica* water locally, with perhaps *Pulsatilla* internally, in most cases of labor.

Dr. Duncan.—No serious cases of hæmorrhage, excepting those following miscarriage. *Bella.* and *Ham.* relieved them. In one example, used dry cupping over the region of the uterus with prompt relief. For distressing after-pains six hours after delivery at full term, I have once or twice ordered the warm sitz bath with excellent effect.

Dr. Holdridge.—No extreme cases. A few examples of passive uterine hæmorrhage following the menses. Gave *Sepia* and *Belladonna*. After confinement I use *Secale* once in two or three hours as a prophylactic.

Dr. Guilbert inquired the opinion of the society regarding the sitz bath, as recommended by Dr. Duncan.

Dr. Duncan stated that his father-in-law had used them as a remedy for after-pains, during many years of his practice, and with great success.

Dr. Levanway.—For after-pains after abortion has used *Apocynum Cannabinum*, in one case with prompt relief.

Dr. Duncan recommends cold sitz baths and the binder as preparatory to parturition. Always orders a dry flannel over the wet one.

Dr. Green would use the warm fomentations in preference to the sitz bath, as a remedy for after-pains.

Dr. Duncan thinks the use of cold water before parturition might afford an immunity from dangerous results in the use of the warm sitz bath as a remedy for after-pains.

Dr. Ludlam would be inclined to exercise great caution in the giving of either warm or cold baths immediately subsequent to delivery. Warm water might be too relaxing to the parts, while cold water might prove too powerfully sedative to the general nervous system. Nevertheless, it might be very well in certain cases

to know that warm sitz baths were capable of affording relief to protracted and troublesome after-pains.

Dr. McAfee.—The *Momordica* promises to be a most successful remedy for after-pains. I have given it frequently, and have not known it to fail in a single instance.

At the close of the discussion, Dr. Anthony offered the following—

RESOLVED—That under the homœopathic treatment, there is not a tithe of the danger from uterine hæmorrhage which is found to exist under the allopathic treatment. Carried.

*Discussion upon Dr. Ludlam's Report on the Therapeutics of
Infantile Remittent Fever.*

Dr. Anthony.—After the first twenty-four hours, I have rarely seen much benefit from the *Aconite*. In advanced cases has employed *Antimonium crud.* 2^o and *Bry.* 3^o with good effect.

Dr. Pratt.—My opinion with reference to the therapeutics of this disease, as of all others, is that we should take into consideration the pathological condition and peculiar symptoms of each particular case, as modified by either previous or prevailing disorders. A little patient of mine had been ill for nearly a week, fever every afternoon, for which the parents procured some *Aconite*. Two days later, the child was no better. Symptoms, short hacking cough, yellowish complexion, tongue coated white, with red edges, and during the paroxysm of fever there was a slight moisture of the skin which seemed to afford no relief. Prescribed *Merc. sol.* 3^o every two hours. Cured with this remedy alone.

Dr. Green concurs with Dr. Ludlam's idea that in prescribing for this fever we should take all the modifying circumstances into account.

Dr. Levanway is of the same opinion.

Dr. Baker.—The remedies I prescribe are such as are indicated by the local affection present. In a majority of the cases of remittent fever which I treat, I give *Ars.*, because of a miasmatic complication. Apart from this, I select from among a large variety.

Dr. Guilbert.—Has any member observed petechia in these fevers of children?

Dr. Green.—I have met with a very few cases of this sort.

Dr. Duncan has used *Gelseminum* in some of the same class of cases as we have been in the habit of prescribing the *Aconite* for; but *Verat alb.* has succeeded where both the former have failed in my hands.

Dr. Plimpton.—In a majority of examples of this fever, I apprehend the liver is involved, and hence it is my practice to rely upon *Merc. sol.* 2^o and 3^o for a time, and then follow with *Ars.*

Dr. Holdridge.—Cases are as various as the patients are numerous. I prescribe *Ars.*, *Ipecac.* and *Rhus Tox.* more than other remedies. Where there is an icterode hue of countenance and other symptoms of biliary derangement, *Merc.* is often indicated. Am governed in the choice of remedies by the symptoms as they appear.

Dr. Holt reports a similar experience.

Dr. Kennedy.—Dr. Pratt has already expressed my mind in the matter,—that we are to take the totality of the symptoms as they present themselves, and for them prescribe whatever may be indicated.

Dr. Palmer.—My experience in this fever, as in cholera infantum, is quite limited.

Dr. Guilbert.—The report has stated the varieties of this fever very properly. My remedies have been *China*, *Ars.* and *Ipecac.* Have not used *Gels.* in this disease in children. Would inquire if, in the experience of the members, anasarca conditions frequently accompany or follow this fever. Has witnessed four or five cases in which petechia were present. These were relieved by *Rhus Tox.*

Dr. Pratt.—Have given the *Gelseminum* to children, in families in which some members had typhoid fever, when they have had symptoms of that fever coming

on, and it seemed to remove them. Dose, six drops of the tincture in a tumbler half full of water, a teaspoonful every hour to three hours. Other cases did not yield to its action, but still appeared to be somewhat benefited by it.

Dr. Kennedy.—I had a case of "threatening ague," to which the patient was subject. Prescribed, through a messenger, *Gels.*, six drops in a tumbler half full of water, the patient to have a teaspoonful every hour until better. Prompt relief followed, notwithstanding the symptoms detailed indicated to my mind an incipient typhoid fever.

Dr. Belding.—Employed *Aconite* and *Gels.* in one case of typhoid fever, but not effectually. A relapse followed, and the symptoms were permanently relieved by *Verat. viride*.

Discussion upon Dr. Pratt's Report on Cholera Infantum.

The members being severally called upon, related their experience in the following order.

Dr. Anthony.—Have not treated many cases within the past two years. Five years ago it prevailed in Princeton, Ill. Have never used the *Croton Tig.*

Dr. Green.—Treated a few cases: used the above remedy in three of them, and with very satisfactory results. Employed the 3rd dilution; gave it in water three times a day. Had also used *Ars.*, *Verat* and *Ipecac.* with good effect.

Dr. Anthony inquired the symptoms which seemed to Dr. G. to indicate the *Croton Tig.*

Dr. Green.—Vomiting, purging, watery stools, sunken countenance, cold extremities, fever of remittent type, stools light colored, at times offensive, but in the majority of cases only slightly so. This remedy cured where others failed.

Dr. Holt.—In several examples with symptoms analogous to those detailed by Dr. Green, he had given *Camph.*, *Verat* and *Ars.* One case was cured quickly and completely by *Ipecac.* and *Verat Alb.* given in alternation.

Dr. Anthony.—Some two or three years since, a peculiar form of this affection prevailed in Princeton. The discharges were of a pea-green color, rather frequent, somewhat dysenteric, and accompanied by vomiting of a greenish substance, with sinking symptoms. Sometimes the stools were very copious. All the ordinary remedies failed me.

Dr. Plimpton.—I have had several cases during the past year, which were diagnosed as cholera infantum. Employed the usual remedies with but temporary relief. Relapses were frequent, but did not lose a case.

Dr. Levanway.—Experience limited to a few cases. Nothing peculiar in symptoms. Gave *Ipecac.* 3^o and *Ars.* 3^o, in water, alternately, once an hour. No relapses. Have had cases characterized by absence of vomiting, with severe diarrhoea of watery evacuations, stools greenish, inclining to pea-green, order spoken of by Dr. Anthony. I have used the *Croton Tig.* when the stools were watery but not green. Gave the *Croton Tig.* and *Dulc.* alternately in a few examples. One case, a child of nine months, suffered a relapse, with the following symptoms: vomiting, emaciation, cadaverous countenance, sunken eyes, stools light colored and watery. Prescribed *Croton Tig.* 3rd trit., and in three days the child had very much improved.

Dr. Kennedy.—The worst example in my practice during the past year occurred in my own family. A little son of ten months had rice-colored discharges, which were ejected with great force, copious, very frequent and accompanied by vomiting. In six hours we despaired of his life. *Ars.* 6^o, *Verat alb.* 1^o and *Cham.* 3^o in rotation after each stool. In a few hours, reaction took place. He then became stupid, eyes rolled back in his head, and pulse very low. No tenesmus. He became rapidly emaciated, as much as though he had been a week ill. Gave *Zincum Met.* 3rd trit. Patient revived in forty-eight hours. Face and extremities cold, and finger nails blue: was six weeks convalescing.

Dr. Baker.—Two cases of interest during the past year. In one of them there were vomiting and purging freely, fever of a remittent type, which was marked by an exacerbation once in about four hours. Gave *Acon.* and *Ars.* 3^o every hour. For a relapse, *Ars.* and *Ipecac.* I always exercise the precaution to have the

little patients well protected, and especially the extremities, from the cold or from vicissitudes of temperature. I go upon the principle that hygienic measures, properly carried out, are a reliable basis upon which the physician may prescribe. In the second case, I succeeded an allopath. There had been a relapse ten days after the first attack. There were present, marasmus, cold extremities, vomiting, tenesmus, with watery stools, which had been sanguineous and small in amount. Patient scrofulous. Besides these, there was a marked thirst. *Ars.* 3° and *Proto. Iod. Merc.* 2°. Recovered, but only after a protracted convalescence.

Dr. Ludlam.—This is a frequent disease in Chicago, as of all the large American cities. Had used the *Crot. Tig.* in a few cases. In one, marked by stools of a semi-solid consistence and creamy color, and which were passed in rather a singular order, say two or three in rapid succession, followed by an interval of an hour, and then a repetition of the same, accompanied by sudden and extreme prostration, he had used this remedy with the most marked relief. In his experience, stools resembling grey neurine more closely than anything beside, and marked by the occurrence of extreme debility after the passage of a very few of them, appeared to indicate *Croton Tig.* These cases sometimes result from dentition, constituting what the old nurses are given to style a "nervous diarrhoea."

Dr. Palmer.—Cholera infantum, in my opinion, is confined to particular localities. The rural districts generally escape, and accordingly I have not met with an example of this disorder in my district of practice. Would think, from what I know of the *Croton Tig.*, that it might prove useful.

Dr. Guilbert.—Never used the remedy since becoming an homœopathist. Confirms Dr. Palmer's suggestion. Would expect it to be of service in light colored stools ejected with violence, and vomiting characterized by a like forcible expulsion of gastric contents. In an inflammatory state of the alimentary mucous membrane—pure cholera infantum—I use *Lycopod.*, and very often *Ipecac.*, *Ars.* and *Verat.* In one case, marked by the ordinary symptoms, with a blueish tint of the stools, gave *Lycopod.* with temporary relief. Because of nervous excitation, *Bell.* and *Ars.*, with the effect to reduce the quantity and frequency of the discharge. Believing these the remedies, but failing of as prompt relief as I had hoped for, I gave a combination of the two (after the manner of Lutz), repeated once in two hours. In three days, the case was cured.

Dr. Pratt.—In Pennsylvania, several years ago, a physician of my acquaintance used cathartic pills on nearly every occasion, the active property of which was *Croton Tig.* Sometimes the patients had taken a dose of these pills before sending for me. A pretty good proving would occasionally result, presenting the following characteristic symptoms: liquid, light colored stools, ejected with considerable force, intermittent diarrhoea, with extreme and sudden debility. Dr. P. remarked, incidentally, that homœopaths are too much inclined to alternate remedies in rapid succession. He would never compound them without a proving of the combination, but would urge the use of a single remedy at a time, as much as we can.

Dr. Belding, president of the society, had a case of cholera infantum which he treated thirty-five years ago. Went by a recipe, as many of our remedies are used now-a-days. Finally, when the case appeared hopeless and everybody said the little fellow must die, took a big sheet, dipped it in spring water, wrapped it about the patient, and said to him "you shan't die without a glass of wine." I then gave Glauber salts (we had no Epsom salts in those days). Under the use of the cold sheet, reaction was very soon established, and he has been warm ever since. That very boy painted my house last fall. In modern times, I use *Ars.* and *Ipecac.* very successfully.

Diphtheria.

The afternoon session of the second day's meeting was devoted almost entirely to a discussion of this disease as it had prevailed in different parts of the State, and of the remedies most successfully employed by the members it its treatment.

Dr. Ludlam.—Regarding the pathology of this disease as but little understood by many of our own physicians, he took occasion to remark that the local lesion

did not afford us the key to its essential nature. He must differ from authorities in so far as they declare it to be a variety of croup. The essential pathology of malignant diphtheria is to be sought for in the morbid changes which take place in crisis of the blood. In these cases, the clot is dissolved, the fibrin de-vitalized, and the coagulable lymph, which, for some unaccountable reason, exudes upon the respiratory surfaces, attempts an organization, but the result is a failure. For this reason, it is improper to style the pathological formation, covering the mucus surfaces to a greater or less extent, a "membrane." It is not properly a membrane, since, under the microscope, it exhibits no traces of vascularity. I have examined several specimens of this pseudo-membrane microscopically, but have failed in each and every instance to discover any traces of a decided vascular network of vessels. My attention was directed to this peculiarity of malignant diphtheria in the first case which I was called upon to treat. The little fellow, a fine boy of eight years, had been ill for three days, and I arrived but about six hours before a violent and protracted epistaxis set in. Then, in a little while, there followed hæmorrhage from various mucous surfaces—the throat, the stomach, and by stool—and finally, in about twelve hours, petechia and purpura hæmorrhagica, the patient dying in fifteen hours after my first visit.

One other case dropped off in much the same manner.

In brief, I have been led, from these facts, based upon observation in every example of the diphtheria I have treated, to think that there was so great a tax upon the vitality of the blood itself, as to warrant, and indeed to demand, a healthy and nourishing aliment, that I immediately recommended a strong diet of the albuminous bodies as the very first element in my prescription. The remedies which I have administered with the best effect, are the *Proto-Iodide of Mercury*, *Bichromate of Potash* and *Hepar Sulph.*, each in the second dec. attenuation (trit). I prefer to use them singly.

Dr. Anthony.—The diphtheria first appeared in Princeton about ten months ago. I have treated some thirty to forty cases, and lost but one. There are mild and severe cases, as of scarlatina; I consider it a new disease; it is very insidious. The form which prevailed last winter was preceded by a fever; then a rash appeared; at the end of two days, fever. The eruption appeared *simultaneously* over the whole body. This was quite characteristic. Where the swelling and disease involved but one side of the throat, the cases did very well; but if both sides were affected, the opposite. I usually gave *Acon.* 1^o or 2^o alternately with *Merc. Iodatus* 2^o, every half hour; then I would follow on with *Tart. Ant.*, *Bichro. of Potassa*, and *Merc. Iodatus*, in rotation. In an example of the diphtheria, which occurred during the summer, there was no rash present.

Dr. Levanway.—Have had but few cases to treat in this City (Dixon)—only four, I think. These I first called scarlet-rash, but they certainly bore a close resemblance to the examples described by the members as diphtheria. *Acon.* 3^o, *Bella.* 3^o, and *Merc. Sol.* 3^o. Well in five or six days.

Dr. Duncan.—Diphtheria began to prevail in Dubuque about the first of May last. I had heard that some of my neighbors were treating a "peculiar kind of scarlet fever." Gave my first case *Merc. Iod.*, with a gargle of the *Bichro. of Potassa*. Recovered. In some examples I have met with, the fluids appear to be all diseased. The surfaces would bleed when touched—around the eyes and elsewhere, for example. Petechia and purpura hæmorrhagica were not unfrequently encountered. All the mucous surfaces bleed easily. There is present an excessive and intolerable fetor. Cases sometimes taken with a very high fever. In one or two cases, where the *Merc. Iodatus* failed, I gave the *Argentum Nitric.*, 3 *trit.*, and cured my patients. There is, besides, a thin, watery, sanious discharge from the mouth upon the pillow, and sometimes complete aphonia toward the last. I have seen only two cases in adults. Excepting in one instance, patients have invariably had a complete anorexia.

Dr. Kennedy.—Detailed the following case: A man forty years of age had great difficulty of deglutition; tenacious mucus in the mouth and throat, and the left tonsil and parotid glands were greatly enlarged; had a foetid breath and was very hoarse; would sweat some during the fever. Gave *Merc. Vis.* Better next day, and soon recovered on this remedy alone. Another and similar case fell into allopathic hands, and two days subsequently died from the severity of the attack.

Dr. Holt.—The remedies he had given were the *Merc. Iodatus*, *Capsicum*, and *Arum Triphyllum*. In the fourth case which he treated, the child had convalesced, and was allowed to walk out of doors. A relapse followed. She expectorated large patches of the pseudo membrane, and finally died. Locally, he used the tincture of *Hydras. Canadensis*. In his experience, relapses are invariably fatal. When croupy symptoms supervene, he gave the *Brom. of Potassium*. Have heard my little patients breathe all over the house, with a sound like that of a saw sawing lengthwise into a board.

Dr. McAfee.—Last week I was called to visit a patient six months old. High fever; pulse quick, weak and intermittent; tonsils swollen and covered with a slimy mucus, and constant discharge from the left nostril, flowing over the left cheek, excoriating it somewhat. Gave *Aco.* and *Bell.* for twelve hours, then *Proto. Iod. of Merc.* Is improving, but slowly.

Dr. Belding.—Inquired if, in the experience of the members present, the left side of the throat was more frequently affected than the right? This question was unanimously answered in the affirmative. (Sec'y.)

Dr. Palmer.—Has treated two or three cases. Is ushered in like scarlatina simplex. Only one-half of the cases met with have been eruptive. The chief characteristic, the diphtheritic deposit. In a majority of cases, the coating upon the tonsils and fauces would coalesce. There was great loss of strength, and that *suddenly*. Deposit pale and colorless. *Aco.* 3^o, *Bell.* 3^o, *Merc. Iod.* 3^o, in adults. In children, gave these remedies in the sixth potency. Thinks the cases were mostly of a very mild type. The sub-lingual and sub-maxillary glands were chiefly affected. In only one case was there suppruration of any of the glands about the oral cavity. In a few cases, I employed the wet bandage, but with no perceptible benefit.

Dr. Pratt.—The few patients I have had do not differ materially from those already detailed. The treatment was principally with *Merc. Iod.* 1st trit., one grain hourly during the worst stage.

Dr. Baker.—Have had but little diphtheria in Moline. In one example, I gave *Merc. Iod.* 2^o, and *Hepar. Sulph.* Next day substituted the *Bichro. of Potassa*. For a little while, the child improved; but subsequently experienced a relapse, and finally succumbed. It had an enormous appetite two hours before death.

Dr. Burnside.—Where there has been no marked fever, three prescriptions of the *Merc. Iod.* have been sufficient, in my experience, to perfect the cure. I have not lost a case. The diphtheria has, however, been terribly fatal in Belvidere, there being sometimes as many as four deaths in a single family. All the cases which I have seen have been marked by a more or less complete aphonia. Gave *Merc. Iod.* 1^o, and *Bella.* and *Carbo. Ammonia* 1^o. Have used this latter remedy in cases marked by excessive debility.

LEONARD PRATT, *Rec. Sec'y.*

Rock Creek, Carroll Co., Ill. }
Dec. 12th, 1860. }

Hahnemann Academy of Medicine.

The Academy met, Vice-President Smith in the chair. After preliminary business, the Academy proceeded to the election of officers for the ensuing year, which resulted in the choice of the following:

President, Dr. D. D. Smith; *Vice-President*, Dr. M. Freligh; *Corresponding Secretary*, E. M. Kellogg; *Recording Secretary*, J. M. Wetmore; *Trustees*, Drs. E. Lovejoy, S. Lillenthal, S. B. Barlow.

Dr. Barlow mentioned a case of a young man who, after continued exposure for some time to sudden and extreme degrees of heat and cold, was seized with an intense pain in the pit of the stomach, followed by a swelling in the epigastrium, which has since gradually increased. Has been seen by a number of physicians, but has as yet received no benefit from treatment. At present, has no nausea, no fever, no diarrhoea; has some dyspeptic symptoms; a slow, labored pulsation of the heart, over which a murmur is heard; very scanty urine; the epigastric

tumor is circumscribed, is of large size, lying a little to the left of the mesial line and is pulsating, but not distinctly fluctuating. The diagnosis was not perfectly clear. [At a subsequent meeting, Dr. B. stated that the patient was recovering under *Apocym.*]

Dr. McMurray reported a case of a young man who, after severe exposure, was seized with rheumatism; in the course of the treatment of which, he discovered a pulsating tumor in the epigastrium. No treatment being found effectual in arresting it, the patient gradually failed in strength and died. Post mortem examination revealed a cancerous tumor of the left lobe of the liver, the remainder of the organ being also extensively infiltrated with the same diseased structure.

Dr. Frelich reported a case of a fleshy old gentleman, a high liver, whom he had relieved, in a considerable degree, of chronic rheumatism, from which he had long suffered. Receiving intelligence one day that his patient was suffering from hernia, and needed assistance immediately. He found on arrival two large tumors, one on each side, about in the position of a rupture, but dull on percussion; the patient was also suffering from difficult respiration; the urine was very scanty and high-colored. Under the use of *Digitalis* and *Apocynum*, the case speedily improved, and the tumors disappeared. Since this time, they always re-appear when the urine becomes scanty, and they disappear as soon as this secretion becomes free.

Dr. McMurray reported a case of ovarian dropsy, which he had tapped on Oct. 10th, and took away about six gallons of fluid. On the 12th of November, he tapped again, and drew off as much more. Since that, she has taken *Apocynum*, and for ten days has had no increase of the fluid.

Dr. Frelich has found this remedy very useful in dropsies and various urinary difficulties, especially scanty or suppressed urine. He has not found it necessary to use it stronger than a solution of six or seven drops of the tincture to two-thirds of a tumbler full of water; of this he gives a dessert spoonful at a dose.

Dr. Ball said he had used the decoction of *Apocynum* successfully.

Dr. McMurray asked for the best treatment in diabetes.

Dr. Barlow said he had known some desperate cases cured by the waters of a certain spring in Orange County.

Dr. Frelich reported several cases of scarlatina which he had promptly relieved with *Lachesis*; also, that he found it valuable in diphtheria.

J. MCE. WETMORE, *Recording Secretary.*

NEW-YORK, December, 5, 1860.

Homœopathic Medical Society of Oneida County.

The fourth annual meeting of the Homœopathic Medical Society of Oneida County was held in the city of Utica, October 16th, 1860.

The Society, at a previous meeting, having requested the Secretary to solicit the co-operation of the homœopathic physicians in all the counties of the State, in the proving of *Æsculus Hippocastanum*, for the purpose of securing as many and extensive trials as possible, the Secretary reported that four or five societies are now engaged with us in proving this drug.

A digest of the provings of *Æsculus* was read, and the society resolved to continue the proving of it another year.

A committee was appointed to present the subject of "Uniformity in Drug Proving" for consideration at the next meeting of the American Institute of Homœopathy.

The Secretary having been engaged in an effort to secure the formation of county homœopathic societies, with a view to the permanent organization of a State Homœopathic Medical Society, read a full report of his transactions during the past year.

The report was accepted, and a committee appointed to take such action on it as they should deem necessary.

A desire having been expressed by a number of homœopathic physicians in the State to obtain information relating to the proper objects and legal mode of organizing such associations, the same committee were instructed to prepare a circular containing all needed information.

H. M. PAINE, *Secretary.*

Summary of the Legal Requirements to be observed in the Organization of Medical Societies in the State of New-York.

The committee appointed for that purpose by the Homœopathic Medical Society of Oneida county, October 16th, 1860, report :

It will be observed, by reference to the accompanying laws relating to medical societies, that

"Homœopathic Physicians" are authorized to "organize county homœopathic medical societies."

"Five" physicians are necessary to form a society.

When there are not *five legally qualified* physicians in one county, they are permitted to "associate with the physicians and surgeons of an adjoining county," in forming a society.

The *first* meeting at which an organization is effected, must be held "at the place where the County Courts are appointed to be held in their respective counties."

"It is the duty of the secretary of each of the county medical societies to lodge in the office of the clerk of their respective counties a copy of all the proceedings had at their first meeting."

The officers are, a president, vice-president, secretary, treasurer, and from three to five censors.

They are to be elected by ballot, at a regular annual meeting.

The State homœopathic medical society consists of delegates from county homœopathic medical societies; and each county society is entitled to "as many delegates as there are members of the assembly from that county."

In order to act as a corporate institution, a "seal" must be adopted.

The committee would urge the formation of county homœopathic medical societies for many important reasons, among which the following may be specified :

1. To secure the permanent establishment of a State homœopathic medical society.

2. To conform to the statutory enactments of the State, and secure the advantages thus afforded. "Licensed physicians," or "physicians and surgeons authorized by law to practice their profession," are those *only* who are "members of county medical societies," or who have received a "diploma" from one of the "incorporated medical colleges in this State," and have "deposited a copy of such license with the clerk of the county where they reside." All others are considered as *unlicensed* practitioners; and although they may, by the law of 1844, collect debts for services rendered, yet are liable, in cases of alleged mal-practice, in a *criminal* action for a misdemeanor; and, upon conviction, may be *imprisoned in a county jail*. The licensed practitioner, however, although liable in a *civil* action for damages in such a case, *cannot be imprisoned*.

3. To secure the legal right of teaching, which is conferred on those only who are "duly authorized by law to practice their profession."

L. B. WELLS,	WM. H. WATSON,	} Committee.
E. A. MUNGER,	H. M. PAINE,	

Homœopathy in Spain.

PUBLIC CELEBRATION of the ANNIVERSARY of HAHNEMANN'S BIRTH, by the HAHNEMANN SOCIETY of MADRID—Discourses of MM. HYSERN and NUNEZ.

From the *Bulletin de la Société Médicale Homœopathique*, of August, 1860.

(Continued from page 779, Vol. I, No. 4.)

AFTER the applause which succeeded the discourse of M. the President Hysern had ceased, Dr. Nunez arose, and after a few prefatory remarks upon the progress and the high position which the Homœopathic doctrine had reached, he declared and demonstrated that its advantages over the Medical Schools resulted from the superiority of the method employed by it to arrive at the knowledge of the true condition of disease, and the discovery of the remedy best suited to its cure. This demonstration was palpably presented to his hearers in a short, graphic and eloquent picture of the different systems that have held sway in medicine from the remotest period. He passed successively before their eyes the gross empiricism of patriarchal times, founded upon the tradition of facts observed disunitedly and without method, the dogmatism of the priesthood, which, sedulously keeping from the public eye the source of these traditions, made of them a sort of occult and inaccessible science, thus completely shutting the door to progress; the more philosophic method of the disciples of Pythagoras, which obliged the priests to descend into the arena of discussion, and thus made possible the creation of a science of medicine; the appearance of the works of Hippocrates, "which are to-day as they were yesterday, and as they will be to-morrow, the genius of this science." He was the first to observe and group morbid phenomena, and to subject his observations to certain laws, by the discovery of the bond of union between established facts. In fine, he discovered the true method of observation, and marked out for science its proper path. "Unfortunately in sacrificing his observations to suit the ideas of his time, and in creating his theory of the four cardinal humors, of which concoction and expulsion constituted the substance of disease, he was induced, by trusting to false appearances, to proclaim the principle, '*contraria contrariis curantur*,' although continually witnessing the *similia similibus*." After a few eloquent remarks upon the Father of Medicine, the honorable speaker exhibited this science falling back into the chaos from which it had emerged, in the hands of the savans of the Alexandrian school. It became a confused mixture of patriarchal empiricism, of priestly dogmatism, and of Hippocratic rationalism. They took from Hippocrates all his errors, and lost sight of the great truths which he had revealed to the world. Let us remark here, at this epoch, the birth of anatomy, and the progress of natural history—thanks to the supervising protection of the Ptolemies, who permitted the dissection of human bodies, and formed vast collections of animals and plants. His knowledge of these gave his great superiority to Galen, who, in other respects, could be considered "as the best disciple of Hippocrates, whose method and doctrine he followed." Our orator then indicated, in the midst of the schools which flourished at Alexandria, that of "the methodists," who reduced all diseases to relaxation and contraction—that of the eclectics, and that of the empirics. He branded the first as it deserved; as regards eclecticism, he declared it a nonentity; and called attention to the empirics, who, enemies to the name and essence of pathology, affirmed that diseases should be described symptomatically—"the grand principle, the pregnant idea, from which Hahnemann derived results so important to practical medicine." M. Nunez afterwards showed the wreck of science, from the inundation upon the old Roman world of the barbarous hordes of the North—the name of Galen alone surviving, "not as the master and teacher, but as the tyrant of the middle age, a sort of oracular divinity in medical science, as Aristotle had been in philosophy." The conquest of Constantinople by the Turks, and the refuge found by the Greeks in Italy, mark the moment when "Europe began its onward and progressive march." After rapidly enumerating the remarkable discoveries which signalized the progress of the sixteenth and nineteenth centuries in the physical and natural sciences, and those accessory to medicine, M. Nunez was

astonished that medicine, properly so called, should remain stationary, not because it was not fruitfully abundant in theories, but because it had only renewed the errors of antiquity, and reproduced in Europe the confusion that had reigned in Alexandria, the supreme empire of the principle of contraries; the confounding of pathology with chemistry, physics, mechanics; the ignoring the vital force recognized by Hippocrates, or its transformation under the influence of abstract metaphysical theories; the systems of Brown, Broussais and Rasori, who renewed the errors of the methodists by referring all diseases to irritation, atony, &c. &c. The honorable speaker sustained the justness of his criticisms in a spirited manner, and one convincing to his audience, by laying before them the opinions of actual medicines of the princes themselves of modern medicine—Stahl, Bichat, Pinel, Broussais, MM. Louis, Giacomini and Renouard—and from them came to the conclusion that from the time of Hippocrates to that of Hahnemann, medicine, properly called, particularly therapeia, had made no important step in the progressive path of other sciences. He added, that if homœopathy constitutes a progress at all, "it is because it has made a revolution in its method." But we cannot resist the desire to quote our speaker verbatim: "Our method," said he, "is the legitimate Hippocratic method, inasmuch as we hold that observation is the foundation of science, and a rational one, subjected as it is to certain well ascertained laws. But our method is also exclusively our own, because Hahnemann, coming at an advanced epoch of civilization, was enabled to perfect the method of observation, to complete it by vast and fruitful applications, and to make useful and important discoveries. Hippocrates was the Hahnemann of antiquity. Hahnemann is the veritable Hippocrates of modern times. Hippocrates created the method of observation, and with it he elevated medicine to the rank of a science; he also perfected pathology, and revealed to man the art of observing disease. But notwithstanding this, he proclaimed the law of contrariety, and left the therapeia in its infancy, for empiricism is the infancy of medicine. Hahnemann discovered the sure method of finding the properties of drugs by experimenting upon man in health, and from this system of pure experiment he deduced the law of similia, and indicated to the physician the art of curing the sufferings of humanity. Hippocrates resolved the first aim of the medical problem, the knowledge of disease: Hahnemann the second, the knowledge of the remedy—and he explains by the law of similarity the relation existing between the malady and its remedy, thus replacing hypothesis and conjecture by facts certain and incontrovertible. The principle of contraries, so seductive in appearance, so far from being the result of observation, is in positive contradiction with the eternal laws of life. To oppose cold to heat, dryness to moisture, opium to insomnia, is to obtain a palliative and often dangerous effect, which will soon vanish under the influence of the legitimate reaction of the vital force, and permit the disease to reappear with more force and obstinacy; and if we take this principle of contraries in its purely literal sense, it is nothing more than a miserable paralogism, unworthy of science, for health and disease are not contrary conditions, but different modifications of life. Hence we see medicine, after many futile attempts, resolve itself sometimes into gross empiricism, and sometimes into a presumptuous rationalism, or species of scholastic medicine, which, founded upon hypothesis, makes the safety and life of man hang upon a syllogism. Hahnemann commences his glorious career by assimilating, by means of a system of pure experimentation, the effects of remedies to the symptoms of disease; and dividing, so to speak, the mysterious line which unites remedy to malady, he proclaimed the law of similia, and placed therapeutics upon a solid and imperishable basis. More fortunate than Sydenham, who preferred specifics to other remedies; "*Si qua talia invenire possunt!*" he cried in a moment of inspiration—"*Inventri possunt, invenientur, inveniam;*" and the same day, and at the same hour, he delegates to us two new methods, until then, unknown to physicians—a sure mode of discovering the specific or characteristic properties of drugs, and a certain method for their application to the cure of disease. Then, proceeding step by step, and instructed by experience, he discovered a new process for the preparation of these remedial agents. The dynamization of drugs, the subject of vituperation or of surprise to those who see only the surface of things, is the most

astounding and pregnant discovery of modern times. It reposes, at the same time, upon a grand theory and large experience. The theory declares that, disease being a phenomenon essentially vital, can only be controlled by agents exercising a direct action upon life; and in order that that action may be direct and efficacious, it is necessary that there should exist some analogy between them—that is to say, that like it they should be at the same time subtle and impalpable, material and forcible. Moreover, experience teaches us that matter acquires force by trituration and prolonged succussion—a fact not to be denied except by such as abandon themselves to systematic predetermination. By uniting the promptness of reason and the results of his own individual experience, Hahnemann discovered the secret of these potent preparations—a secret which consists in depriving drugs of their physico-chemical properties, which are hurtful, and developing their dynamic or salutary properties. By these magnificent discoveries, he resolved the therapeutic problem, and created the art of cure; but the science was not yet fully established, and like a true medical philosopher, and substituting inductive reasoning for inspiration, he constructed a general principle which, embracing all the facts in medicine, physiological, pathological and therapeutic, explained them, and established the why and wherefore of their existence. This principle is the vital principle which gives us an exact idea of life and disease." The speaker then gave the well-known theory of the Hahnemannian dynamizations; he established the differential characteristics of the primary and secondary effects of drugs; the study of drugs by clinical and physiological observation; and by comparison he was enabled to demonstrate the numerous errors of allopathic practice upon these important points of practical medicine. "Thus," said he, in conclusion, "in his doctrine, his therapeia, and his method, Hahnemann has surpassed all his predecessors, and has enjoyed the enviable distinction of making discoveries of such importance as to elevate medicine to the rank of a true science. His method is so simple, so clear, and at the same time so logical, that it cannot be misinterpreted, except by those whom God has condemned to an incurable blindness or a perpetual ignorance. Thus, at last, has medicine emerged from an infancy that threatened premature decrepitude, and has now attained a vigorous and robust manhood; and homœopathy, in despite of sneering vituperation, is spreading throughout the world, victorious over all obstacles. It will not be long before we shall behold it in the Capitol; and may heaven grant that I may behold that happy day illuminate with its bright rays the horizon of my country!" To you, physicians of France, do we heartily echo the wish of our illustrious confrère of Madrid; but our hopes do not dare to soar so high, remarkable as has been the progress of homœopathy until now. We fear that the present generation of homœopaths will never see the great day already shining upon Spain: prejudice holds too firmly its potent spell upon the mass of mankind. The Academies still deliver the oracles, and vigilantly guard the avenues to the Capitol.

ESCALLIER.

Bulletin de la Soc. Med., of Sept., 1860.

*Homœopathy and Allopathy.**Translated from the "Bulletin de la Société Médicale de France," of Dec., 1860.*

Dr. L. de Parseval presented to the Society the manuscript of a work entitled *Homœopathy and Allopathy*. It is composed of two parts—the one devoted to a critical analysis of the two systems, the other purely practical. The author proposed to establish the truth of the law of similars by facts taken from the allopathic school itself. On the one hand, he exhibits the effects upon man of the most familiar remedies, as taken from the observations of the school; and on the other, their therapeutic applications, by the most distinguished allo-

paths. He divides these remedies into various groups, according to the organs upon which they act, commencing with those affecting specifically the genito-urinary apparatus—powdered cubebs, turpentine, balsam of copaiba, persil or parsley, cantharides.

1. *Powdered cubebs*.—This medicine, as is well known, is chiefly employed in blennorrhagia, and its beneficial results have been universally attested. "Powdered cubebs," says Professor Bouchardat, "is a remedy well established in the treatment of blennorrhagia."

"No remedy," observes Dr. Fabre, "enjoys a more general and well-deserved reputation; there are few whose action in the cure of blennorrhagia, acute and chronic, is so certain."

Barbier d'Amiens, MM. Merat and Leus, Professor Grisolle, Dr. Valleix, &c., also bear testimony to the good effects of cubebs in this affection.

If, from the curative effects of cubebs, we pass to the consideration of its physiological action, we coincide with others as to its elective effects upon the genito-urinary apparatus, an action which betrays itself by the development of an inflammatory condition analogous to that which they wish to cure by it. Barbier d'Amiens asserts that he has seen cubebs produce phlogosis of the urethra, bladder, testicles, and light up ardent fever, &c. "We have seen," say MM. Merat and Leus, "different accidents arise from the use of the fruit of this drug, which should induce a caution in prescribing it. It has occasioned ardur urinæ, fever, with redness of the face, inflammations of the urethra, bladder, testicles, retention of urine, cutaneous eruptions, &c.; and, despite this, the cure of the gonorrhœa has taken place."

Let us hear MM. Trousseau and Pidoux upon this point: "Very recently," say they, "empiricism has given to cubebs an important rank in the treatment of a very common and very obstinate complaint, which, rationally, this agent must greatly exasperate. The known properties of cubebs would, at the first glance, seem to suggest a careful avoidance of this violent excitant in the early stage of gonorrhœa, particularly when accompanied with high inflammatory action; but experience—and experience, too, based upon numerous facts—quiets this natural apprehension; and we say, unhesitatingly, that cubebs acts more beneficently the sooner its employment is instituted after the beginning of blennorrhagia, and of such as would seem clearly to contra-indicate its use." Here, then, we have a remedy (cubebs) curing a disease which "rationally it must greatly exasperate," and succeeding much better in cases which would seem highly repugnant to its administration—in other words, in cases to which its homœopathicity is marked; and, as M. Dieu remarks, "It wants nothing less than the authority of Delpech, Lallemand, Dupuytren, Velpeau, Trousseau, and the majority of the great patricians of our day, to sanction a method which they characterize as irrational and empirical."

2. *Turpentine*.—Schwilgué places turpentine among the number of substances which determine inflammation of the urinary organs. Of

its physiological effects, MM. Merat and Leus thus remark : " The terebinthinates have a marked action upon the mucous membranes, and, consequently, upon the organs which are covered by them ; they irritate them, and render their functions painful. The urinary organs are especially liable to their forcible action : for instance, when taken in large quantity, and for some time, they produce not only painful but bloody micturition, &c., &c., and are to be avoided where calculus is supposed to exist." They cite, also, the case of Dr. Després, who perished from taking too large a quantity, during fifteen days, with an inflammation of the urinary organs. And again : " It must be borne in mind that the action of turpentine is principally expended upon the bladder, causing sometimes spasm, strangury, bloody urine, violent pain in this region, &c., &c."

Barbier, after declaring that he had seen inflammation of the mucous membrane of the urethra caused by this medicine, cites a case in which a phlogosis of the internal surface of the bladder was produced in a patient whose condition rendered him particularly sensitive to its influence. Professor Bouchardat numbers dysuria among the physiological effects of turpentine.

" The accidents," say MM. Trousseau and Pidoux, " which are specially noticeable, are those manifesting themselves in the urinary apparatus. They reveal themselves by pain and heat in the lumbar regions, principally at the points corresponding to the kidneys ; also the hypogastric region. This region is painful on pressure, which determines, as in acute cystitis, vesical tenesmus, urethral pain and strangury, succeeded by ardor urinæ, dysuria, smarting sensation, sometimes a veritable urethritis, scanty urine, red, sanguinolent even, and painful erections, as in gonorrhœa attended with chordee."

Turpentine has then, according to MM. Trousseau and Pidoux, an elective action upon the genito-urinary organs ; and, to use their own words, " we are satisfied that the internal membrane of the urinary passages is, of all, the one most obnoxious to its exclusive influence." Again, we are told, by the same authors, that " it is particularly in affections of this mucous membrane that turpentine is of unquestionable efficacy." We shall see that the essential oil has been employed in acute vesical catarrh.

Turpentine, says Licutaud, is suitable in different affections of the kidneys and bladder. It is efficacious in the treatment of gonorrhœa. Giacomini declares that, as regards its relations to diseases of the kidneys and bladder, turpentine has many supporters ; in the practice of Amatus Lusitanus it was useful in nephritis, ischuria, dysuria and strangury, depending upon the presence of calculus—in vesical catarrh and acute blennorrhagia. Geoffry has recommended it in sanguipurulent urine, arising from ulceration of the kidneys or bladder, and for purulent and fetid gonorrhœa. Prof. Grisolles places it among those substances that may be useful in chronic cystitis. According to Dr. Valleix, it was recommended for the same affection by Cruveilhier and Clarion. Dupuytren prescribed habitually from 8 to 20 pills con-

taining each $\frac{1}{10}$ th grain of Venice turpentine; and so with many others.

Finally, we cite Barbier d'Amiens: "Observation proves that the use of turpentine at the conclusion of gonorrhœa is advantageous, and equally so in chronic catarrh of the bladder. Ordinarily, the mucous discharge is more abundant the first few days of the internal use of turpentine; the hypogastric pains are more violent; there is more heat in the urethral canal; but soon these symptoms lose their intensity, the discharge diminishes, and finally ceases."

This medicinal aggravation indicated by Barbier, and produced by the exaggerated doses in which turpentine is often given, was equally observed by MM. Trousseau and Pidoux: "The patient feels more heat in the region of the kidneys and ureters; the hypogastrium is more resistant, sometimes very sensitive to pressure; pains in the bladder become exasperated, and at the same time, in certain cases, there is diuresis; at other times, scanty urine, dysuria, strangury, ischuria; heat in the urethra, and a more abundant secretion of the catarrh; in a word, the development of acute cystitis," &c.

The same authors remark that they have seen a small dose of turpentine cause, in some subjects attacked with vesical catarrh, certain physiological effects. "This fact," say they, "should make us careful to begin with small doses in certain cases, and increase as necessity may require." We comprehend, however, much better the advantages of employing small doses, because we know that it is not necessary to produce a medicinal aggravation in order to accomplish a cure; and these very cases cited by Prof. Trousseau demonstrate this fact, in which the patients are relieved "without purchasing this result by the physiological troubles that ordinarily precede it." And here follows the explanation of MM. Trousseau and Pidoux, of the curative action of turpentine in vesical catarrh: "We assimilate, then, the therapeutic action of turpentine in chronic catarrh of the bladder to the evident and incontestible action which it exercises when directly applied to mucous surfaces which are the seat of a muco-purulent discharge, or to suppurating, cutaneous ulcerations. It stimulates their vitality even to irritation, increases primarily their exhalation, and finally causes them to suspend their morbid products, and to cicatrize; in a word, we believe in the operation of turpentine by a *substitutive irritation*, even when this substance is taken internally, and does not change the condition of the mucous membranes, except in its passage through the emunctories of the circulation and absorption." "Do we need to expose the fallacy of this theory of MM. Trousseau and Pidoux, and to show how unwarranted by facts? It is only necessary to invoke their own observations to refute them. Have they not signaled the cures which have taken place, without any physiological disturbances, and which presented neither the exaltation of vitality to the point of irritation, nor that augmentation of exhalation that would characterize a substitutive irritation, as conceived by these gentlemen?"

3. *Balsam of Copaiba*.—There are few remedies so commonly used as the balsam of copaiba in blennorrhagia. "Its efficacy in gonorrhœa," says Barbier d'Amiens, "is well-established, as regards the diseases of the urethra." Says Giacomini, "We know that, in syphilitic gonorrhœa, the balsam of copaiba is given as a sort of specific." Prof. Trousseau declares that "Copaiba in blennorrhagia has acquired a fixed and well-merited reputation. There is no physician who is not aware of this fact." It is not only employed in blennorrhagia, but with equal success in vesical catarrh. (Giacomini), Barbier d'Amiens, Valleix, Grisolle, Ribes, Trousseau and Pidoux. According to MM. Merat and Leus, Prof. Delpech recommended it highly in this affection. Has been prescribed in nephritis, ulceration of the kidneys, bladder and prostate, "provided," says Hoffman, "it be used with prudence." Trousseau and Pidoux, after mentioning the cures from its use, obtained by Ribes, in orchitis, acute catarrh of the bladder, inflammation of the prostate and kidneys, cephalalgia, &c. &c., add: "Characteristic and convincing observations are sufficient to arrest the attention and faith of practitioners, particularly when the certainty of their source is well-established and attested by other honorable and distinguished fellow-practitioners. They are cited by M. Ribes in support of the preceding assertions."

It is curious to connect these cases of orchitis and head affection indicated by Trousseau and Pidoux, with the physiological effects attributed to copaiba by the same authors, and among which we see figuring, swelling of the testicle and obstinate cephalalgia. Barbier d'Amiens has already mentioned cephalalgia and weight of the head produced by the use of this remedy. According to Montegre, copaiba produces hemorrhoids; on the other hand, he has seen it useful in hemorrhoids. Barbier d'Amiens speaks of a sharp pain in the urethral canal, as another of the remarkable effects of copaiba. MM. Merat and Leus agree that they have seen it produce inflammation of the urinary passages and adjacent parts. They have also seen it inflame the urethra, produce retention of urine, phlegmasia of the bladder, prostate, anus, rectum, &c. It is a rather remarkable thing to see this remedy advised to cure the same diseases that it has been seen by others to cause!

What need we add to this confession, taken from the evidence of the facts by two members of the Academy, who have repelled, systematically and without examination, the therapeia of Hahnemann? The partisans of rationalism, surprised to see an excitant of the genito-urinary apparatus cure certain inflammations of the same apparatus, have looked abroad to explain these happy results by their theories of revulsion and derivation, accrediting them to the purgative effect produced by copaiba in massive doses. But this explanation does not bear examination; and, as Dr. Fabre remarks, "Many cures may be cited where no purgation was produced." Again, if copaiba cures blennorrhagia by its purgative action, any other purgative would fulfill the same indications; which is not the fact, as experience proves.

This theory of the revulsive action of copaiba is now pretty well abandoned, and it is also recognized that it acts more efficiently in the absence of its purgative qualities, and its toleration is sought to be obtained by all possible means.

DR. LUD DE PARSEVAL.

[To be continued.]

Discussion in the Société Médicale Homœopathique de France, upon Homœopathy in its relations to Surgery.—Oct. 1860.

M. HUREAU asked permission to present a few cases confirmatory of the great advantages of homœopathy in cases of traumatism. Ferdinand de Bar, a child of five years, of lymphatic temperament, fell from a balcony upon the pavement, on the 3d of September, 1857. The humerus was fractured at the neck. The necessary bandaging was applied by Dr. R., surgeon to the hospital, and I was permitted to pursue the homœopathic treatment undisturbed. Pain very great in the fractured limb, and tumefaction considerable. *Arnica* 3^o, diluted, was administered, and apparatus moistened with tincture, diluted with water. Pain abated speedily, swelling reduced, and next day the child, suffering but little, resumed its habitual sprightliness. Bandage having loosened from the diminution of the swelling, applied a starch bandage, sprinkled with *arnica*; continued also its internal administration to 9th September, then prescribed *symphytum officinale* 12^o. Removed the apparatus on the 18th Sept., fracture consolidated; fifteen days after the accident, child could lift the arm to the head; 27th, gave *silicea* 12^o, arm cured.

Madame B., milliner, thirty-five years; has had several children; nervous temperament, feeble constitution, thin and spare; has had for a long time furfuraceous maculæ upon the back, chest, in the axilla, and also pityriasis capitis; several years since had a fall upon the back, followed by considerable pain, which lasted some time. On the 4th of July, 1852, fell from the step of an omnibus, upon the left elbow. Was called to see her a short time after the accident; was struck with the enormous tumefaction of the elbow and forearm; the whole humero-cubital articulation greatly enlarged, integument very sensitive, and covered with a black and extensive ecchymosis. The patient could not extend her arm; it remained in a semi-flexed position, but forcible flexion and extension could be accomplished with much pain. Olecranon situated above the condyles, and movable in every direction. Diagnosed transverse fracture of the base of the olecranon, complicated with great contusion, effusion of blood and synovia, and a general ecchymosis of the member. Did not apply the roller, because of the fear of compressing a limb already so contused and painful. After reducing the fracture, placed the limb in supination, and covered it with compresses moistened with *arnica* diluted. Recommended absolute rest, and prescribed as a potion

three drops of *arnica* 3^o internally. Next day applied a noose round the wrist, and attached it to the foot of the bed—another below the armpit, and fixed to the head of the bed; made counter-extension. Limb kept immovably extended until 9th of July. During this time, patient was visited by several physicians; among them, Dr. B., the old family physician, who was called to verify my diagnosis. Fracture recognized by all; treatment condemned—regarded as null and incapable of meeting the dangerous complications of the case. Recourse to the most powerful antiphlogistics was urged, to relieve the enormous swelling and effusion, to begin with the application of sixty leeches, and to cover the limb with resolvent and opiate cataplasms; that if these means were neglected, gangrene was inevitable, and destruction of the limb. Despite the gloomy forebodings of my medical friends, and their condemnation of my treatment, the husband of the patient exhibited no alarm, and was satisfied that it should be continued. It was not until the 9th of July that I could procure and apply the apparatus that I desired. It consisted of a gauntlet, which, acting upon the wrist by means of straps and buckles attached to the rail of the foot of the bed, made continuous extension of the hand; and of a sort of leather epaulette, which embraced the axilla and the upper part of the arm, to make counter-extension by means of straps attached to the head; no bandage being put upon the olecranon or fore-arm. By this apparatus, complete immobility was maintained, without compression of the swollen and painful parts, and without disturbance to the circulation; it permitted, besides, the watching the course of the inflammation and the effusion. *Arnica*, internally and externally, was employed for about ten days. The 12th dilution of *sulphuric acid* was then substituted internally, its pathogenesis covering the pains in the articulation at the elbow, and the ecchymosis of the fore-arm. *Pulsatilla* was also administered, because it responded to the contusions, producing swelling and pains in the articulations; then, *ruta graveolens*, as it agreed with pains in the articulation, as though proceeding from a blow or fall; next *bryonia*, for swelling of the elbow and articular pain to the touch and during motion—also indicated to relieve constipation and difficult digestion. Under the influence of these remedies, the swelling gradually diminished, inflammatory engorgement was dissipated, pain subsided, ecchymosis lost the intensity of its black color, and absorption of the fluids took place, without purulent formation. Apparatus removed on 29th, after scarcely twenty days application; for its removal was frequently necessary, because of the acute pain in the limb. No pains now, except occasional ones, darting towards the internal tuberosity of the humerus. Slight engorgement still at the fold of the arm, effusion almost entirely gone, ecchymosis presents a yellowish tinge, callus seems to be solid, movements limited and attended with pain. M. Jobert de Lamballe called on 4th August, recognized the consolidation of the fracture, advised frequent motion of the fore-arm, to fulfill existing indications. I gave successively

bryonia, rhus, sulphur, calcarea carbonica. Engorgement entirely dissipated on 20th August. Later, for the maculæ of the back and chest, and also the pityriasis capitis, administered successively *lycopodium, phosphorus, and sepia.* If there is any thing remarkable in this case, it is not the prompt consolidation of the fracture, which permitted the removal of the apparatus twenty-five days after the accident, and the execution of movement to prevent ankylosis; for the fracture would have been cured without homœopathic medication. But the power of its therapeia is marked by the progressive diminution of the enormous inflammatory engorgement of the limb, by the absorption of the sanguineous and synovial effusion around the joint,—all dissipated, despite the lugubrious prognostications of my medical friends, without abscess or gangrene, and without the use of the great antiphlogistic armamentarium.

M. Lonneau, aged forty-five years, trunk-maker, of marked lymphatic temperament, after making a violent effort to lift and carry a very heavy trunk, experienced sharp pain in the region of the kidneys, which extended along the left inguinal canal to the testicle. Rapid augmentation of its volume speedily ensued, with violent pain, making it necessary to lie down. Upon being called, found the left testicle three times its normal size, hard, heavy, and extremely sensitive; pains passing up along the inguinal canal and reaching the interior of the abdomen, and accompanied with renal pain, fever, thirst and nausea. Prescribed *arnica*, 12^o dilution, one tablespoonful every fourth hour. Next day, pain had ceased, the testicle had resumed nearly its normal size; fever, etc., gone. Succeeding day, no trace of orchitis. I am aware that orchitis, produced by violent effort, is the most readily relieved; but am not the less persuaded that this inflammation, accompanied with general symptoms and violent pain, would not have yielded as readily to any other medication.

M. Hureau then proceeded to indicate the applicability of *arnica* to the various contusions, lacerations, &c., of lying-in women. He says, "Parturition, though a natural function, whose object it is to expel a hard, voluminous body, sometimes disproportioned to the passages through which it has to pass, is rarely accomplished without great suffering. It is composed always of a series of efforts—of violent contractions, not only of the uterus, diaphragm, and the abdominal parietes, but of nearly all the muscles of the body, whose action towards the close of the act becomes independent of the will. The uterine fibres are most particularly engaged in these efforts. They may be torn, hæmorrhage from their laceration may occur, and the initiative of puerperal metritis may also be found here. Rupture of the uterus (happily rare) may be reckoned in the same category, as also contusion of the neck of the uterus, dilatation and compression of the vagina, followed by temporary paralysis, with retention of urine, and it may be not unfrequently vesico-vaginal fistula. In the same connection may be considered the rectal and anal injuries, the contusions of the labia, of the perineum, vulva, &c. These physical

lesions, though local imprimis, may be the source of metritis, metro-peritonitis, puerperal fever, particularly if the patient be dyscrasic, or if the accouchement shall have been preceded by some acute or chronic malady. Does the old school offer any efficacious remedy for these lesions? None! Is there any hope of repairing them by mucilaginous or opiate washes, etc.? Certainly not! The vulnerary properties of *arnica* come to our aid here, most efficiently. *Arnica*, from 3^o to 12^o dilution, according to circumstances, may be administered, — 3^o when the contusion is extensive, with warm lotions of *arnica*, ten drops of tincture with water. In extensive rupture of perineum, keep the patient upon her back, thighs closed: the position and *arnica* compresses suffice to induce the reparation of the injury. It is only in the most extensive laceration of the perineum that resort is had to ligatures. External use of *tincture of arnica* may not be prolonged beyond two days, as an erysipelatous redness will sometimes supervene upon its longer continuance. Contusions of the child may be treated with same remedy.

Dr. Ferrand testified to the salutary effects of *arnica* in traumatism, citing a case of hæmorrhage from the extraction of a molar tooth in a patient subject to epistaxis, which had continued for two days, despite all remedies, viz., cauterization, compression, etc. Prescribed a gargle of *arnica*, ten drops of the mother tincture in half a tumbler of water. At the expiration of an hour, the hæmorrhage was notably diminished. One of the surgeons present thought the result was due to the formation of a clot in the alveolus, but to his astonishment found none; was unwilling to recognize any hæmostatic virtue in so small a quantity of *arnica*. During a practice of twenty years, Dr. Ferrand had had frequent occasions of testing the anti-hæmorrhagic properties of *arnica*. He mentioned a case of nasal polypus, in which hæmorrhage was arrested by insufflation of the remedy; effect prompt and lasting. He cited also cases of eclampsia during parturition, relieved in a few hours by *nux vomica* 12^o. Eclampsia always arrested before delivery; no reproduction of the spasms afterwards.

M. Hureau reported a case of white swelling, successfully treated homœopathically. Patient, Henri Busigny, fourteen years; scrofulous, large head, lips thick and dry; had strumous ophthalmia during childhood, glandular engorgements, &c., besides other grave maladies. At seven years, right knee became swollen and painful, abscesses soon formed around the articulation, opening above and below the patella. At my first visit, found knee swollen and deformed, patella displaced, articular surfaces seemed to have lost their relations with each other, condyles of femur projecting before articular surfaces of tibia, leg flexed on thigh, motion almost null, skin of knee covered with cicatrices of the openings of abscesses, moxas, applications of Vienna paste, &c. Above the patella, there was a fistula, giving exit to a reddish ill-conditioned pus. Below the patella, was a large tumor filled with fluid; another on the outside. For a month past,

pain has been great ; internal condyle seems to be the principal seat of it, increased on motion, fever and thirst coming on at night ; inappetency, wakefulness at night, drowsy after dinner, dispirited for a long time.

[To be continued.]

Veneréal Vegetations.

MEMORANDA OF A CASE.—By W. Williamson, M.D., of Philadelphia.

ON the 23d of August, 1856, I was called to see a respectable young lady, of nervo-sanguineous temperament, aged about twenty years. The history of the case, previous to my seeing the patient, I give as it was related to me.

About nine months previous to my being called upon, a young man, who had some time before been on visiting terms at the house of the young lady, called one evening in a state of intoxication, and soon afterwards took leave of the family ; but instead of going out at the front door, he went up stairs, and got into the young lady's bed. At bed-time, he was discovered, and unceremoniously ejected from the premises. The young lady retired as usual, and the next morning discovered that the sheets were soiled, as if by matter from a sore ; and, in about three weeks after this occurrence, she discovered an unnatural discharge from her private parts, which was attended with considerable uneasiness, and some soreness. The family physician (an allopath) was sent for ; and after prescribing for two or three months to but little purpose, he gradually withdrew his attendance, without expressing any decided opinion of the disease. The case was now for a little time suffered to go on without treatment of any kind ; but, as no improvement took place, a homœopathic physician was called in, who gave attendance for about the same length of time, and had about the same amount of success as the gentleman who preceded him.

When I was called to the patient, I found her suffering from sore throat, and huskiness of the voice ; her eyebrows had nearly all fallen out, and the hair upon her head had become very thin. She also suffered from nervousness, sleeplessness, and loss of appetite.

Upon examination, I found the lower portion of the mons veneris and the external labiæ covered with warty excrescences, which were no doubt of veneréal origin. The most luxurious growth was about the anterior commissure ; and there were also patches extending backwards over the perineum, as far as the anus. The vegetations were more than a quarter of an inch in length, of a florid color, very sensitive and vascular, resembling somewhat the inflorescence of an umbelliferous plant ; and an ichorous pus-like discharge proceeded from the parts, which had an exceedingly offensive odor.

As it would be tedious to detail all the treatment of the case, I will merely indicate the principal remedies used, and the general course of management, viz :

Medicaments : *Aconite, belladonna, cantharis, cinnabaris, mercurius corr., mercurius viv., mezereum, nitric acid*, internally and externally ; *phosphorus, rhus, sepia, sulphur, and thuja*, internally and externally. The remedies were administered in dilutions and attenuations, from the first decimal to the four thousandth.

This course of treatment was persevered in for about five months. Not having seen the report of a similar case under homœopathic treatment, I was anxious to witness the entire removal of the malady without a resort to surgical means. But in this wish I was doomed to disappointment ; for although the constitutional symptoms had disappeared, and the general health of the patient was very much improved, the local excrescences continued to present their brazen fronts, with even exasperated conspicuousness.

In the way of surgical appliances, I first resorted to the application of lunar caustic. But the extent of the mass to be removed lessened the prospect of a speedy accomplishment of the task ; and as the effect of the corroding application to one part seemed to excite increased activity in the growth of other portions, I abandoned the use of the caustic. I next resorted to the more summary method of excision with the scissors ; but the hæmorrhage was so great as to weaken the patient very much, and to render it expedient to remove but a portion of the crop at one operation, and thus prolong her sufferings. Being anxious to get rid of the parasites as speedily as I could, I determined to remove the balance of them by ligating their foot-stalks in bundles, and repressing their subsequent growth with caustic potash ; but the application of the ligatures proved to be very painful, and I discovered that the fungous growths were reproduced so rapidly as to render the prospect of success by these means very doubtful.

Having a short time before this seen in *Braithwaite's Retrospect*, part 34, page 277, a paper on the application of *caustic collodion* to *nævi materni*, and believing the article, from its ingredients, to be especially applicable to the case in hand, I resolved to try it without delay. The caustic collodion is composed of

Deuto-chloride of mercury, 4 parts.
Collodion,..... 30 parts.

The solution is applied with a fine camel's hair brush ; the eschar produced is solid, one or two lines in thickness, and separates in from three to six days. It acts quickly, is easily applied, gives but little pain, and its effects are readily controlled.

From the positive assurance of Dr. Macke, in the paper above alluded to, that there was no danger of any poisonous effects, I applied the caustic collodion to about half the surface covered by the excrescences at one time ; but I was convinced, by the constitutional disturbance which followed, that it would have been better to have limited the application to a smaller space—a space, at any rate, not larger than the size of a silver half-dollar. The symptoms were evidently those of corrosive sublimate—internal burning pains, coldness of the surface, vomitings, &c.

After the first application, I proceeded more cautiously; and at each subsequent application, I put the solution on a space of about the size of a quarter of a dollar (which produced none of the constitutional effects above noticed), and continued to select a new spot of about the same size every third or fourth day, until the whole of the diseased surface had been painted over. After the separation of the eschars from the portion to which the caustic was consecutively applied, it was necessary to re-apply it, and in some places to repeat the application several times, before the morbid tendency to produce vegetations could be overcome. But, finally, the diseased action gave place to healthy granulation, and the parts were restored to their normal condition.

The patient afterwards married, and has since borne two living children, fifteen months apart, both females; but neither of the children lived beyond six weeks, both were feeble from their birth, and died apparently from the dyscrasia inherited from their mother, although her health seems to be very good.

Within the last two or three years, I have several times successfully removed *naevi* from the faces of young children with caustic collodion. In such cases, the application should carefully be confined to the part intended to be acted upon.

A medical friend, to whom I related my experience with the caustic collodion, has since applied it in a case of hæmorrhoids with the most complete success; but of what particular variety of the disease, I do not know. [A much more successful mode of treatment in the above case would have been found in the higher attenuations of *Thuja* and *Nitric Acid*, repeated at very long intervals.—ED.]

Orthodox Medicine afloat on the Gulf Stream of Progress.

As mariners on the ocean find it necessary to make occasional observations on the prevailing winds and currents, so the pilots of the old ship of Hippocratic medicine often take anew their longitude, and re-estimate the ship's velocity, the proximity to land, or to unknown rocks not laid down upon the charts. The annual orations thrown off at the opening of college sessions and the anniversaries of learned societies, are sent forth as official proclamations, or as nautical almanacs for the guidance of younger navigators. In commencing a new year, it is proper for us to take a transient glance at one or two of these productions for the year 1860. The most significant feature they present is the attitude assumed by the old school of medicine towards homœopathy. No one professes to have tried homœopathic remedies in the treatment of disease, and to have found them inefficient or injurious; no one has condescended to bring the Hahnemannian doctrines to the test of experiment. They decline to experiment upon the effects of medicinal agents on persons in health; but spend time enough in disputing the veracity of those who have experimented on healthy as well as diseased subjects.

Professor Dunglison, in his introductory lecture at the Jefferson Medical College, finds so many *symptoms* reported in the "provings" of homœopathsists, and referred by them to the operation of medicinal agents—so many "so-called facts," which have never occurred under his own observation—that he doubts the accuracy of this new sect of observers; and he can only refer these facts, that come up "in such a questionable shape," to "faulty observation or to positive deception." He does not say that he has ever *tested the accuracy of any of these provings* by positive observations of his own; but he informs us that he has *looked into two books*, one of which was published by a homœopathic society in London, and the other by a homœopathist in this country, and designed for domestic use. He finds in them both some remarkable assertions which have never been verified by his own observations. He concludes, therefore, that the observers of such "so-called facts" did not see well, or that they were influenced by dishonest motives, and intended to deceive. It seems to Professor Dunglison entirely incredible that a person poisoned by arsenic should be the subject of a "delusion of thieves being in the house;" or that another, under the influence of stramonium, should imagine that he saw "rabbits" where there were none. We cannot see how a physician who had witnessed much of the operation of stramonium, could think it necessary to dispute the veracity of the observer who faithfully details the precise symptoms he has seen produced by it. I once treated a boy that had taken an overdose of stramonium, whose mind was much occupied by ludicrous phantasies; and among others, there was a very distinct vision of "a negro boy with a gun." Such observations may not be worth much to men who cannot read their significance, and do not know what use to make of them; but the homœopathist, by putting together the whole *ensemble* of symptoms caused by this agent, can employ it in curing *similar* illusions arising from other causes. In one case, I employed it to dispel from the mind of a lady a vision of a man peculiarly dressed, who haunted her night dreams and kept her in perpetual terror. Now, in this case there was neither the illusion of the "rabbit" or the "negro boy;" but we all know that a vast number of *similar fancies* are within the range of this poison. The psychological powers of stramonium, belladonna, hyoscyamus, and many other remedies, are constantly employed by homœopathists; and their success is continually enlarging their field of operations and extending their influence among the people.

But no reports of accurate observations, or cases successfully treated, will be satisfactory to men who ignore the existence of the Hahnemannian law of cure and gainsay the efficacy of attenuated remedies. We know they will not accept *our* testimony; we will, therefore, avail ourselves of some of the information recently furnished by these *allopathic leaders*.

Professor Dunglison says he can only "smile at the absurdity" of the assertions of homœopathic provers, and that he "cannot doubt the

fallacy" of their "reputed experience." He is surprised to see their "so-called facts" "brought forward with an imposing array of authorities, and sanctioned by a society which must reckon among its members a number of well-educated, and, on other subjects, rational observers and thinkers."

But here follows an admission that homœopathists have indeed made important reforms in medicine, in spite of all the opposition they have encountered.

"To the followers of Hahnemann, great influence has been ascribed in aiding in the abandonment by the profession of those heroic and perturbing means and appliances which were formerly so generally, and at times so injuriously, had recourse to in many maladies; and the recovery of the sick under what has been termed their 'marvelous exiguity of doses,' may certainly have tended to the more rational therapeutics which now prevails." But it will not be safe to acknowledge that homœopathy has done much. Nature is omnipotent, and must have done the work alone: "The main results," says Professor D., "have undoubtedly been owing to a better appreciation on the part of the physician of the play of those instinctive actions of which we have perpetual evidences in the maintenance and preservation of the animal economy, and in the removal, by the natural powers, of morbid conditions, when within certain limits."

This is the only concession that orthodox regular medicine can make,—a simple confession that old-school physicians have hitherto been giving too much, doing too much, perturbing and reducing too much; that nature, having been, in the words of Dr. Rush, "turned out of doors like a cat making a noise," has been politely invited to come in again; and, under the influence of more good nursing by old dame Nature, and more patience, faith, hope, and "expectation" on the part of the doctors, humanity, which has been for a long time in a very bad way, is a "little better." There is no acknowledgment that homœopathy has ever directly done any good. Humanity is only better because regular medicine is annually doing less harm. Fortunately for humanity, that doctrine is becoming the predominant faith of the medical world. Those who accept it are on the road to homœopathy. Their influence will point others to it, if they are too obstinate to go themselves.

A new impetus was given to this now fashionable skepticism in allopathic medicine by the orator of the Massachusetts State Medical Society, Dr. Oliver Wendell Holmes, of Boston, at the annual meeting of 1860. Dr. Holmes says that "the *presumption* in disease is always *against* the use of medicine. The medicine—that is, the noxious agent—like a blister, a seton, an emetic, or a cathartic, should always be *presumed to be hurtful*. It is always *directly* hurtful; it may sometimes be indirectly beneficial." He says, "the presumption is that every noxious agent, including medicines proper, which hurts a well man, hurts a sick one." He thinks his chance of

recovery better under good nursing and homœopathy, than under allopathy or Hippocrates. "Causes, causes, and again, CAUSES: more and more must we fall back upon these as the chief objects of our attention. The one prevailing failing of the medical art is to neglect the causes and quarrel with the effects." The best proof that the community is over-dosed is declared to be, "that no families take so little medicine as those of the doctors, except those of the apothecaries; and that old practitioners are more sparing of medicines than young ones." That this is true may be easily proved. Sir James Clark, physician to the Queen of England, writing a few months ago to Dr. James Jackson, of Boston, said, "as a wise physician advances in age, he generally, I think, places less confidence in the ordinary medical treatment than he did, not only during his early, but even in the middle period of his professional life."

This is sufficient to show that the medical counsellor of the queen is a sensible man; and the queen herself showed some discretion and firmness in selecting him at an early period of her life. On her accession to the throne, in 1837, the ministry (including Lords Melbourne, John Russell, and Palmerston), presented her with a list of physicians, headed by the name of Sir Henry Hallford, who had held the post of chief physician to three successive kings. The queen said, "Sir James Clark is my physician." His name was then added to the list. "But," said the queen, "my physician must come first." His name was placed first; and more than twenty years after, she continued to rely upon Sir James Clark for herself, though she adopted homœopathy in the treatment of her children. One of them has recently visited our country, and has established by his presence an electric bond of sympathy between his people and ours, more strong and enduring than the metallic wires of the Atlantic telegraph.

If we had room to extend our research, we should find everywhere that the wisest and ablest men in the allopathic ranks are gradually drifting away from the extreme doctrines that they advocated a few years ago. Professor Holmes is impatient to reach at once the distant shore to which the "current of medicine" is driving the floating ship. "If," says he, "the whole *materia medica*, as now used, were emptied into the middle of the Atlantic, it would be all the better for mankind, and all the worse for the fishes." This declaration, coming from a professor holding a high position in one of the oldest and most respectable medical colleges, and addressed to the four hundred physicians of the State Medical Society, convened in the Athens of America, has created a sensation that is still felt throughout the whole medical fraternity, of every school. We have sought among the criticisms and discussions called forth by this celebrated address for the *prevailing sentiment* of the profession on the now much agitated question of "MEDICATION OR NO MEDICATION." There are some "*counter currents*" as well as "*currents*" in this stormy ocean; but the *general* course of the gulf stream is unmis-

takable. There is a general admission that homœopathy is gaining rapidly in the public mind. No man in the whole allopathic army dares admit that there is anything in it of power for *good*; but their leaders are compelled to admit that it has in some way lessened human suffering. What new position can they take? Only retreat to the next fence or breastwork, and make a bold stand there. "Acknowledge that we have been too rash, and stood too forward; that homœopaths do in many things better than we do. They succeed, not by strong and efficient measures, but by *doing nothing at all*. At this point, we may confess that the homœopaths have the advantage, for they can pretend to be *doing something*, where we have to confess that we are patiently waiting on madame Nature to do every thing." "The outside pressure," says Dr. Holmes, "is immense" upon the physician, "tending to force him to *active treatment* of some kind." "Homœopathy, that greatest masterpiece of quackery, meets this demand. It could not stand a moment in the public favor if it did not. The reason that homœopathy has a stronger hold upon the community than other forms of quackery, is simply because, while it caters to the popular taste by a *show of powerful medication*, it does no *positive harm*, and leaves Nature to work the cure alone."

The *American Journal of Medical Sciences* (Phila., Oct. 1860, p. 468), in a long review of Dr. Holmes's address, sustains its general doctrines in the following language: "We verily believe that, if at this moment some spell should come over the whole face of society, which should forbid the swallowing of any medicinal article, and consign all the sick to good nursing alone, the bills of mortality in all Christendom would be at once lessened; for the disastrous results which come both from the indiscriminate medication of abounding quackery, and from the routine practice of some in the profession, more than counterbalance the good results of the discriminating medication of judicious physicians. And it might be all the better for some if this spell produced a belief in homœopathy. For this, while no medicine is taken, would quiet the agitated nerves of those who would be full of fears because nothing is done; and thus nature might more effectually do her work of cure."

We need not extend our quotations to prove that orthodox medicine is afloat on the gulf stream of PROGRESS, and is drifting away from the torrid zone of excessive medication to a more temperate latitude. Here we are content to leave the subject for the present: while this *trade wind* blows, we have no object in exciting any "counter currents." The influence of the authors we have referred to, added to that of Forbes, Bigelow, and others, is gradually preparing the way for a very extensive reform in practical medicine. Let the abuses of *over-medication* be fairly exposed: let candid and conscientious physicians test the merits of the *expectant practice*, and become well acquainted with the *vis medicatrix nature*: let them learn what *nature can do* in ordinary acute as well as in chronic

diseases; and they will soon find that *active medication* is necessary still. Men, thus enlightened, will be qualified to judge of the efficacy of homœopathic remedies, when the "outside pressure" shall demand imperiously that *something be done*. Those who have the courage to try the powers of the scorned "dilutions and attenuations" of homœopathy, will then be qualified to estimate their value. *Over medication* has been weighed in the balance, and condemned most loudly by the men who have tried it longest. *Expectant non-medication* has generally been trusted too far for the interest of the patient, before the physician is called. Public sentiment everywhere demands something better than either. The enquirer after truth, who really desires to find a system that possesses all the efficient powers of the one, as well as the innocence and safety of the other, will not hereafter rest on the opinions of learned professors. He will test the efficacy of homœopathic remedies in actual practice; and he will become convinced that his medical education is incomplete, so long as he is not fully acquainted with the practical application of the *Hahnemannian law of cure*.

Obituary.

N. H. WARNER, M.D., of Buffalo, N. Y.

The melancholy task of announcing to the profession and the public the death of our esteemed colleague in the editorship of this Journal, has already been performed by his personal friends and the public press of his own city. It only remains for us to perpetuate in our pages a few facts relating to his history, and our own estimate of his high professional character and moral worth.

Dr. Warner was born in Plymouth, Connecticut, January 24th, 1808. After studying medicine in New Haven, he attended the medical department of Yale College, where he graduated in 1831. He soon after commenced practice in the village of Van Dusenville, Massachusetts, where he was actively engaged till 1836. At that time, the rapid improvement and progress of the Lake Country attracted his attention, and he was induced to seek for a wider professional field in the flourishing city of Buffalo. Here, a new career was commenced; and he soon became known as a highly intelligent and successful practitioner. But his mind was not of that cast to work quietly within the traces that hold smaller men in the dusty track of orthodox medicine. He made many venturesome excursions into the forbidden paths of new doctrines, and in the course of several years held many controversies with rival physicians on questions of practice. As soon as his avowal of heretical principles became known, he was arraigned before the Erie County Medical Society, on the charge of irregularity in practice, and expelled. He now found the largest liberty for the investigation of every subject that his inquisitive mind could bring within its range, and found his practice increasing under the pressure of that stern form of persecution that is always poured out upon a man who ventures to adopt a new scientific creed.

After passing some years in undergoing that transition process, during the progress of which the explorer of new seas does not always know his own exact longitude, Dr. Warner found himself calmly drifting into the clear waters of homeopathy. In the beginning of 1844, he commenced experimenting on the powers of attenuated medicines, in accordance with the principles of Hahnemann. In the course of the year, he publicly raised the flag of *similia similibus curantur*; and from this time forward, he was never known to waver in his faith, or to recede from the strong position he had assumed. He found himself in his true position before the public, in proclaiming a new system of medical practice, of which scarcely any thing had ever before been heard in that part of the State, and in testing its truth and value at the bedside, in the presence of talented and prejudiced professional rivals.

His personal popularity was extended by the boldness with which he assailed the old theories, and the practice based upon them; and his increasing success was sufficient to establish in the public mind in western New-York a high degree of confidence in the man, and also in the system of practice he advocated.

In 1849, Asiatic cholera swept the cities of the Atlantic coast and the northern lakes, and furnished him a fair opportunity to test the powers of homœopathy in the treatment of the most fearful and destructive of modern epidemics. Dr. Warner was one of the first in that part of the lake country to meet the emergency of the time; and his success sustained his own reputation, and proved that homœopathic treatment was far superior to every other mode of practice. At this time, his labors were of a very arduous character. He was not content to treat a few patients, and take good care of his own health at the same time. Forgetting his own health, he looked only to the highest attainable success in the treatment of others; and, supported by that moral heroism which sets pestilence and death at defiance, he bravely sustained the homœopathic banner through a campaign of extreme fatigue and danger.

When the epidemic had disappeared, Dr. Warner had time to attend to his own health, and found it already seriously impaired. In the autumn of that year, he was first warned of the approach of threatening pulmonary disease, and had the first attack of hæmorrhage from the lungs, by which he was completely prostrated. He relinquished practice for several months, and perhaps never recovered his former strength. On the reappearance however of Cholera in Buffalo, in the summer of 1853, his physical and mental activities were again called into active requisition, and for a few months he kept up a laborious practice; but he was again assailed by repeated attacks of pulmonary hæmorrhage, which compelled him to abandon business, and spend many months in recovering his strength on the sea-shore. The summer of 1854 was again spent in practice in Buffalo; but he could no longer endure the fatigues of former years. For two years, he continued his efforts to subdue the threatening enemy; but in the autumn of 1856 he found himself the subject of diabetes mellitus, and from that time he never recovered his former strength, but slowly and steadily sunk under the wasting powers of disease. When his co-operation in the establishment of this Journal was solicited, he heartily enlisted in the undertaking; but his vital powers were too soon exhausted, and he died June 24th, 1860.

Materia Medica and Toxicology.

FRAGMENTS BY J. S. DOUGLAS, M. D., OF MILWAUKEE.

Continued from page 806, of Volume I.

Fragment 4.

Pereira, in his dissertation on *nux vomica*, exhibits a curious specimen of scientific reasoning.

In the pathogenesis which he furnishes of this drug, are the following items: In *very small* and repeated doses, it is a tonic, and promotes the appetite and assists digestion. In somewhat *larger* doses, the stomach becomes *disordered*, and the appetite *impaired*. In the second degree, the effects manifest themselves by a disordered state of the muscular system, a feeling of weight and weakness of the limbs, and increased sensibility to external impressions. The limbs tremble, and a slight rigidity or stiffness is felt, and there is difficulty of standing or walking without staggering. If its use is continued, these effects increase, and the voluntary muscles are thrown into a *convulsed* state.

After giving these pathogenetic symptoms, he recommends its use in the following affections: First of all, in paralysis, as the disease to which *nux* is pre-eminently adapted, and in which it is more successfully employed than any other. He claims that its use in this affection (for a rarity) is not the result of chance, but of scientific deduction, since its use in paralyzed muscles is legitimately inferred from its observed stimulating effect upon the muscular system; and this stimulation is clearly indicated, when the natural stimulus of the nervous power is withdrawn, as in paralysis. This is claimed to be in accordance with the (scientific) doctrine of *contraria contrariis curantur*. But the baseless character of this claim will be apparent when we reflect that paralysis is one of the effects—the extreme effect—of *nux*. It is the result of the utter exhaustion of the nervous power succeeding the tremendous stimulation of the drug. This Pereira acknowledges when he says that “death seems to arise from excessive exhaustion of the nervous power.” This utter exhaustion or paralysis, then, is as much an effect of *nux* as the previous stimulations and convulsions, and its use in the one is as legitimate a deduction from the law of *similia* as the other. It certainly affords no support to the doctrine of *contraria*. But the claim appears ridiculous in view of the proof he himself furnishes in support of the opposite

doctrine of *similia*, for he proceeds to recommend it in the *tremor* or shaking of the muscles produced by habitual intoxication, and gives an example of its efficacy. He adds, that chorea has been benefited by it. How does the *contraria* doctrine look by the side of these admissions, since, by his own showing, tremor of the limbs and convulsions are among the prominent symptoms of the drug? He admits that it has been used in tetanus, without aggravation of the symptoms. He even acknowledges that several cases of epilepsy have been relieved by it, though he is rather inclined to doubt it, after all—simply on the ground that it ought to act very differently. It is a pity that nature is so stubborn as to refuse to conform her phenomena to such beautiful theories. She is naughty—very. But our author further states that nux is beneficial in hypochondria, hysteria, neuralgia, dyspepsia, and pyrosis, depending upon functional disorder of the stomach in gastrodynia, dysentery, prolapsus recti, and impotence: and adds, that it has occasionally been beneficial in intermittent fever and worms.

Placing his own very imperfect and partial pathogenesis by the side of the diseases in which he recommends the use of this drug, how does his favorite doctrine look? But how utterly is it annihilated, in view of a full pathogenesis, in which is presented the *similia* of almost every affection for which he prescribes it! What triumphant proof does this drug furnish of the truth of the homœopathic law! Is it not strange that a really learned author should eagerly seize upon such an example to bolster up an exploded error and oppose a great truth? Will not such a treatise be regarded by the next generation as a “curiosity of the” medical “literature” of their predecessors? But no more obvious truism was ever uttered than that of Rev. Dr. Hunter, in one of his sacred biographies, that “it is hard to lodge an obnoxious truth in a mind armed with prejudice.”

Fragment 5.

It must appear to the reflecting homœopath impossible that learned and intelligent professional men of the old dispensation should candidly look at, and reflect upon, a mass of well-known and acknowledged facts—facts furnished by themselves even—and still remain incredulous, and maintain their hostility to the evident truth of the law of *similia*. If such men allowed themselves to think, such a drug as bals. copaiva must prove (at least) an inextricable puzzle. We confine ourselves entirely to the data furnished by the confessedly learned and highly intelligent authors of the *Am. Dispensatory*, Messrs. Wood and Bache.

According to these high authorities, this drug is greatly stimulating, diuretic, laxative, and, in large doses, actively purgative. It produces a sense of heat in the throat and stomach, and extends an *irritant* action not only through the alimentary canal, but also to the

urinary passages, and, in fact, to *all the mucous membranes*, to which it seems to have a strong affinity. Repudiating (as these gentlemen are understood to do) the doctrine of *similia*, and prescribing on the principle of *contraria*, they must, of course, consider this drug contra-indicated in all *irritations of mucous membranes*, as any sanction of its use in these affections must be on the principle of *similia*.

But not so. Apparently unconscious of the argument it furnishes, after giving this pathogenesis, they immediately proceed to recommend it as a most efficient remedy in a large number of diseases of mucous membranes, characterized by irritation, and presenting the complete *similia* of its pathogenetic symptoms, viz.: leucorrhœa, gleet, dysentery, bronchial inflammation, but above all, in every stage of gonorrhœa.

Strange, gentlemen, (there being no truth in Hahnemann's doctrine of *similia*) that a drug should be chiefly characterized by producing irritations of mucous membranes, and at the same time be almost exclusively appropriated to the cure of irritations of mucous membranes! Is it to be supposed that learned gentlemen of the old dispensation look at, and reflect upon, such facts? Or is it true now, as it was in the olden time, that there are men who, in relation to certain great and vital truths, "having eyes, see not, and having ears, hear not, neither understand"?

We suppose Pereira would solve the problem by the inference that bals. copaiva seems to "exert *some specific influence*" on mucous membranes!

Hyosciamus furnishes further subject for reflection. According to the highest authorities (allopathic), the properties of this drug are anodyne, soporific, and anti-spasmodic. By the same authorities, wakefulness, delirium, and spasms, are among its admitted effects. Strange feats, these, of an anodyne, soporific, and anti-spasmodic!

Again. It is prescribed by these authorities to procure sleep, though it produces wakefulness; to cure spasmodic affections, though it causes spasms; to allay nervous irritability, though it produces high excitement of the nervous system and brain, even to delirium and convulsions. It doubtless exerts "*some specific influence*" over the nervous system.

Fragment 6.

Conium maculatum is strongly suggestive; especially of two thoughts.

1st. The endless contradictions and vacillations of opinion that inevitably result from the methods hitherto employed of investigating the properties of drugs, and the utter impossibility of ever arriving at a knowledge of their properties by those methods. The medical profession have had *conium* under observation and experiment since Athens was in its glory, at least. If it were possible to acquire a correct knowledge of any drug, in any conceivable period of time, by

the methods employed, there should certainly be a correct knowledge of this.

But let us look at its history, and we shall see that no approximation to it has been realized. One of the most ancient accounts of it is, that it produces obliteration of the mental faculties, dimness of sight, giddiness and staggering, coldness of the limbs, and death by asphyxia. The opinion was very anciently entertained, too, that it possessed the power of discussing tumors, and exerted a peculiar influence on the mammæ and testicles. This latter opinion prevailed extensively, and for a long period. Dioscorides says: "It extinguishes the milk, and prevents the development of the mammæ in virgins, and moreover causes the wasting of the testicles in boys." Pliny tells the same story, with the addition, that "it reduces all tumors." The Arabians entertained the same views. Avicena commends it for tumors in these glands. Aræteus and others prescribed it to depress the sexual instinct; and Pliny says it cures tumors, abscesses, and ulcers, of a bad character, and relieves pain. Four hundred years ago, it was recommended by the most illustrious physicians of the time (among whom were Etmuller and Paré), for glandular swellings, indurated, scirrhus and carcinomatous tumors, lupus, &c. Others added, at a later period, to its curative sphere, enlargements of the liver, spleen and pancreas, scald head, tetters, and suppressed itch. But *coniium*, unfortunately, did not cure everything, and therefore, like many other drugs, fell into disrepute, and its use was nearly discontinued.

But Störck, in the last century, believing that all the former experience of the profession could not be entirely deceptive, undertook its reëxamination. By the report of his experiments, he brought it again into high favor. This report contained the cure of scirrhus of the parotid gland, which had resisted all other treatment; cancerous ulceration of the breast; scirrhus of the breast; cancer, extending from the corner of the mouth to the ear; tumor of the breast, from contusion; enormous induration of the breast, with short breathing and cough; open scirrhus of the neck; scirrhus of the sub-lingual glands and of the testicles; very extensive fistulous ulcers of the neck; abdominal tumors, cataract, &c. In two subsequent reports, there were large additions to this catalogue; as scirrhus tubercles of the vagina, with acrid leucorrhœa; horrible ulcer on the face, that had resisted all treatment; acrid leucorrhœa of ten years standing; tetter, asthma, scurvy, amenorrhœa, epilepsy, &c., &c. It enlisted in its defence the most illustrious names of that period, among whom were Fred. Hoffman, Cullen, Hufeland, Hallé, Recamier, &c., &c., who not only confirmed the experience of Störck, but reported a host of new cures of ophthalmia, hæmeralopia, dropsy, rickets, piles, nasal polypus, vomiting, neuralgia, deafness, gout, chronic cystitis, &c., &c. For many years, confirmations were accumulated of its curative powers, by the most learned and acute observers of the time. And

then its reputation began to wane; and since these triumphs were achieved by *conium* over such a formidable array of diseases, for want of the guiding star of a pure pathogenesis and a therapeutic law, it has been steadily passing again into obscurity. European writers of a few years past are in a perfect fog in regard to its real properties. Christison is so convinced of the ignorance of the profession in respect to it, that he expresses himself thus: "If physicians would acquire definite information with respect to the physiological effects of this plant, in medicinal doses, they must begin the inquiry anew. But little importance can be attached to anything already done in this field."

Pereira says: "In the present state of uncertainty with respect to the real physiological effects of hemlock, it is obviously impossible to lay down indications or contra-indications for its use which can be much relied on."

With the characteristic desire to reduce everything to a classification, he reduces all the properties of *conium* to two.

1st. A resolvent or discutient, and alterative.

2d. Antispasmodic and anodyne.

Under the first head, he acknowledges that it has reduced glandular enlargements; and that in foul ulcers, the discharge has been greatly improved, and the spread of the ulcer arrested. But, further on, he expresses a doubt about any such effect being produced. He says: "But so frequently has this power failed to manifest itself—especially in those cases where it was most desired—that a very proper doubt has prevailed among practitioners of the present day whether it really exists." "That it has some influence of the kind referred to, I confess I do not doubt; but it has been greatly exaggerated, and thereby much unmerited discredit has been brought on the remedy—for practitioners, finding that it could not do all that was attributed to it, have frequently dismissed it as altogether useless."

As an antispasmodic, he thinks it of doubtful efficacy, though it may be sometimes useful as a palliative. To illustrate its uncertainty, he adduces a case in which it was given to a man with tetanus, at first twenty minims every hour, increased in three days to two drachms every fifteen minutes, until he had taken *two pints*; but without any visible effect on the disease, and the patient died! and this notwithstanding he took, besides, laudanum and morphia! This certainly was conclusive evidence of its curative inefficacy—when given by the quart!

In a case of chorea, it failed also to effect a cure, in the quantity of three ounces in twelve hours. It is worthy of note, that a few drops of the same tincture killed a *cat* in four minutes. It is singular that the patients did not recover!

These cases remind us of a notorious quack of Oneida County, New-York, some eighteen or twenty years ago, whom some of the

readers of the *Journal* will remember. A lady took quarters in his neighborhood, to be under his care; but not improving for several weeks, began to get uneasy. The doctor quieted her by the assurance that he could cure her as quickly as he chose, and was curing her as fast as was compatible with her safety; that having been out of health a good while, it would not be safe to restore her suddenly to perfect health—she could not bear so great and sudden a change. This quieted her a while; but as weeks were passed without improvement, she again became restless, and talked of leaving. The doctor grew indignant at her want of understanding. "Madam," said he (he could use rough language on occasions), "I have told you that I am curing you as fast as is safe; but if you will run the risk, I will cure you faster. Only say the word, and I will cure you in twenty-four hours; but I must tell you that it will kill you as dead as the d—!"

Those who administered the above doses of *Conium* were less conscientious, or less imbued with a salutary caution. They cured their patient so quickly that they killed him—an event of not unfrequent occurrence.

But to return to the history of *Conium*. When we come to our own immediate time and country, and consult Wood and Bache, we find this potent drug, with all its once boasted curative powers, dwindled down into a mere palliative, and of doubtful virtue at that. They speak of it as though they did not think it capable of *curing* any thing; though they say that Doctor Gibson speaks highly of it in *goitre*.

The grand result, then, is that, in the progress of investigation by the medical world of the therapeutic properties of *Conium* for a series of ages, what little knowledge was once possessed of it has been lost, and at present nothing whatever is really known of its curative powers. Splendid result of learned toil! How long will it take, at the same rate of progress, to acquire full and accurate information respecting it?

Gentlemen, when you see and acknowledge your own utter failure in this line of research, will you not be persuaded to devote an hour to the study of a homœopathic pathogenesis which embodies the accurate results of the only scientific or successful method of investigation, and where you will find what you have been vainly seeking for more than two thousand years?

The great and magnanimous Hufeland did not hesitate to acknowledge the debt of gratitude due to Hahnemann for the boon of a true pathogenesis of drugs which he had conferred upon the world—and why should you hesitate to avail yourselves of it?

PATHOGENETIC CHARACTERISTICS OF DRUGS.

BY J. S. DOUGLAS, M. D., OF MILWAUKEE.

Continued from page 810, of Vol. 1.

Bovista.

BEATING in the head, as if there were an abscess there, attended with a sensation of wild confusion; the beating is excited by cold air, particularly early in the morning, or only in the right side. Beating in a small spot on the left side; itching in the hairy scalp, particularly when getting warm in bed, obliging one to scratch until the parts bleed, but not removed by scratching, particularly early in the morning. Pimples or reddish vesicles on the hairy scalp, with itching; painful blister on the temple; itching suppurating blister on the forehead; objects seem too near the eye.

Soreness and redness of the septum narium; scurf and crusts about the nostrils; scurfy pustules under the nose.

Sensation as if the inner mouth were numb (pithy) and crisp early in the morning on waking, sometimes with dryness of the throat, and bitter slimy taste. Great dryness of the mouth, as if sand were in it; burning in the tip of the tongue, and numbness of the posterior portion early in the morning on waking; deep ulcer in the right border of the tongue, painful like a sore; stuttering, especially when reading, with inability to pronounce several words rapidly.

Cold feeling in the stomach, as if a lump of ice were lodged there. Coldness moving about in the abdomen.

The urine is yellow-green, becomes turbid; bright yellow, with slowly-forming cloud; turbid, like loam-water, with violet sediment.

Leucorrhœa after the catamenia; while walking, thick, slimy, tenacious, like the white of an egg; yellow-green, acrid, corrosive leucorrhœa.

Branca ursina.

Excessive oily exudation from the head. The hair on the head crimps.

Bromine.

Malignant scald head.

Loud emissions of flatulence from the vagina.

It has a peculiar action on the respiratory organs. Curative.—A dyspnoea of ten years standing, in a girl of sixteen years, which had remained after measles, and was so violent that the girl was sometimes not able to walk fast or go up-stairs without feeling very much exhausted, disappeared after taking five doses of *bromine*. 30^o, of five pellets each.

It is one of the few drugs that produce an exudation of the croupous false membrane upon the mucous membrane of the air passages.

Bryonia.

The peculiarities of *bryonia* are manifest rather in its larger groups of symptoms than in its individual ones. Its individual peculiarities are few. We may mention, burning in the right half of the chest; coldness in the right side of the body; oily sweat day and night; the hair is very greasy (see *branca*). Chirping in the head, as of grasshoppers (see also *carbo vegetabilis*). Flat, insipid, sweetish, sickly, disgusting taste.

Caladium seguinum.

The distinguishing characteristics of this drug are manifested in its action upon the genital organs and skin.

The sexual organs are bloated, relaxed, and sweaty. Corrosive pains of the prepuce; swelling of the prepuce; the border is swollen, with smarting during micturition; red dry glans, dotted with fine points, which are still redder; painful erections, without sexual desire, alternating with sexual desire, with relaxed penis; impotence; the penis remains relaxed, even when excited; imperfect erection, and premature ejaculation of semen; feeling of coldness, and cold sweat of the sexual organs.

Frequent attacks of violent and corrosive burning in small places of the skin on the cheek, nose, toes, and other places, at night, obliging him to rub. Mosquito bites are much more painful after taking the drug; the itching and burning are worse. Rash on the inner side of the fore-arms; hard light-red pimples, itching and burning; the disappearance of that eruption is succeeded by violent oppression of the chest, preventing the breathing, with a sensation as if the phlegm would choke him, but without the least anguish. A similar eruption is seen on the chest for four weeks, alternating likewise with asthma, and other chest affections.

Calcarea carbonica.

He is roused from sleep every morning at five o'clock, by a violent aching pain of the vertex, which goes off after an hour. Throbbing headache in the middle of the brain every morning, lasting all day.

Long-sightedness; snapping, as of sparks from an electric machine, in the occiput and in the ears.

The uvula is dark red, and covered with blisters; everything tastes as if it had not salt enough; irresistible sleep after dinner (in common with *phosphorus*); spasmodic constriction of the œsophagus (*bryonia*), painful sense of constriction of the œsophagus.

(*Alumina*: spasmodic pressure in the middle of the chest, as if the œsophagus were contracted or compressed, especially when swallowing; tightness from the pharynx down to the stomach, as if the food could not pass.)

Sensation as if the food had lodged in the œsophagus ; taste as of iron and of ink.

Pressure in the vertex and forehead, with irresistible sleepiness after dinner, and cold feet.

Evacuations of the smell of rotten eggs (in common with *chamomilla*). Pain in the rectum, as if it was torn open during a soft evacuation ; grape-like eruptions around the anus, inflamed, burning, and painful.

Dark urine, without sediment ; fetid, dark-brown urine, with white sediment.

Discharge of bloody water from the uterus in an old woman, with pain in the back, as though the menses were coming on.

Frequent chewing in sleep, and then swallowing ; great desire to be magnetized.

Black hard stool. (Several drugs produce dark stools, but not hard also.)

White stools, streaked with blood, with despondency, and pain in the liver when drawing a breath ; burning in the rectum after stool.

During the menses, rush of blood to the head, and heat of the face.

Dyspnœa, with tightness of the chest, with stitches in the chest, anguish and tight feeling in the lower part of the chest ; tightness and anxiety, as if the chest was too narrow ; spasmodic contraction in the precordial region, checking the breath, followed by violent shocks ; stitches in the heart, leaving an aching pain ; pain in the small of the back, one is hardly able to rise ; the spinal column feels painful when bent backwards ; pain as if bruised in the back and chest ; pain as if sprained in the small of the back. (These last symptoms have their analogues in other drugs.)

Calcarea caustica.

Sensation in the pharynx, as if a splinter were sticking in it. (*Argentum nitricum* : sore throat, when swallowing, as if swollen, or as if a splinter were sticking in the throat.)

Calcarea phosphorica.

Violent pains in the stomach, with great debility, headache, and diarrhœa ; the pains are excited by introducing the least morsel of food into the stomach.

Violent pain in the small of the back, when making the least bodily effort, sometimes obliging him to scream.

Calendula

Is peculiar in its curative effect upon lacerated wounds and ulcers.

Camphor.

Though the mental and moral symptoms of camphor, and those relating to the nervous system, as a whole, present a peculiar picture,

I am not able to name any insulated symptoms which have not their analogues in other drugs.

Cannabis sativus.

Cold sensations at a small place on various parts of the head, as if a drop of cold water had been dropped on it.

Alternate contraction and dilatation of the pupil in the same light. The cornea becomes opaque, and a pellicle appears on it.

Discharge of watery mucus from the urethra; painless discharge of a clear transparent mucus from the urethra, without erection; closing of the orifice by mucus; swelling of the glans penis—a sort of erection without sensation; coldness of the genital organs, with warmth in the rest of the body (see *sulphur*); the prepuce is dark red, hot, and inflamed (see *sulphur*); smarting, as from excoriation of the margin and inner side of the prepuce; continual burning of the whole prepuce and glans for four days—bathing it in cold water brought on a pain as from excoriation; the skin of the prepuce is covered with bright red spots, the size of a pea; when walking, the penis feels sore and burnt.

Pain in the middle of the back, as if some one were pinching it with pincers, the pain extending gradually toward the abdomen; rheumatic drawing in the periosteum of the long bones, as if they had been bruised by blows, during motion; prickings, as by a thousand needles, gradually over the whole body, at night when in bed and getting into a perspiration, accompanied by great anguish, and a sensation of having hot water repeatedly thrown over him.

Cantharis.

Tearing in the right mastoid process, as if the bone would be torn out.

Inflammation of the tongue, with vesicles.

Inflammation of the liver and diaphragm.

Immovable, firm, hard tumor, directly above the symphysis pubis.

Inflammation of the kidneys; violent, excessive pains of the bladder; gangrene of the mucous coat of the bladder; paralysis of the neck of the bladder; desire to urinate frequent and violent, with scanty discharge with great pain, and often bloody.

Inflammation and mortification of the penis.

Frightful satyriasis, violent priapism, with excessive pains.

Swelling of the neck of the uterus, with burning in the bladder, pain of the abdomen, constant vomiting, and acute fever.

Inflammation of the ovaries (also *apis*.)

Other drugs produce inflammation of the tongue, and others vesicles, but no other both at the same time. Others produce hæmaturia, but none with the excessive burning pain of *cantharis*. Several produce irritation or inflammation of the urinary organs, but none to compare in intensity with this. Many increase the activity of the sexual passion, but none to the frightful extent of *cantharis*.

Capsicum.

All objects appear black.

Pain in the upper part of the fauces between the acts of deglutition, as if the parts were sore, and were being spasmodically drawn together, as in water brash. (I have several times witnessed this symptom in an aggravated, and to the patient alarming, degree, in the victims of the Thompsonian practice, into which *capsicum* enters so largely.)

Coldness of the stomach; sensation as if cold water were in the stomach. (This I have also frequently witnessed under the same treatment. There is a frequent call to heat up with *capsicum*, the stomach is so cold). Colic, cutting and writhing round the umbilicus, with expulsion of a tenacious mucus, sometimes streaked with black blood; every stool is followed by thirst, and every drink by shuddering.

Discharge of fetid mucus by the vagina; coldness of the scrotum, and impotence; dwindling of the testicles and extinction of the sexual instinct, emaciation, falling off of the beard, and weakness of sight.

Coughing or sneezing causes a sudden pain in one or other of the limbs; when coughing, the air from the lungs causes a strange offensive taste of the mouth; a badly-smelling breath rushes out of the lungs.

Cool air, especially a draught of air, becomes very unpleasant; the warmth of the body becomes less and less, and intolerance of a cool temperature greater and greater, under the excessive use of *capsicum*. (This symptom I have several times seen exhibited to a most uncomfortable extent. In the East and West Indies, the natives make very free use of it with impunity, and perhaps with benefit, by diminishing the temperature of the body in a hot climate.) In proportion as the coldness of the body increases, the low-spiritedness and the contraction of the pupils increases.

Carbo animalis.

In the morning, the head is confused, so that he does not know whether he has been sleeping or waking; sense as of splashing in the left hemisphere of the brain when walking fast; pain in the vertex, as if the brain had been torn in pieces, or were open.

Swelling of the nose, with pimples inside and out, forming scurfs, which last a good while; copper-colored eruption in the face.

Taste of manure in the mouth in the morning; soft stool, with mucus, looking like coagulated albumen; a viscid, inodorous humor oozes from the rectum and perineum.

Carbo vegetabilis.

Periodical want of memory; headache, as if the integuments of the head were contracted; the hat presses upon the head as a heavy burden; when taking off the hat, he feels as if a handkerchief were

tied round the head ; creeping in the integuments of the occiput, as if the hairs were in motion.

Rustling in the ears, as of straw, whenever the jaws are moved ; discharge of a thickish, flesh-colored, badly-smelling liquid from the ear ; painful eruption on the upper lip ; the vermilion border is covered with pimples.

The complexion becomes gray-yellow.

Stitch through the rectum from the os coccygis, as if with a hot pin.

Erysipelatous inflammation of the mammæ (see *sulphur*). Cold breath, coldness of the throat, mouth, and teeth.

Anxiety and uneasiness, causing him to tremble all over, as if he had committed a crime, ending in weeping, even before strangers ; painful hiccough in the œsophagus.

Sensation as if the abdomen were hanging down like a weight ; she has to walk bent ; the stools are encircled by a yellowish filamentous mucus, which has an entirely bloody appearance at the latter part of the stool ; abundant discharge of a viscid, musty smelling humor from the rectum at night.

The menstrual blood is thick, corrosive, and has an acrid smell. (See *Sulphur*.)

Violent burning in the chest, as from red-hot coals. Burning in the region of the heart. Palpitation of the heart, *especially when sitting*.

Cascarilla.

Sleep, with clear consciousness.

Castoreum.

Shuddering of single parts,—back, vertex, forehead, elbow, feet.

Causticum.

Excessive sympathy for others. Sensation in the occipital bone as if the parts were numb, pithy, or dead. Pain as if from contusion or bruise at a small place on the vertex, on touching it.

Sensation of tightness and pain at the jaws, rendering it difficult to open the mouth, or to eat. Is unable to separate the jaws without great trouble, with feeling as if the parts below the jaws were tight and swollen.

Constant sensation as if lime were being burnt in the stomach, with a sort of rolling rising of air. Frequent burning rising from the stomach, as if he had eaten pepper. Eructations tasting like almonds, and eructations smelling like musk. Frequent attacks of water-brash, the water tasting *salt*. Pain in both loins, as if surrounded with bands. Evacuations of mucus and bright blood, with knotty, difficult stool, without any trace of varices. Painful spasm of the rectum, which prevents evacuation, or renders it very small, no larger than a goose quill. (See *Nux*.) Bloody stool, with burning soreness of the

rectum. After stool, burning at the anus, subdued pulse, and palpitation. Pressing in the rectum, as if fæces were lodged in it which want to come away. Spasm in the rectum, which rendered walking impossible. Excessive itching of the anus, day and night. (See *Nux* and *Sulphur*.) Soreness and oozing of moisture from the anus. Pain and strong pulsation in the perineum.

The urine deposits a yeasty sediment. (Depositing a red or white sediment like yeast, *kreosote*.) When left standing, the urine becomes turbid and flocculent.

Vesicles under the prepuce, changing to suppurating ulcers. Violent itching about the mammæ, in a nursing female.

The muscles of the larynx refuse to act. In spite of all efforts, he is unable to utter a word. When rubbing the feet a little, they become covered with large blisters. Corroding blisters on the heel. Sensation as if a cold wind were blowing upon the parts between the scapulæ. Sensation as if cold water were running from the clavicle across the chest down to the toes along a narrow line. Sudden shuddering in the face, extending across the chest, or over the back to the knees.

Frequent suffocating fits during an inspiration, as if some one constricted the larynx, producing a momentary arrest of breathing when sitting.

Chamomilla.

The nervous group of symptoms, as a whole, presents a peculiar picture. The following are individual characteristics :

Excessive restlessness; anxious, agonizing tossing about, with tearing pains in the abdomen, followed by dullness of sense and intolerable headache. Fits for some minutes every two or three hours. The child stretches his body, bends backwards, kicks with the feet while carried, screams, and throws off everything. Sensation as if fire and heat came out of the eyes. Wrinkled skin of the nose. Sore throat, with swelling of the parotids. (See *Bell*.)

Frequent discharge of coagulated blood from the uterus, with tearing pains in the veins of the legs and violent labor pains. Cutting colic and drawing in the thighs previous to menstruation. Metrorrhagia, even of old females. A sort of furious labor pains from the small of the back into the thighs.

Urine hot, yellow, with flocculent sediment. Any kind of food tastes like old rancid grease. Flatulent colic. The flatulence moves violently hither and thither, as if the abdominal muscles were on the point of being pierced, with rumbling. The flatulence presses especially towards the abdominal rings, when the colic subsides. Continuous tensive pain in the subcostal region, with tension around the brain.

Hot diarrhœic stools, smelling like rotten eggs. Stool consisting of white mucus, with colic. Inflamed varices, with ulcerated rhagades of the anus.

Sudden swelling of one foot, and of the sole. Weeping and howl-

ing in sleep. He feels excessive anguish when in bed, but none when out of it.

Chelidonium majus.

Ten minutes after the first dose (1 glob. 6^o) profuse emission of foaming, yellow urine, like beer. In half an hour, dull, deep-seated pain in the situation of both kidneys. In four hours, another emission of foaming urine. In six hours, a sort of general numbness, with somnolence. Dull and heavy deep-seated pain in the whole right side of the chest and right shoulder, with embarrassed respiration. About 2 o'clock, P. M., drowsiness so marked, even in the open air, that she was near falling asleep while walking.

Intolerable pain in the heels, as if they had been pinched by too narrow a shoe.

Chenopodium.

Frequent and copious emission of a saturated, yellow, foaming urine, with acrid sensation in the urethra. In the evening, the urine is foaming, brownish-red, depositing a thick, yellowish sediment. (See *Chel.*)

China.

The characteristics of *china* are found more in its groups than in its individual symptoms; especially the groups relating to the nervous system, the liver, the digestive organs, and to fever. But we may enumerate the following individual symptoms: Ill humor, and disposition to hurt other people's feelings. Disobedient, resisting mood. Sudden crying and tossing about, even in a cheerful mood. *Spasmodic* headache in the vertex, with subsequent pain as if bruised in the side of the head. Pain in the head as if the brain were pressed into a ball, with excessive vividness of mind and fancy. Soreness of the brain, as if bruised; particularly while walking in the wind, or making any mental effort. Sensation as if the brain were balancing to and fro, and were striking against the skull, occasioning great pain. (See *Sulph.* and *Sulph. Acid.*) Aggravation of the headache by contact, movement, a current of air, and by stepping. Contractive pain of the scalp, as if the scalp were clutched and drawn together in one point in a circle. *Dry*, violent sneezing.

The lips are dry, parched, wrinkled, and chapped. Blackish lips. The food tastes too salt—leaving, sometimes, a bitter taste. Violent cough *after every meal*. In sleep, snoring, (particularly in children), sometimes with blowing expiration. Distortion of the eyeballs—one eye being open, and the other half-closed. Lying on the back, with the head bent backwards, with the arms crossed over the head. Slow expirations.

Painful weariness of the joints, with pressure as of a load—particularly in the morning, in bed, or when sitting. Pain as if sprained in every joint, in the bones and periosteum, with drawing and tearing—particularly in the small of the back, knees, and thighs. Pithy and numb sensations in particular parts.

Chininum Sulph.

Decrease of the imaginative faculty, with inability to remain standing. Falling in the street. Great heat of the skin, and dryness of the mouth and fauces. Inability to pronounce nouns, and slowness of sense. Delirium as if from intoxication, with humming in the ears. Strong heat over the whole skin, and accelerated pulse. Dull headache, with debility or with numbness. Anguish, and general sweat. Trembling in the limbs, and slow pulse. Violent headache — particularly on the left side, with throbbing of the temporal arteries. Great irritation of the whole body. Paleness of face, violent thirst, nausea, weakness of the feet, with deafness when walking, and occasional sweat over the whole body. Pain in the temple and forehead at noon, increasing gradually till the temporal arteries throb obviously, with heat in the head, tingling in the ears, thirst, copious micturition, anxiety, and great debility.

The urine soon becomes turbid, with slimy flocks, and a clay-colored, greasy sediment. (Fatty sediment, *Asparagus*.)

Phthisis intestinalis, with nausea, gagging, loss of appetite, distension of the abdomen, constant pressure in the umbilical region, constipation, emaciation, hectic fever, and delirium. (*Mercury* produces a similar affection of the intestines.) The fever group of symptoms is characteristic.

NOTICE.

A meeting for the purpose of organizing a STATE HOMŒOPATHIC MEDICAL SOCIETY, will be held at the City Hall, in Albany, on *Wednesday, February 13th, 1861*, at 10 o'clock A.M. Homœopathic Physicians, and *Delegates from County Homœopathic Medical Societies*, are earnestly requested to attend.

L. B. WELLS,	}	<i>Committee.</i>
E. A. MUNGER,		
W. H. WATSON,		
H. M. PAINE,		

CLINTON, Jan. 12, 1861.

THE
United States Journal of Homœopathy.

MAY, 1861.

Original and Translated Papers.

**THE HOMŒOPATHIC LAW:
ITS UNIVERSALITY AND ITS REQUIREMENTS.**

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

(Continued from Vol. I, page 377.)

A PRINCIPLE or law of nature, as revealed to us, is but the united and unanimous voice of a multitude of facts directing our way in advance of individual experience. It is like the mariner's needle, which, always pointing toward the north pole, gives him his course upon seas never plowed by his keel before. It is like a lens, gathering rays of light, and then casting them far out into the darkness before us.

In medicine, the world abounded with facts before the time of Hahnemann; yet their voice, directing the practitioner's way in the selection of remedies, was not heard—or, if heard, not rightly understood. Long did our fathers stumble, as those in the dark, learning to go forward only by occasional gleams of light; and long did they hug the familiar shores of empiricism, afraid to venture beyond the outmost headlands described in their sailing charts. In every case of disease, they could resort only to such measures as they, or some one

before them, had previously employed in a similar case; and when new and wide-wasting epidemics passed over the earth, sweeping to untimely graves millions of the human family, they felt the want of some guide better than their short-sighted clinical experience.

At length, when all human ingenuity had failed, and all experience, to afford any reliable rules of practice, and thick darkness seemed brooding over the medical chaos, "God said, Let there be light, and there was light." When, through the immortal Hahnemann, the long needed light came, fact was seen to agree with fact, and chains of facts with chains of facts, till over all appeared clearly written, as the silent voice of nature—"SIMILIA SIMILIBUS CURANTUR."

Recognising this, not only as a grand truth, but also as a necessary rule or guide, in the selection of remedies, Hahnemann sought to learn its practical requirements. Its terms were—"Give that medicine, or employ that agent, which is capable of producing, in healthy persons, such symptoms or sufferings as characterize the disease to be removed."

In the absence of a materia medica setting forth the symptoms which various medicines were capable of producing in the healthy, it devolved upon him to "prove" those medicines in his own person, and in those of others in health. With a materia medica composed of the results of such provings, and of the most valuable gatherings from the fields of toxicology and clinical experience, he began his new practice—soon, however, to feel that he had not yet learned all the requirements of the law.

Doses such as he had been accustomed to employ empirically, antipathically, or allopathically, he found making too strong an impression, when fully sustaining the homœopathic relationship to a disease. Experience, therefore, led him to divide or lessen his doses. And no sooner had he adopted the smaller doses, than it occurred to him that they would be antidoted or modified in their action by many medicinal articles employed by custom in culinary preparations. He was

therefore led to the prohibition of many things which minister only to pampered appetites.

Thus did Hahnemann proceed, step by step, in the construction of a system of cure under the requirements of the homœopathic law, shaping its rules and arranging its details, not by fancies or by theories, but as demanded by the most exacting necessities.

No man ever had more stupendous systems of error to break down, stronger prejudices to overcome, and more urgent wants to supply, than were presented to Hahnemann as he essayed to heal the sick under the guidance of his law. Nor was ever man better fitted to his task than he. Honest, learned, logical, persevering, and hopeful, he went forward, unfaltering and cheerful, to the accomplishment of his great mission. Truly has Sir John Forbes said: "Hahnemann was undoubtedly a man of genius and a scholar—a man of indefatigable industry, of undaunted energy. In the history of medicine, his name will appear in the same list with those of the greatest systematists and theorists; unsurpassed by few in the originality and ingenuity of his views, and superior to most, in having *substantiated and carried out his doctrines into actual and most extensive practice.*"

To the historian, we leave the further description of the way in which he proceeded to substantiate and carry out his doctrines into such "actual and most extensive practice," while we endeavor to set forth briefly the requirements of his law as laid upon those who, now and hereafter, may attempt the practice of Homœopathia.

THE TRUE SPHERE OF MEDICINE.

Every law governs in its own sphere. As the twenty-four inch guage cannot be employed in determining weight, nor the balances to measure distances, so the homœopathic law refuses to serve in any other sphere than its own—that of *special therapeutics*. In cases demanding mechanical or chemical force, for the support of structure or the removal of foreign

or poisonous matters, and in cases requiring only the measures of enlightened hygiene, this law claims no dominion.

When it is necessary to call into action the vital forces, so as to overcome disease—when to them alone is assigned the labor of accomplishing a cure—then, and never otherwise, does it dictate the remedies to be employed. When, in the language of Martyn Paine, "we forcibly institute those new pathological conditions which are most conducive to the salutary efforts of nature," we must acknowledge its supremacy and obey its requirements, or fail in our attempts to cure.

We must here remark that there is not the shadow of a foundation for the opinion, so common without, and not so very uncommon within, the homœopathic profession, that this law, as advocated by us, clashes with the principles of chemistry, mechanics, or hygiene. As soon might the rules of grammar be said to clash with those of arithmetic, or the principles of pneumatics with those of geology. Nor is there the shadow of a foundation for the charge that, because we regard this law as paramount to all others in special therapeutics, we must believe that, in the use of medicines for disease, no other laws or principles are to be observed; and that, in the practice of the healing art, or in general as well as special therapeutics, we are never to resort to any means but those which it may point out. What we do believe is this: That in its own sphere, as already marked out, there can be no law above, equal, or antagonistic to, that of "Similia"; that in the care of human health, we must, at times, employ mechanical force; that we must often resort to the antidotes for poisons which chemistry furnishes; and that we must always avail ourselves of the benefits of proper food, clothing, air, exercise, and cleanliness; and finally that, in so doing, we must be governed by the laws of mechanics, chemistry, and hygiene, having always a due regard for the peculiar mechanism and movements of the human body. Thus we acknowledge the supremacy of the homœopathic law in its own sphere; not in opposition to, but in harmony with, all the laws in every sphere of our world.

MATERIA MEDICA.

Bearing in mind the terms of the law, "Give that medicine, or employ that agent, which is capable of producing in healthy persons such symptoms or such sufferings as characterize the disease to be removed," we must at once discover the kind of materia medica demanded. Agreeing with that distinguished representative of allopathia, Girtanner, who said "Our materia medica is nothing but a careful collection of fallacious observations, which medical men have made at all times," no argumentation is necessary to convince us of the necessity of a materia medica different from that afforded by the old schools of medicine. Its "observations" were fallacious, from the fact that they were wrongly made. In part, they were the effects of poisonous doses, accidentally taken; in part, the effects of such doses administered to dumb animals; in part, properties attributed to drugs on account of their chemical, botanical, or other resemblance to articles already medicinally employed; but mainly they were the contributions of clinical experience, or the effects of various drugs, as manifested in the persons of the sick.

They cannot answer the requirements of the law, inasmuch as they do not tell us what symptoms or sufferings each medicine is capable of producing in the healthy human organism. To obtain such knowledge, it is necessary not only to listen attentively to the voice of nature, whenever and under whatever circumstances she may speak of drug properties, but also, and more especially, must we *interrogate* her concerning them. Following the course adopted in all other fields of human research, we must arouse from the attitude of simple listeners, and ply our questions and cross-questions, as those anxious to know "the truth, the whole truth, and nothing but the truth."

And these interrogatories can be put to nature only when she is free to speak; or, in other words, our experiments must be conducted with an apparatus of no less fineness and value than the human organism in a state of health. With such an

apparatus, we can elicit, if we proceed properly, all that nature can reveal to us, and all that we need to know, of drug properties. We cannot here—nor is it necessary to our purpose—enter upon a description of the method of experimentation required with the human apparatus. That, we, as well as other writers, have set forth in other places. At present, we can notice only the *kind* of information required by the law "Similia."

(a.) We observe, in the first place, that the range of pathogenic observation must be equal to that of morbidic; or, in other words, that we must endeavor to trace the operations of a medicine as far as we do those of a disease. To show the extent of field surveyed by morbidic observation, we quote from Hippocrates: "The knowledge of disease is to be obtained from the common nature of all things, and from the nature of every individual. * * * We are to consider the customs, the diet, the employment, the age, of every one; the conversations, the manners, the taciturnity, the imaginings, the watchings and the dreams; and how far twitchings, itchings, and tears are concerned. * * * Sweat, cold, shiverings, coughing, sneezing, sighing, breathing, belching, and flatus, are also to be considered."

If, with such care and to such extent it is necessary to inquire in order to gain a knowledge of morbid states, it must, in a practical point of view, be necessary to exercise equal care, and to push our inquiries to the same extent, in order to obtain a knowledge of the artificial pathological states we have to induce.

Certainly, no possible good can result from efforts to trace the symptoms of *disease* further than it is possible to reach with *remedies*, except the satisfaction of an idle curiosity, or the making of a diagnosis, to enhance personal reputation.

If the method of Hippocrates is *whimsical*—if it is not necessary in obtaining the requisite knowledge for an intelligent diagnosis—then may his followers, with better grace, talk of Hahnemann's minute provings and symptomography as being

whimsical and uncalled for, and of his *materia medica* as a collection of "worthless trash."

Considering the innumerable ailments of the human system as manifested by innumerable symptoms—some grave, some slight, some objective and some subjective, some physical and some mental and psychical—who shall presume to limit the prover's observation to the mere emetic, cathartic, diuretic, or sudorific effects of medicines?

(b.) We observe again that, as each human ailment coming before the practitioner has its own peculiar or idiopathic character as manifested especially by its pathognomonic symptoms, *it is necessary, in the proving of medicines, to ascertain, not merely how many symptoms occur, and what they are, but also which of them are pathognomonic, or indicative of the idiopathic character of the artificial or drug disease.*

Every human face has, besides the features common to all faces, certain *distinguishing characteristics* as to complexion, form, wrinkles, moles, &c.; and as it is the most difficult, yet indispensable, work of the artist to represent those characteristics faithfully, so it is the most difficult, yet indispensable, duty of the practitioner to see that his artificial disease resembles the one to be removed in its idiopathic character, as seen through its pathognomonic symptoms.

If we are called upon to decide as to the merits of painted portraits at the rate of a dozen a day, we have not the time, even if we deemed it necessary, to sit down in the case of each for two hours, measuring angles and distances, comparing shades and tints, over every square inch of facial surface on each canvas and each person; but, glancing from one to the other, we would catch the general expression, and finding the eyes good, the mouth, nose, and hair good, and every characteristic well displayed, we would, with twenty minutes devoted to each, be able soon to pass a correct opinion upon all—an opinion which days of study and comparison would only tend to strengthen.

The necessities of medical practice, as well as those of the

law, require provings to be so conducted and reported as to show the *comparative* value of the particular symptoms produced by each medicinal agent.

Having before us the artificial diseases of the *materia medica* properly set forth, we could proceed readily with our comparisons, reaching our remedies and affording relief in more than a dozen cases a day. Talk as we will about *particularizing*, the fact is patent to all that every practitioner has some expeditious method of comparison which will enable him to select his remedy without long-continued study. And consequently the practice of every one is successful or unsuccessful according as his method of comparison leads him to observe the *characteristic* or only the *common symptoms*.

If his attention is fastened upon such features or symptoms of his remedy as are common to a whole class of drugs, or upon such as were experienced by only one out of a dozen persons who alike proved it—or if his attention is given only to the non-characteristic symptoms of the disease—success will hardly ever crown his labors.

Upon the proper method of selecting remedies, we shall have more to say in a future number, and therefore close this division of our subject with the remark that there is no way of ascertaining the comparative value of symptoms except by a careful report of the number of provers who have experienced the same symptoms from the same medicine, and the number of times the same symptoms were experienced by one prover from the same medicine. For certainly no one can doubt that a symptom is of greater value when experienced by twenty provers than by only two or three.

(c.) The law requires also *that the symptoms of each medicine be so recorded as to show the order of their occurrence as to time.*

In our works on *materia medica*, we often observe, under the same medicine, symptoms contradicting each other, indicating opposite states of the same organ. For instance, we find "diarrhœa" recorded of a medicine, and again, "constipation," and feel unable to determine whether we should

prescribe that remedy for the one or the other condition. If, however, we are informed that the constipation appeared first, and was soon succeeded by a looseness of the bowels, all our doubts are swept away; for we know that the remedy is homœopathic in constipation, and also in diarrhœa when preceded by constipation of the bowels

Again, knowing the order of the drug symptoms, and the history or stages of various diseases, we should be enabled to prescribe homœopathically in a case of disease presenting symptoms such as no prover ever experienced from a drug. For example, we find that *phosphorus* produces in healthy provers pain, heat, and oppression in the lungs, hurried breathing, cough, and other symptoms of pneumonia; and we know that a state of inflammation always precedes, or rather produces, pulmonary abscess. Hence, *phosphorus* is a proper homœopathic remedy in a case of purulent phthisis, although this dreadful disease has never been experienced by any prover of that article. Again, we know that *silicia* has produced symptoms of periosteal inflammation of the fingers; and we know that periosteal abscess is invariably the result of inflammation. Hence, in a case of *whitlow* involving the periosteum of a finger, we do not hesitate to select *silicia* as the homœopathic remedy.

(d.) In addition to what can, with safety to the prover, be elicited from nature by direct experimentation, *the law requires all the information concerning the articles of materia medica that can be gathered from the records of toxicology and of clinical experience.* But such gatherings must not be mixed up with the fruits of pure experimentation. As orthodox Christians, we will allow a man to publish an edition of the Bible, with corroborating testimony from ancient historians or modern science, together with his own practical observations, *put along the margin*; but we cannot allow such testimony and observations to be mingled with the sacred text. So, in materia medica, while we may allow and even wish for the views and clinical experience of able observers, we most solemnly protest

against such being indiscriminately thrown in with the more certain text of Nature's Bible.

(e.) In the publication of provings, *the law requires the journals in full, as well as the ledgers into which the symptoms are "posted" under certain names or heads.*

Having the journals in full, every one enjoys the opportunity of arranging the symptoms, and of studying their import, in ways to suit himself. One would classify them according to the *tissues* affected; another, according to the *organs* affected; while most are inclined to follow the method of Hahnemann—that of arranging them according to the *regions* of the body in which they occur. While we wish here to express no opinion as to which of these methods may be superior to the others, we can but acknowledge our hope that the time is not far off when medicines, as well as symptoms, shall be arranged upon the *tissue basis*.

In conclusion, upon this part of our subject, we must observe that it is unbecoming any reasonable man to deny the universality or sufficiency of the homœopathic law, on account of its failures in practice, till a more perfect materia medica than the present is produced—one that is made up in compliance with its essential requirements.

POSOLGY.

I.

While the law of cure informs us, by the relationship it marks out, the *kind* of impression we must make in every case, and while the materia medica furnishes to our hand the *means* wherewith to make it, we must look to an enlightened posology to guide us in the *measurement* of that impression by a proper graduation of doses. In a case of acute gastritis, were we to administer five grains *arsenious acid*, instead of recovery, death would inevitably follow our prescription. Necessity, therefore, drives us to the first requirement of the law regarding doses.

(a.) *Employ doses always less than the smallest that has proved destructive to human life.*

Toxicology informs us that *arsenious acid* has produced death when taken in quantities of three, two and a half, and even two grains. He, therefore, who would prescribe two grains of that substance for a patient is a *murderous* practitioner of medicine, and, as such, should certainly be banished from our profession; for no facts, no theories, no reasonings, can palliate his guilt.

(b.) *Employ doses always less than such as have been known seriously to injure health.*

All through the history of medicine, especially for the last three hundred years, we behold sad records of the waywardness of remedies; of the painful and destructive effects of doses given for purposes of relief. Could we read the unwritten experience of the millions who, rendered blind and lame and imbecile by inordinate drugging, went suffering through their earthly pilgrimage, we should almost be ready to embrace the belief that medicine has been a vile *curse*, instead of a blessing, to the human family. With the array of facts upon this point now before the profession, we say that those practitioners who send their massive doses crashing through the finest tissues of the human body, even to the very citadel of life itself, entailing sure, if not also long-lasting, misery upon their unfortunate patients, should be regarded as the ruthless destroyers of their race. What excuse can there be for one who administers *mercury* in doses which the most authentic medical records, the oldest practitioners, and thousands of toothless, shaking cripples, attest to be productive of *salivation, sloughing, glandular swellings, destruction of bones, neuralgia, paralysis, etc.* etc.? With the improvements in therapeutics, of which no physician has the right to be ignorant, we say there is no form of disease for which a resort to such doses of *mercury* is ever necessary. And what we say of this article, we say of all others: there can never be a necessity or excuse for their employment in doses which both common experience and

medical observation have proved to be destructive to the constitutional integrity of the human organism. Doses may sometimes be employed which are so large as to aggravate the existing disease, provided their artificial affection yields to the recuperative tendencies of nature after its remedial work is done.

If any object to our position, we ask them what is gained in supplanting one disease by another, when the substitute is more lasting, if not also more painful, than the original? It is answered that the long-lasting artificial disease has been interposed as a compromise between a full recovery sought on the one hand, and certain death impending on the other. This position is taken upon the assumption that death would otherwise be inevitable, and that such a compromise would save life, and leave the possessor of it in a condition more to be desired than death. Standing upon the sure footing of the homœopathic law, we declare that, in any case where it is possible to effect such a compromise with the destroying angel, it would be possible, by the same means, properly employed, or by other means, to avoid his dread summons, and that without entailing new miseries upon humanity.

(c.) *Employ doses always less than those necessary in the proving of medicines.*

In the proving of medicines, we take them ourselves, or administer them to others, while in health. Consequently, we are obliged to employ enough to influence organs which are in their full strength, and supported by the united sympathies of the whole organism. On the other hand, in administering medicine to the sick, we address them to organs already affected by similar agencies. Consequently, it becomes us to temper our force, that we break not the "bruised reed."

Illustrations and proofs of the reasonableness of this requirement abound on every hand. All writers on *materia medica* caution the practitioner to administer less doses of *opium* to one who is subject to apoplexy, and less doses of *belladonna* to one of a very active brain, than to other patients. Why this

recommendations or caution, we would ask, except that those particular persons are more susceptible to the medicines named than are other people? And why this increased susceptibility, except from the homœopathic relationship?

(d.) *Employ doses always less than required in allopathic practice.*

Allopathia requires such remedies to be employed as are capable of inducing an affection or pathological state, either opposite to or otherwise unlike that to be overcome. This we have already illustrated in a former number. We remark, then, that not only certain *kinds* of medicines are needed to meet that requirement, but, further, that certain amounts or *doses* of such medicines are necessary. We need not stop here to prove that it takes a larger quantity of a cathartic drug to move the bowels when in a state of constipation than when in health, nor that more is required in a state of health than when they are slightly loose. And these simple facts granted, we have occasion for no further proofs or arguments. Had Jonathan Pereira been always mindful of these, and had he, at the same time, recollected the "physiological effects" of *nux vomica*, as recorded by himself, he would never have puzzled his own brain, nor have astonished the world, with the very simple question—"What is the reason that, in general, *strychnia* first displays its remarkable influence on *paralytic* limbs?"

II.

Finding it necessary to employ lessened doses, we come to the very practical question—How are they to be lessened, and to what extent?

In entering upon the processes concerned in this diminution of drug-mass, or reduction of medicinal force, we find it necessary, first, to develop all the latent power of the drug. And this has to be done in accordance with plans long since adopted in pharmacy, such as trituration with some neutral substance, like sugar of milk, or succussion with some neutral liquid, like water or alcohol. In this manner, *sulphur* and *mercury* have

been converted from comparatively worthless drugs into very active and valuable remedies. The *absolute* power of a drug-mass is in proportion to the number of its homogeneous medicinal particles or atoms, while its *available* power is in proportion to the number of those particles or atoms which are ready for absorption or for contact with the peripheral nerves. It matters not how much absolute medicinal power a plate of copper may contain when placed upon the tongue, or swallowed even: it will exert no more influence than would a pine chip of the same dimensions. But let the plate be broken up and then ground in an iron mortar with crystals of the sugar of milk, over and over again, till not a particle of the copper remains as large as a millet seed; put one-fourth of the product on the tongue, and, our word for it, there will not long be any doubt of its medicinal activity. This fully enough illustrates what we mean by developing medicinal power.

When the particles or atoms of a drug are thus emancipated from cohesive attraction—when they are in a free state, and fully prepared for absorption or contact—they are ready for division into suitable doses. The best method to accomplish these objects followed in homœopathic pharmacy is that of triturating or shaking one part of the medicinal agent with nine parts of the neutral; taking one part of this first preparation, and putting it with nine parts of the neutral agent; and so on as far as the nature of the drug may require. We must here remark that the terms "potency" and "attenuation" usually applied to these preparations, are to our mind very objectionable, since neither is expressive of the real truth. When, for example, the term "potentizing" is used, it naturally conveys the idea of increasing power, as though the thirtieth decimal preparation were actually more powerful than the first. Again, when the term "attenuating" is employed, we as naturally think of something as becoming constantly less. For our own part, we have always preferred the term *degree of development*, as more properly designating the preparations of our pharmacy.

In answer to the second question, as to the extent of the reduction of doses required by the law, we say it must be carried as far as demanded by the nature of the drug, on the one hand, and the nature of the disease to be treated, on the other. As to the doses required by certain forms of disease, we have nothing to say at this time. In a future number, we shall notice them. Inasmuch as drugs or medicinal agents differ as to density and other properties, we believe they should be variously developed, under the following rules :

1. Those which are volatile, or very diffusible, and such as are very soluble, like *camphor, ammonia, glonoine*, and the *acids*, require little development.

2. Those in which the medicinal particles exist in combination with much neutral matter, such as woody fibre, resins, oil, or water, require a degree of development somewhat higher.

3. Those of a more homogeneous character—of dense, firm structure—such as the metals and minerals, especially such as, in their original state, manifest little or no medicinal activity, require the highest degree of development.

4. Those possessed of great toxical power require a very thorough development, and then such a division as will prevent their continued action in the system after their curative effect is obtained.

Before leaving this part of our subject, we must observe that, at different times, more especially of late, plans have been suggested for the "combination of potencies," in order to obviate the differences of opinion and practice in regard to the size of doses. It is proposed, for example, that a uniform preparation of each medicine be made by combining the first, sixth, twelfth, and thirtieth attenuations in one bottle, powder or pill. From what examination we have given this matter, we are unable to see any reason why such a combination may not be made, without materially changing the character and power of the individual attenuations. We can see no cause forbidding the unequal particles of a medicine to exist thus, in a common vehicle, and to continue individually free at the

same time. When a medicinal substance is divided and subdivided, again and again, by trituration or succussion, till its particles are set free from their original cohesive thralldrom, and made ready for absorption or easy contact with peripheral nerves, why should it be brought back to a state of unity—a homogeneous mass—any more when its particles are of *unequal*, than of equal, magnitudes? If the medicinal particles constituting different attenuations remain in a free state when associated in the same vehicle, we can see no reason why such a combination as that mentioned above should not give us the most complete development of power of which a medicine is capable, and thus afford, in one drop, powder or pill, a range of effect equal to the sums of those exhibited by the different preparations when singly employed.

If clinical experience shall throw its testimony in favor of such a method of combination, it must be adopted; and when adopted, it must end all the controversy now carried on among our practitioners and writers as to "potencies."

As we look back through the history of medicine, and discover the massive doses administered against disease, and contemplate their destructive effects, we are not surprised at the skepticism of the world in regard to the art of healing, nor at the instinctive dread with which men have submitted themselves to its mysterious measures. But when we survey the fields opened by the anatomist and the physiologist—when we study the philosophy of medicinal impressions, and thus learn the avenues through which curative agents must pass in order to reach their appropriate spheres of action, we are surprised that men constituting a large majority of the medical profession—men who should be well informed—are yet in the daily habit of administering doses which can never reach the seat of disease, either through the absorbents and circulation, or through the peripheral nerves and nervous centres.

A very large proportion of their doses are so massive, so undeveloped, as to call into immediate resistance the vital forces of the stomach or intestinal canal, from which they are

expelled without having ever reached the field of morbid action. Pills are administered which, passing by their appropriate avenues to the system, fall into that noble organ, the stomach, where, partially dissolved, they mingle with the food and vitiate the chyme, and then, passing on, continue to give off their sickening particles, to be taken up with the chyle and carried through the channels of the blood into the heart and lungs and liver, thus poisoning and taxing the whole system without the least occasion, and generally without the least impression whatever upon the *disease*.

Were the human body an Agean stable, we could readily see the propriety of its being thus cleansed by Alphean rivers. Were diseases so many Nemean lions, Erymanthian boars, Stamphalian birds, or Cretan bulls, ravaging the vital domain, we could then understand the necessity of sending a Hercules after them. But since they are only the hindered or retarded action of vital forces, upon the harmony and regularity of which health and life depend, and since those derangements can be governed only by impressions made upon the vital forces themselves, we can neither see any propriety in the washings of Alphean rivers, nor understand the necessity for Herculean clubs. On the contrary, finding those forces ever struggling to gain their wonted course, and willing to clear and regulate their homes when free to act, we see not only the propriety, but also the necessity, of giving them a gentle start, which shall enable them, as the pendulum of a clock, to move on in their normal and accustomed ways.

[To be continued.]

not in this volume

FIBROID TUMORS OF THE UTERUS.

BY CHAS. M. SAMSON, M.D., OF BROOKLYN.

THE variety of tumors called "fibrous" or "fibroid" take the name from their structural characteristic, which is very similar to the natural fibrous or tendinous tissues of the body. Those usually found in the uterus are of two varieties, viz: fibrous polypi, which are "continuous outgrowths of and from the substance of the uterus—the mucous membrane and the muscular and fibrous tissues of the uterus growing in variety of proportions into its cavity and that of the vagina;" and fibroid tumors, properly so called, which are "discontinuous growths of similar tissue in or near, but *not of*, the substance of the uterus."—(Paget.) But this line of distinction is not by any means always well drawn, as the fibroid tumor sometimes imitates the polypus in respect to growing near the surface of the uterus, and projecting into its cavity with a gradually thinning investment of its muscular and mucous tissues; and their true difference can only be perceived on dissection, when it is seen to consist in the *discontinuity* of the *tumor*, and the *continuity* of the *polypus*, with the uterine tissue itself.

Uterine fibroid tumors present a smooth or superficially lobed surface, and assume a spherical or ovoid shape (but from which they often deviate, to adapt themselves to the pressure of the surrounding parts), and are invested by a dry fibro-cellular capsule, which is so loose that, when an incision is made into the tumor, it almost of itself escapes into the uterine cavity. They are hard, heavy, very elastic, and very tense; although sometimes they may be soft, fleshy, or succulent, probably from inflammatory softening, œdema, and infiltration of their substance. In the more common forms, they usually present, on examination, a grayish substance, which is nearly homogeneous, but which varies in color in different cases—a

tendinous or fibrous tissue, composed of exceedingly slender, uniform, pellucid filaments, undulating or crooked, more or less perfectly developed, and variously arranged and intersected with opaque pure white lines and bands; and the characteristics of the *uterine* fibroid tumor—namely, organic, smooth, or non-striated muscular fibres, more or less abundant, together with elastic fibres. Their vascularity is in inverse proportion to the density of their structure, the vessels being chiefly distributed in the fibro-cellular tissue which invests the denser substance.

These fibroid tumors have been too often confounded with carcinoma; and have themselves, even when their true nature has been known, been regarded as malignant in their character. It cannot be denied that, although they have nothing primarily and essentially carcinomatous in their character, yet the substance of these tumors, like that of any other morbid growth, may occasionally become the seat of cancerous deposit. They usually grow very slowly—sometimes with intermissions—retaining throughout their true fibrous character, and increasing merely in volume. After progressing in this manner for years, they may become stationary, both as regards size and structure; although, when they cease growing, their fibrous character assumes the condition of cartilaginous tissue, and may even degenerate into an osseous or calcareous substance, which, when so changed, may appear to be dead, while the cells that are the essential constituent of their growth become broken down, and lose their reproductive characteristics. This transformation not only occurs in tumors of the largest size, but also in those of smaller volume. In a few cases, they become gradually atrophied—a very powerful argument that they are not heterologous, but essentially homologous, structures, and are merely hypertrophies of the normal tissue of the uterus itself. It remains yet for homœopathic physicians to point out the remedies which, in accordance with our great law, shall act on them so as to produce a result which nature, amongst her other freaks, sometimes effects, to wit, the atrophy

and destruction of these bodies. Sometimes, when they are fully imbedded in the uterine walls, inflammation sets in, and they are thrown off by ulceration and sloughing, and pass away in greater or smaller masses; and when situated immediately beneath the mucous or serous coats of the uterus, may become gradually pedunculated, forming fibroid polypi, and the peduncle itself become more and more attenuated, until it at last gives way and the tumor is "born"—or, if sub-peritoneal, falls into the cavity of the abdomen.

It is conceded that the diagnosis of very few cases of uterine disease can be made from the rational symptoms or functional derangements alone, but that, in most cases, a physical exploration is absolutely necessary in order to ascertain the true nature of the malady. In diseases of the uterus, it is a most important fact, both pathologically and practically, that there is as a general rule no direct and absolute relation between the intensity and character of the pathological condition and the intensity and character of the constitutional symptoms which arise from that condition. Those symptoms may be exceedingly severe, when the actual disease of the uterus is slight and simple. In fact, a series of symptoms of a most distressing and aggravated form may be present for months and years where no apparent disease exists, as in the so-called "irritable uterus," or "neuralgia" of the organ; and it is in these cases that some of the greatest triumphs of homœopathy have been won. But, on the other hand, there too frequently exist the most severe and dangerous diseases of the organ where the constitutional symptoms may be altogether absent, or of so slight a character as to cause very little apprehension on the part either of the patient or the practitioner, and lead the latter to conclude that he has to deal with an unimportant disease, which will readily yield to his medicinal remedies. In such cases, the error only becomes apparent when, towards the termination of the disease, severe symptoms appear which no medicines will even palliate, and from which the patient is only relieved by the hand of death.

These general observations apply, in a great measure, to uterine fibroid tumors. It is a common idea that these tumors are never troublesome except when they attain a large size, and then only so far as mechanical inconvenience is concerned. But this will prove erroneous in a great many instances, and it would be well for the physician never to venture so favorable a prognosis as to assure his patient positively of this fact. Not only may they become the seat of carcinomatous degeneration, but may cause, even when of very small size, not only most troublesome but uncontrollable hæmorrhages. In some cases, although of large size, they may remain for years undiscovered, both by patient and physician—menstruation being perfectly regular the while, and even pregnancy existing. On the other hand, however, when only of very small size, they may produce most severe irritation of the pelvic viscera and derangement of the physiological functions of the organ, inducing menorrhagia, dysmenorrhœa, leucorrhœa, and other very distressing symptoms, which are not dependent so much upon the extent of the disease as upon the idiosyncracies of the patient herself.

In some females, gestation may go on, and, notwithstanding the altered condition of the uterus, health may remain in all respects unimpaired. In others, there may ensue most distressing local symptoms, such as distention, weight, bearing down sensations, irritation of the bladder and rectum, œdema, and lameness of the lower extremities, &c. And in others, again, the local affection may be only slight or even altogether absent, while there still exists most severe and serious sympathetic symptoms, which call forth all the science and skill of the physician, and yet are not unfrequently uncontrollable, such as vomiting, cardialgia, sleeplessness, headache, and even mania and convulsions—and all these conditions may exist in the same person in different pregnancies. Such being the peculiar symptoms which are occasionally exhibited by some individuals when in a *physiological* condition (for pregnancy cannot be regarded as any other than a physiological function),

we are prepared to find that *pathological* conditions, as in the cases of fibroid tumors, present in different individuals constitutional symptoms in endless variety, and often of a totally dissimilar character. And considering the mechanical analogy subsisting between the two conditions, it is not surprising that the existence of these tumors is not unfrequently mistaken for pregnancy itself; nor that it is only after the lapse of a certain time that the patient and the physician are advised of the true character of the tumor. In order, therefore, to diagnosticate correctly the presence of these tumors, it will be necessary to make a physical examination, and ascertain what is the anatomical alteration in the structure of the organ, and also to consider well the derangements in its physiological functions. Setting aside the question as to their simulating pregnancy, which the history of the case and duration of the existence of the tumor will generally determine, we consider first the differential diagnosis between these tumors and polypi. But this is by no means clear and absolute. It is very commonly supposed that, in all cases, the severe hæmorrhages which occur in vascular polypi are not possible in these cases of fibroid tumors; but although this is true to a very considerable extent, yet it is by no means invariable, and cannot be depended upon as a diagnostic sign of the disease. The insertion of the uterine sound is, in fact, the best means of diagnosis, with which the skilful manipulator may readily discover the distinguishing characteristics of the polypus, viz. its whole surface on both sides free from that of the uterine walls, except by a pedicle, by which alone it is adherent and through which it derives its nutriment. Fibroid tumors, on the other hand, are imbedded in the walls of the viscus itself, so that there is not necessarily an enlargement of the *cavity* of the organ, as in the case of polypus, but a hypertrophy of the *walls* of the organ, confined in a great measure to the immediate seat of the tumor. Cruveilhier observes, "the hypertrophy of the uterus is general when the fibrous tumor directs itself towards the side of the uterine cavity; it

is partial when the tumor follows an opposite course; if it occupies the fundus, it is the fundus alone which becomes developed, and the rest is moulded upon it; if the anterior wall is its seat, it is the anterior wall which becomes developed; if it approaches the peritoneum, the fibres intervening between it and that membrane undergo the change. In the cases of partial hypertrophy of the uterus, the remainder of the organ may be in its natural state; but this is rare, because if the uterus is not solicited to development in the direction of its thickness, it is so in the direction of its height, in consequence of the slow or rapid increase of the fibrous bodies. Now, a development in height or in length is still always a hypertrophy."—*Anat. Path., livr. xix, pl. 1, 2.*

The peritoneal section for the extirpation of supposed diseased ovaries has not unfrequently been made; and after the abdomen has been laid open, the surgeon has discovered that, instead of an ovarian tumor, the disease consisted of uterine fibroid tumors. In ovarian disease, the uterine cavity is never diminished in depth, as is usually the case when it is occupied by fibroid tumors; and in the majority of cases, the latter can be felt by manipulation with the uterine sound, assisted by a digital exploration per rectum, and by kneading the abdominal walls to push aside the intestines, so that the uterus can be distinctly felt and its condition in a great measure appreciated by the touch—the uterus being approximated to the abdominal wall, and kept in position by the instrument introduced into its cavity.

Their removal is most desirable under all circumstances, and in many cases is absolutely necessary, in order to save the life of the patient. The troublesome symptoms which arise from the presence of these bodies are sometimes undoubtedly, in a measure, amenable to treatment even by the empirical remedies of the old school: how much more effectually by the power of true science, as embodied in the Homœopathic law of cure! For the treatment of the hæmorrhages, Jahr recommends *calcareæ, belladonna, lycopodium, mercurius, nitric*

acid, phosphorus, pulsatilla, sepia, sulphur, silicea, and sulph. acid, giving precedence to each remedy in the order thus written. But, so far as the writer's observations go, few, if any, of these remedies are as effectual as *sabina, secale corn., and nux vom.,* neither of which is mentioned by Jahr. He also gives a long list of remedies for the expulsion of uterine polypi, which he applies also to fibroid tumors, and places almost implicit reliance upon the action of *calcareæ* for this purpose; but it is an undoubted fact that no certain means have ever yet been devised to extirpate them, except by surgical interference, which necessarily involves great risk. Caustics cannot be employed, on account of the danger of their inflammatory consequences extending to the organ itself and to its peritoneal covering; and few would wish to encounter voluntarily such a formidable result as metro-peritonitis. The operation has been frequently performed with success of enucleating these tumors when imbedded in the walls of the organ. It is performed usually by making an incision into the substance of the tumor; then, through the opening, the finger is inserted between the uterine wall and the tumor itself (which are mostly connected in a very loose manner), and having, as far as possible, separated them in this way, and applied styptics to arrest the hæmorrhage, you wait a few days, when the uterus will often exert its contractile power and expel the mass; or the hand may be passed in while the patient is fully under the influence of chloroform, and the tumor separated in the same manner as the obstetrician would remove an adherent placenta. After the removal, the uterus will contract sufficiently to prevent any serious hæmorrhage. In some cases, however, this mode of removal is too dangerous to be adopted, and the only method is to ligate portions of them; although this again, in some instances, is also impracticable, and many cases, notwithstanding the best treatment yet devised, in consequence of the impossibility of safely performing an operation, prove fatal by the frequent hæmorrhages they induce—they being carcinomatous; or the excessive irritation and constitu-

tional symptoms that ensue gradually wearing out the patient. When pedunculated, the safest manner is to ligate the pedicle of the tumor as near the uterine wall as practicable. This, however, is necessarily a very tedious operation. In one case in which the writer operated, the advantages of the knife were secured, and its danger avoided, by the use of the chain "écraser" of Charriere, by which the tumor was removed gradually in about fifteen minutes—the os uteri being previously dilated for three days by the use of sponge tents. In this case, only a few drops of blood followed the removal of the mass, and the patient rapidly recovered, notwithstanding that she was very much prostrated by frequently recurring hæmorrhages, often of a most alarming character, for several months previous to the operation.

CHLOROSIS.

BY WM. J. MURRELL, M. D., OF MOBILE.

CHLOROSIS is a term derived from the Greek *χλωρος*, green, which was probably adopted from the peculiar greenish yellow tint of the patient, and which color is due to the deficiency of red cells in the blood, and perhaps also, to some extent, to torpidity of the liver. There are a number of terms synonymous with that of chlorosis, as green sickness, anæmia, or cachectic chronic anæmia, etc. The disease may be defined to be "a state of the system partaking of the characters of anæmia and cachexia, and combining an altered state of the blood with a depraved condition of the secretions."

By some, it is considered essentially a different disease from that of anæmia; but all acknowledge one of its chief peculiarities to be an impoverished state or morbid deficiency of the blood. We know that there is a constant diminution of

the blood discs in anæmia, and so likewise is there such a diminution in chlorosis: in other words, chlorosis is always attended by anæmia. These discs may diminish to one-fifth of their normal amount; and to this source may be traced some of the most prominent symptoms of the disease. As the discs diminish, in like proportion, the mass of the blood is diminished—giving rise to one of the most constant signs of chlorosis, namely, the soufflé heard over the base of the heart, and depending, as is supposed, upon an imperfect filling of that organ and vessels. Lately, the attention of physicians has been more frequently called to these abnormal sounds. It is supposed by Brown-Sequard that this soufflé is due to a tremor of the muscles peculiar to anæmia and to aged people. When blood is drawn from those laboring under the effects of chlorosis, it is found to be lighter colored than in health. There being fewer red corpuscles, the hæmatin, or coloring matter, is consequently lessened, and the blood is sent from the heart in a condition but poorly associated with atmospheric oxygen. The various tissues are not supplied with this necessary element, and we trace thus the source of that universal pallor which marks all anæmic complaints. Owing also to but partial destructive oxidation (one of the duties of the arterialized blood), less heat is generated, and we have a lower temperature of body, and patients complaining more readily of the cold and an inability to bear the severities of winter as comfortably as they formerly did. Thus, in the pathology, we may trace the source of important symptoms.

The clot is also without that deep redness peculiar to health. The serum is in excess, as shown upon coagulation, as is also the plasma in the circulating blood. The pathology of this disease is, therefore, in a change of the relative constituents of the blood, and this alteration is due to its impoverishment: on which account, the tissues of the body are deprived of their adequate nutrition and growth, the walls of the arteries and veins are pale and thin, the muscular tissues are deprived of their coloring matter, and are extremely flaccid. Some have

supposed there is an alteration in the structure of the discs themselves. The discs make up the quantity of crassamentum in the circulating fluid, which density is due to the iron in the hæmatin—this latter ingredient giving to the blood its tint of color. As the discs diminish, we are brought to the conclusion that the symptoms, and not the origin, of chlorosis is a diminution of the quantity of iron in the blood, producing increased fluidity and lighter color, and a decrease in the specific gravity of that fluid. We consider the deficiency of iron not primary, but secondary—due to other causes—and the direct effect of imperfect nutrition of the blood from some defective assimilation within the system; for which reason, the lymphatics and lacteals do not generate the true blood discs, or "carriers of oxygen" as they are termed, while the liver (a most important gland, and one, as we shall see by the symptoms of chlorosis, that is invariably in a more or less torpid state) does not furnish iron, the necessary constituent of the blood cells.

We do not believe, therefore, that the origin and nature of chlorosis is in a diminution of the quantity of iron in the blood, or that the essence of the disease is to be referred to a decrease in the amount of red corpuscles. The origin may be sought for farther back. This deficiency, we believe, is due to an imperfect development, not in the structure of the discs, but in their essential properties; and this imperfection the result of an alteration in the blood—an impoverishment of that fluid from impaired nutrition and absorption, and those functions dependent upon a defective assimilation within the system. And whence this defective assimilation? We cannot answer. We believe it to lie at the foundation of this prevalent disease, and that a deficiency of iron is merely one of its consequences. If digestion, absorption, and assimilation were performed normally, the blood would receive its proportionate amount of density in its full supply of iron in the hæmatin, and the various tissues likewise their appropriate supply of oxygen, and consequent animal heat and vitality. The cause (precisely

what this is, we do not know), operating upon the digestive and absorbent organs in such a manner as to impair their functions, is the secret of this deficiency in the normal supply of red discs to the circulating fluid. A deficiency in such a generally needed ingredient leads, as a matter of course, to a derangement of many or all the organs.

On examination into the most frequent causes of chlorosis, our attention is directed to the nervous influences operating in the disease; and the question arises, may not the disturbances of the spinal and ganglionic system of nerves, having a tendency to debility and excessive excitability, mark the origin of this complaint? We are told that chlorosis occasionally dates its origin from functional derangement of the uterine organs. Though most frequently an accompaniment of chlorosis, uterine derangement may not exist throughout the disease; and when it is a complication, may we not always trace it as the result of nervous influence? Young unmarried females, of a delicate lymphatic constitution, slight figure, and highly impressible nervous system, such as have been from childhood and infancy remarkable for delicacy of organization and undue sensibility of the entire system, combined perhaps with daintiness of appetite and febleness of digestion, are most liable to an attack of chlorosis; and they are by far the most liable to irregularities in the functions of the uterus. Now, so long as this nervous sensibility is not overtaken, and no cause operates to derange the delicate equilibrium upon which the proper operations of the functions depend, the young girl enjoys comparatively good health; but let the mind be seriously depressed by disappointment—let an undue sexual excitement, not naturally relieved, continue for any length of time—let that important period of girlhood, puberty, arrive, when new thoughts and new desires powerfully stimulate, excite, or depress the system, when the vital change of the entire organism, during the establishment of the catamenial functions, occurs, and we shall have the sensitive nervous structure weakened, and a want of energy and abnormal action

of those nerves which superintend the functions of digestion, and those also which supply the sexual organs, the heart, etc. Thus is the frail balance destroyed; and the assimilative functions failing, those signs which point to the characteristic symptoms of chlorosis make their appearance. The exciting causes which may influence an individual to an attack of chlorosis are quite numerous. The predisposing causes are frequently apparent. The history of most cases shows us that the stomach and bowels are the first organs which become irregular in the performance of their normal functions. Indigestion is always a prominent symptom in chlorosis, and constipation, Marshall Hall thinks, is one of the most frequent causes of the disease.

It is not confined to any particular class or sex, though most common in the more refined classes of society, and very rarely affecting the male. It is frequently observed in the humbler walks of life, among the poor and laboring, and more especially manufacturing classes. It is generally due, in these two respective classes, to different causes. In the poor and lower classes, we have it from impoverished diet, habitual exposure to cold and dampness, insufficient clothing, general bad habit of body and mind, improper physical and moral education, prolonged exertion, close confinement (so common among the manufacturing classes), chronic inflammation of the intestinal canal—a disease most frequent among the Irish housemaids.

Among the wealthy and more refined circles of society, the disease is thought to be of more frequent occurrence, and to be excited by a different variety of causes, as sedentary habits, confinement in over-heated and ill-ventilated apartments, an irregular mode of living, crude and indigestible food, rich living, novel reading, constant depression of spirits from grief, anxiety, or disappointment, and from an undue sensibility of the entire nervous system, which last undoubtedly predisposes to an attack. Suppression of the menses at the age of puberty, or profuse menstruation, are also frequent causes of the disease.

And although of more frequent occurrence in the young girl, and especially, at the age of puberty, connected more or less often with an absence or irregularity of the menstrual functions, it is by no means confined to them exclusively; for chlorosis may exist in married women, and those whose menstrual functions are normal as regards time and as to quantity, and it sometimes attacks those considerably advanced in years, and even, in rare instances, has been known to affect young girls of four or five years of age. Nor have men been entirely exempt from it. In their case, it has been occasioned by long studious and sedentary habits, and want of fresh air and proper exercise. The chlorotic phenomena observed in men are striking proofs of the tendency of the disease to affect the genital organs. In man, these organs remain undeveloped physically and dynamically; the testicles remain small; there is no erection, or secretion of semen; and the voice may never gain the full tone of manhood. But by far the most frequent sufferer from this complaint is the young girl, as she approaches the first important epoch of her life, the period of puberty, and whose menstrual functions have either not made their appearance, or have done so in an irregular manner. Females of a delicate lymphatic temperament, of slender figure and highly sensitive nervous constitution, as we have mentioned before, are the most liable to contract the disease. Such a constitution, though sometimes congenital, is more frequently the effect of education and the extravagant requirements of fashion. We cannot wonder at its greater frequency in the higher walks of society, if we consider the mode of life led by the females of the present day, and especially their mode of dress. The requirements of nature and enjoyments of health are overlooked to give place to the full display of a depraved taste and fancy, which may please the followers of the Paris code of fashions. Stays, corsets and belts push up the heart and lungs, and compress the liver and stomach; the abdominal viscera suffer, and are forced to perform their functions in a narrower space and more contracted state; and the result is an

interference with the extremely necessary functions of circulation, digestion, respiration, and menstruation. Autopsical examinations of females sometimes actually show the impress of the ribs upon the surface of the liver, caused by tight lacing. Nature, in her wonderful and economical system of working, is thus contravened; and the result is what the physician is called upon and expected to remedy.

Education, physically, mentally, and morally, has much to do with health, and it should be particularly attended to, judiciously, at this time of life.

The disease is of much more frequent occurrence in northern or cold, than in warm, climates. Persons of a nervous or lymphatic constitution cannot support the severities of a cold climate without danger of suffering more or less from disorders of the glandular system, and they are more disposed to attacks of chlorosis. It is less common in the country; more frequent in the spring and fall of the year; and damp weather favors the disease.

The many symptoms and characteristic marks of chlorosis make it an easy disease of diagnosis. The peculiar pale and anæmic appearance of the patient will often be sufficient to denote the disease. The symptoms observed during the incipient stage are derangement of the stomach and bowels, manifested by the paleness extending over the mucous membrane of the tongue, and this organ covered over by a thick, tough, white coating; having also a bloated appearance, foul breath, partial or entire loss of appetite, and morbid craving for certain indigestible articles, as chalk, coal, acids, slate pencils, etc. Constipation is always present, and is one of the most annoying symptoms to the patient, and most obstinate under treatment. As the disease progresses, the pallor of the skin increases, with a tinge of yellow and green; the patient seems to be almost bloodless; the eyes have a dingy blue appearance; the lids are swollen and surrounded by a dark greenish or yellowish circle; the surface of the body is cold, especially the extremities; there is a complaint of chilliness;

the muscles are weak ; the patient becomes listless, irritable, and easily fatigued ; she is indolent and fond of solitude ; there is a dull, heavy, often stupid, expression of countenance, and a disinclination to bodily or mental exercise. With the still further advance of the disease, we have the menstrual functions becoming irregular. There is menorrhagia and profuse leucorrhœal discharge. Emaciation commences, and the debility and lassitude increase. The nervous symptoms, hysteria, etc., show themselves. There is dyspnœa and palpitation after the least exercise, vertigo and ringing in the ears and head, throbbing of the carotids, slight cough, pain in the head, pain and tenderness in the side and over the abdomen, neuralgic affections, and feeble and rapid pulse. As all or most of these symptoms become more marked, the entire surface of the body may assume a smooth and swollen appearance ; the feet and ankles show œdema in the evening, which disappears again during the night. This œdema does not pit under pressure of the finger, unless dropsy has developed itself. The tendency to hæmorrhage from the nose, lungs, stomach, uterus, and even from various portions of the surface of the body, is sometimes marked, and occurs periodically in place, it is supposed, of the natural monthly discharge from the uterus. In the case of a young girl twenty-five years of age, who presented herself for treatment lately, this vicarious hæmorrhage was peculiar. For four years, she had not menstruated from her uterus, but had regularly a profuse attack of epistaxis, which came on periodically. This is thought to be owing to the relaxed condition of the capillary vessels, from the fact of their being deprived of their normal supply of blood discs.

The prognosis in chlorosis is generally favorable, depending upon the duration of the disease previous to treatment, and the constitution and life of the patient, but chiefly on the existing complications. When complicated with disease of the heart or lungs, or disorganization of the spleen, or mental derangement, the prognosis will be unfavorable. When there is a predisposition to glandular and membranous diseases, or when

there is chronic disease of the digestive apparatus, etc., the best treatment can only prove palliative.

The indications for the treatment of chlorosis are always well marked, and the homœopathic physician has only to understand the character of the disease in order to accomplish a complete cure, provided the complications are not serious, and the patients are faithful to themselves.

Our attention will first be called to the anæmic and debilitated state of the chlorotic patient, and the cause, if any exists, which may be keeping up the disease; and our care, therefore, should first be directed to those means which will place the patient under the most favorable course to regain strength of body and mind. The means best calculated to accomplish this, and assist our medicinal course, is in the adoption and strict observance of *hygienic rules*.

It is most important for the physical well being of our chlorotic patients that they pay particular regard to the selection of proper, digestible, and nutritious food; and the more necessary, since they are disposed to make choice of articles which are truly injurious even to the most healthy. In a temperate region, a combination of both vegetable and animal food is essential to sustain life at a healthy point. Of meats, beef, mutton, venison, and wild fowls are the most digestible and nutritious; of vegetables, boiled rice, roasted or baked potatoes, stewed tomatoes, brown bread, etc., are among the best. The two last are especially good where constipation exists. Meals should be taken at regular intervals, and late suppers avoided. After the secretions have become normal, porter, ale, or lager will greatly assist in the restoration of strength, and by enriching the blood and increasing the red globules, will also tend in a great measure to regulate the functions of the uterus. This organ will usually perform its duties, both as regards time and quantity, without the aid of medicine when the system has regained its normal standard of health; and in chlorosis, this is pretty well accomplished when the secretions are healthy and the circulation

contains its full supply of red discs. Sufficient sleep in well-ventilated apartments is essential ; but not too long, nor upon feather beds, which cause debility and constipation, and excite the sexual appetite. Fresh air and exercise are absolutely necessary. Walking and riding on horseback are the preferable modes of taking exercise ; and for this reason, the patient should pass the winter in a mild climate. Crowded rooms, theatres, balls, etc., should be abstained from. Sea air is beneficial to those accustomed to the inland, and *vice versa*. General bathing, commencing with tepid baths, and gradually diminishing the temperature as the strength will admit, should be resorted to. Due attention should be paid to clothing, and every care observed to avoid taking cold. The occupation should not be tedious or confining ; the mind should be kept cheerfully engaged ; depressing mental emotions avoided, and the passions moderated.

Individual Remedies.—Our object in the administration of medicine is to remove the primitive affection of the disease, and to place the digestive system in a state capable of assimilating the food, and of profiting by the general hygienic rules which we have prescribed.

Sulphur.—We may usually begin our course with this remedy. It is one of our most valuable remedial agents, especially where any constitutional taint exists. Its indications are, pale face, eyes surrounded by blue or greenish margins, glandular swellings, foetid breath, constipation, distended stomach and abdomen, acrid leucorrhœa, dyspnoea, palpitation of the heart, œdema of the feet and ankles, deficient animal heat, morning headache, dullness of the head, lassitude, and pains in the back. In fact, this remedy is indicated in most chlorotic cases.

Sepia.—This remedy, like sulphur, is also indicated in chlorosis generally. It is particularly appropriate in the morbid conditions frequent in the sexual organs, viz. menses too early, and scanty, watery, or mucous leucorrhœal discharge, great sexual inclination, weakness and stiffness in the back,

face puffy, pale, or yellow, pain in the side and liver, sensitiveness to cold air—symptoms worse at night. Most applicable to nervous and delicate females.

Pulsatilla—Is adapted to those cases marked by irregular menstruation and to females of a mild, timid, and sad disposition. Face pale, eyelids puffy, tongue white and thickly coated, pulsations at the pit of the stomach, loss of appetite, coldness of the hands and feet, pain and weakness in the small of the back, palpitation of the heart after eating. It may be given in alternation with sulphur.

Calcarea carb.—We may give this remedy in the worse cases, and especially in those which indicate an early scrofulous taint: great weakness of the spine, menses too frequent and abundant, limbs swollen, dyspnœa great, discomfort after meals, swelling of the epigastric region, palpitation of the heart, restless nights, easily fatigued, and inclination to lie down.

Phosphorus and Phosphoric Acid.—These agents are important in those cases characterized by a general exhaustion of the vital power from long continuance of the disease; by loss of blood, or other fluids, as by diarrhœa, night sweats, etc.; by emaciation, nervous debility, anxiety, hæmorrhages from different organs, pale face, sunken eyes, surrounded with blue margins, pain in the back, dyspnœa, cough, increased sexual desire, menses too soon and too profuse, and leucorrhœa of a whitish, watery, corroding mucus.

Platina—Is indicated when the menses are too frequent and abundant, with excessive debility.

Natrum Muriatricum—Will often follow *sepia* well, and is indicated in obstinate cases when the sufferings appear periodically.

Lycopodium—In those cases of a tubercular tendency, with cough, extreme languor, etc., after *calcarea*; also in cases of obstinate constipation.

China—Is a very important agent, and eminently specific in chlorosis. It is indicated by great debility and indisposition

to mental exercise, especially if induced by loss of animal fluids, vicarious hæmorrhages, or previous debilitating diseases.

Arsenicum and Veratrum—May be consulted in long continued and obstinate cases, where there is extreme prostration, trembling, coldness of the surface, suppression of the menses, dropsical swellings, diarrhœa, and frequent turns of faintness.

Ignatia, conium, nux vomica, bryonia, and collinsonia, during the course of our treatment, deserve more or less consideration; and the last remedy especially so, after the disease has been eradicated, and the general appearance and strength of the patient indicate sufficient vitality for the system to contribute its normal monthly discharge.

ACUTE AND CHRONIC INFLAMMATION OF THE THORACIC AORTA.

BY DR. J. P. TESSIER, OF PARIS.

[Translated and condensed from *L'Art Médical*, for the U. S. Journal of Homœopathy]

MY reasons for calling attention to this malady are, on the one side, its frequency and gravity; on the other, the errors of diagnosis to which it habitually gives rise. The history of acute aortitis has been sketched by the masterly hand of M. Bizot, in his "*Recherches sur le Cœur et le Système Artériel*," as that of endocarditis has been by Broussais, in his "*Examen des Doctrines Médicales*." But chronic aortitis has not had the same fortune.

In resuming the history of his three cases of acute aortitis, M. Bizot remarks in all one symptom that is identical, to wit, œdema, accompanied with febrile excitement, without symptoms of heart disease or of lesions of other organs essential to life; and at the autopsy, a false membrane carpeting the internal surface of the aorta in all its extent. There was also, in one of these cases, an alteration of the kidneys, which had

not advanced far enough to prove fatal before death ensued from the thoracic lesion, but which deserves notice, since nothing is more frequent than the coincidence of albuminuria, glycosuria and Bright's disease with both the acute and the chronic forms of aortitis.

When the albuminous product precipitated is secreted by isolated patches, it does not appear to develop general symptoms; but these become formidable, if a large surface of the cavity of the arterial system be invaded, as in the three cases of fatal termination.

The first of these was of a young physician, with blue eyes, chestnut hair, fine white skin, pale, and of fair constitution, a resident of Paris, who had had no serious malady before this. In Sept., 1833, he first observed his legs to be swollen. Repose at night, and the horizontal position, did not diminish this, yet neither strength nor appetite were impaired, nor did he lose breath easily, and nothing abnormal existed about the heart. From the 16th October, he lost appetite and had a diarrhoea, but not of any apparent gravity. On the 24th, however, after a long walk, he felt very weak, and complained of pain in the right iliac fossa, accompanied by a sense of swelling in the abdomen, and was soon seized with an intense chill. He passed a restless night. In the morning, his strength was gone. The œdema, hitherto confined to the lower limbs, had gained the trunk, arms, and face. The pulse was from 120 to 130 per minute. In the two following days, the œdema diminished; a piece of tape-worm came away with solid stools; the pulse was 100 per minute, with rise of fever in the evenings, but no more chills. On the 26th of March, palpitations were observed, but neither before nor afterwards; he was always thirsty; a loose cough, which had preceded the malady in question, continued. During the first two days, he was bled three times—each time four *palettes*; had seltzer water with ice, and a tisane of *chiendent*, dog's grass.

March 28th, state as follows: He is propped up in bed; is clear headed, and all the senses normal; face pale and a little

swollen; the trunk and limbs somewhat infiltrated; the belly puffs, and sweat stands on the pale skin; he has enough strength to carry a glass to and from his mouth, but cannot move himself in bed; he complains of extreme weakness, but has no pain unless upon moderate pressure under the arm pits; the tongue is humid and rosy; the teeth neither dry nor dirty; neither nausea nor vomiting, and no sudamina or typhoid spots; he is very thirsty; the throat looks natural; no pains anywhere in the belly, not even on the prepuce; no diarrhoea; passes wind occasionally; urine scant and dark; the liver keeps its place; so do the spleen and heart; præcordia sonorous; pulse 120, pretty full and regular; respiration twenty-four per minute, regular; vesicular on the right side, both in front and back, with the whole of this side sonorous to percussion; at the top of the left lung, and in front, the weaker respiration is accompanied with a sub-crepital rale and decided increase of the expiratory sound; the percussion is somewhat less sonorous than on the right side; the mucous expectoration is easy, the sputa now and then streaked with blood, but not rusty, viscous, nor translucent. The usual allopathic routine of blood-letting, leeches, and diuretics was prescribed.

At five A. M. of the 29th, suddenly, above the edges of the left false ribs, there is a very painful point, with sense of suffocation; the mind is sound, but he is very dreamy; pulse 120, very regular, and not weakened; breathing not quite easy; tongue moist and rosy; still very thirsty; the œdema has not increased; urine little and muddy; belly very tympanitic. At eight A. M. the pain shifts to the right præcordial region, becoming very intense; fifty leeches are again applied on the painful point; the pain soon ceases, but convulsions supervene; these do not continue long; then the forces begin to depart; the countenance is death-gripped; the patient gets a little rest in the course of the day, by the use of an ounce of the syrup of white poppies; breathing quick, plaintive, and irregular; towards evening, pulse very weak. During the night of the 29th, without any more local pains, the general

state grows worse ; breathing quicker and more difficult ; and the sick man expires at five A. M. of the 30th, having preserved complete lucidity to the last.

Autopsy twenty-eight hours after death.—The infiltration, but slight in the legs, is excessive at the neck, where the skin is violaceous ; the arms are much swollen out, and the left arm most ; no emaciation ; the hue of the skin is yellowish ; some stripes behind ; great meteorism ; no cadaveric rigidity ; strong stench of putrefaction ; the pericardium contained between four and five ounces of brownish serum, in which swim a few flocks ; upon the membrane that lines the interior face of the left ventricle, and upon the opposite side of the pericardium, little yellowish granulations are found in an extent of two inches ; they are as grains of sand, slightly consistent and easily removed ; the serous membrane below is not injected ; the heart is rather voluminous, very flaccid, and easy to be torn ; the left ventricle quite empty ; its internal surface, of an ashy hue, shows little granulations near the aortic valves, and a yellow coating, soft, very thin, and easy of removal, giving a very rough appearance to the surface ; the same product exists upon the aortic valves, which are of a lively red, but flexible ; a violet redness, without visible capillary vessels, extends thence all along the aorta, which contains neither clots nor blood ; its whole internal surface is more or less roughened by the precited coating and granulations, which extend to the three upper fourths of the left crural artery ; the right is red, violaceous, without granulations or lamella ; the carotid and subclavian arteries are red but sound ; no contraction at the orifice of the aorta ; all the valves of the heart are flexible ; the pulmonary artery is red, but sound and smooth ; the right ventricle, without granulations, contains scarcely any blood ; the auricles contain but very small clots, even on the right side ; the vena cava is nearly empty, without clots and without alterations, violaceous but smooth ; no clots in the iliac or the crural veins ; four or five ounces of reddish serum in each pleura ; the right lung is free from adhesions ;

the left presents old ones in bands, which unite it up along its whole side with the corresponding pleura; no tubercles nor grey granulations nor hepatization at any point of the lungs, but a little emphysema along the thin border of the left lung; the two organs generally contain a little more blood than usual, but are not friable; the bronchi are generally pale, some with a slight violet hue, without foam; the bronchial glands are dark and soft, not tuberculous; the cervical glands, twice as large as usual, are soft and of a violet grey; the trachea is violaceous, without other lesions; the larynx is sound; in the abdomen, there is no effusion beyond one or two ounces of limpid serum; the peritoneum is smooth; the stomach, distended by gases, contains but a little mucus; its lining membrane is generally of a dark greenish grey, in spots along the lesser curvature; its great cul-de-sac shows behind a hue rather semi-transparent, without injection; it yields, by traction, shreds of from two to three lines, rather friable; besides, the internal membrane is of good consistence and of normal thickness; the duodenum shows only a greyish hue; the small intestine, very much inflated, contains yellowish mucus, and in its middle third fragments of tape-worm, numerous and very long; there is no injection beyond some bluish arborizations; its consistence and thickness are normal; towards the end of the ileum, where there is a little emphysema, the spots of Peyer's plates are bluish, specked with grey, and not prominent; the isolated follicles are numerous, of the size of large millet seed, in the lower fourth of the intestine; the mesenteric glands are soft; the large intestine contains some formed and pultaceous matters; the cæcum presents sub-mucous emphysema; its internal membrane is greyish, thin, rather soft, and yielding shreds of from five to six lines; in the rest of the intestine, no emphysema; the mucous membrane greyish, without injection, and with shreds from eight to ten lines; follicles everywhere visible; the bladder contains a brownish liquid; its mucous membrane is very pale; the cortical substance of the kidneys, which is

very emphysematous, tears when we raise the fibrous membrane; its tint is greenish; its tubercular substance firm and violaceous; the liver presents several emphysematous sallies beneath the peritoneum, some of them voluminous, rather soft, and containing little blood but sanies; its parenchyma is of a pale green and strong scent; the gall bladder is full of bile, of a clear golden yellow; the spleen is four inches long, rather emphysematous, very soft, and of a dark brown.

The skull was not opened, no cerebral symptoms having been observed during the malady. Thus, apart from the traces of pericarditis, which evidently date from the 29th ult., no lesion of any importance occurs, except in the arterial system, so that, had we but the description of the organs given to determine the cause of death, we should be obliged to attribute it to disease of the aorta. The œdema may, in a certain degree, be understood as a consequence of this alteration; and I will add that, having seen the patient for the first time on the 28th, I thought I recognised a malady of which I had observed two cases some months before at La Petié, in the service of Mr. Louis. I imparted my suspicions to some physicians who were watching this case, and indicated the soft false membrane, which I thought ought to exist in the aorta. This diagnosis, which may be regarded as venturesome, was imposed upon my mind, however, by strict observation. I had, it is true, but two facts; but these had presented themselves with the same unusual characters which I here, for the third time, recognised—a *general œdema supervening in an acute form, with intense febrile disturbance, in a young man, without symptoms of disease of the heart or principal organs.*

In the third case cited by M. Bizot, "the only organ besides the aorta which was diseased was the kidney. On both sides, it was but half its normal size, and its cortical substance was pale, mammillated, and adherent to the capsule when this was separated from the kidney." In studying the first case cited by M. Bizot (and this is the only one of the three that can be studied, no sufficient details being given upon the others), we

find that the œdema existed from September ; while it was at least a month afterwards, on the 24th of October, that the acute symptoms commenced, provoked by a long walk, which excludes the idea of an acute disease previous to October 24th. To what can we refer this indolent œdema but to the beginning of Bright's disease, or else to a latent aortitis? Now, of the former there is no evidence. The urine was not examined. The autopsy is not conclusive. "The *renal cortex, very emphysematous, gave way on raising the fibrous membrane ; its hue was greenish, the tubular substance firm and violaceous.*" These characters of a kidney which has already undergone the first stage of putrefaction cannot furnish the basis of a judgment. At the time of M. Bizot's observation, Bright's disease was very little known. Ought we, on the other hand, to admit a latent aortitis from the outset in order to explain the œdema which preceded by a month the acute symptoms? This would be another imprudence. It remains but to suspend our judgment concerning the acuteness of the œdema or anasarca as an almost pathognomonic sign of acute aortitis. During twenty-five years, I have sought in vain for a single demonstration of essential acute aortitis. But examples of acute aortitis symptomatic of other maladies are frequent. All I have observed confirms the observations of M. Bizot concerning the signs that he has mentioned. The acute anasarca or œdema, attended or promptly followed by a fever more or less intense, by anguish, orthopnea, restlessness at night, pallor, a pulse more and more frequent and sometimes quite irregular, pulmonic congestion, sanguinolent sputa, progressive weakness, subdelirium or lucidity—such are, indeed, the signs of acute aortitis ; to which add a slight bellows-sound towards the arch of the aorta, with the absence of abnormal sounds at the cardiac orifices from the pericardium or the respiratory organs until towards the last days of life.

Some reserve is necessary in accepting as the type the anatomical history of the aortic lesion. I have not always found the false membrane, so well described by M. Bizot.

Sometimes I have found it, but only at the arch of the aorta. Other forms of inflammation occur as well as the false membranous. I have observed, at and beyond the arch of the aorta, a disseminated inflammatory redness, to the spots of which little threads of blood adhered, evidently metastatic, in a hæmorrhoidal patient. He was a man aged forty, affected during many years with fluent and periodic hæmorrhoids. In his annoyance, he sat down in the water on the bank of the Seine. The flow of blood ceased at once; but he was seized, the same evening, with acute aortitis, of which he died a few days afterwards. His body presented no other lesion at the autopsy. I have also observed an abscess, from ten to twelve centimetres in length, below the origin of the carotid and subclavian, and perfectly encysted by a pyogenic membrane adherent to the intravascular serous membrane. With the exception of this case, which gave no sign during life, all the forms of aortitis have presented to us the same symptoms met with in the false membranous. I repeat intentionally, these cases of acute aortitis were not *essential*: they occurred in rheumatic, in gouty, in hæmorrhoidal, or in dartrous patients.

II.—On Chronic Aortitis and Cardio Aortitis.

The symptomatic feature of chronic aortitis resembles that of the acute form; but lapse of time permits its more complete elaboration. Dyspnœa with anasarca constitute the common background, while a greater variety exists in the other symptoms.

What physician has not known, at nearly every age of life, but especially at that when, already mature for many years, but full of strength and courage, man calmly sees the approach of old age amid his serious preoccupations—what physician has not seen, towards what is called the turn of age, powerful constitutions suddenly withered and undermined by an extraordinary disease which carries them prematurely to the grave? It is not the apoplectic shock which has come to break the

springs of animal life, nor the diabetic flux that exhausts the resources of vegetative life. There is neither the sadness nor the excitement of the hypochondriac, nor the inflammation, so varied and so terrible, of the urinary passages, nor visceral tumors, that knocks at death's door. All these affections, besides, are recognised and appreciated when we are guided by the torch of semeiotics. The malady of which I speak is, both to the physician and the patient, extraordinary in its nature and of unknown origin.

Before even any other symptom, the character changes. Ill humor replaces cheerfulness; ordinary affairs become a subject of troublesome preoccupation; anxiety extends in every direction to one's business, one's fortune, position, present and future, to the duration and termination of this unexpected malady, which is a hindrance to everything. One who was before generous and even lavish becomes miserly; one who liked society now shuns it; then, fearing to be alone with himself, concentrates his life within his family. But noise disturbs him; the least untoward circumstance irritates him. He excuses himself for it a moment afterwards, and is surprised at having lost his self control. Then, ennui, then, sadness, arrive. Efforts are made by his friends to find some diversion of mind; but he is almost *unamusable*. Crowded assemblies and heated rooms cause additional suffering. No more theatres, etc. The pleasures of the table are punished by restlessness or by frightful dreams, which the waking reality does not completely dissipate. Walking brings on oppression, sometimes a contraction, or even pain, at some point of the chest—often to the right of the sternum or towards the lower part of the left side of the thorax. The open air, after having done good during some moments, soon causes a sense of confusion or vertigo in the head. The jolting of a carriage fatigues; at a foot-pace, he drops asleep; at a more rapid one, he is cold, for he cannot bear the air of a close carriage. The stomach feels empty, hollow, and without appetite, often with bad taste in the mouth and aversion even for those aliments which

were preferred in health. The patients then say that their *heart is flaccid*. In others, the appetite is preserved. Some become gluttons. The countenance changes, the flesh falls away, and to the preceding symptoms, others succeed or are added. This is the second period, and the sequence not only of the prodromes when they exist, but also of that group of symptoms which we term the invasion, because the disease then shows its characteristic form. We must not, however, when the passage from one period to another is in question, expect constantly to meet in chronic, as in acute, diseases with changes so marked as to strike the least attentive eye, like the passage from day to night under the line. Diseases have also their dawns and their twilights. Nature loves transitions; and in these great revolutions of health, she does not altogether lose her rights. After oscillations of better and worse, the symptoms of chronic aortitis are confirmed. The dyspnœa is habitual, or returns by spells, the nocturnal agitation is aggravated, the skin becomes livid and dry, sometimes cold, sometimes warm, cold in one part and hot in another, the urine scant and turbid, palpitations by spells, pulse small, irregular, unequal, frequent, and sometimes full and regular, the feet swell, and the œdema progressively rises to the calves, to the inner part of the thighs, to the loins, and to the coats of the belly. It will never be long stationary. This state lasts sometimes for weeks, oftener for months, and then passes into the third and last period.

This fatal termination is announced by absolute sleeplessness. The patient seems to implore sleep, which baffles him, by continual groans. He has hardly got in bed before he rises in haste—running about the room like a madman; sitting down; standing up; shunning the fire, which increases his dyspnœa; dreading the cold, to which anasarca enfeebles his resistance. The whole night passes in futile attempts to find an easy position; and this wretched state may also last for weeks, and even for months. The days are in general less torturing than the nights. After very short dozings, a state of

cerebral torpor ensues, interrupted only by some lighting up of the mind from time to time. There are moments of delirium or of oblivion. The orthopnoea which has succeeded dyspnoea tends to apnoea, and suffocation is threatened. Cough supervenes, attended with expectoration, soon streaked, then tinged, with blood, then rutilant, then dark, then blackish; hydrothorax on one or both sides; œdema; congestions and even pulmonary apoplexies; bronchitis; great accumulations of mucus; the countenance is cadaveric; hair disordered; eyes dull, fixed, or haggard; cheeks flaccid or face puffed; pallor, with or without stripes, on and under the cheek bones; anasarca encroaching; legs tense, almost to bursting; dropsical cushions from the loins up to the hypochondria and across the pubis to the umbilicus, preventing the movements of the trunk forwards; enormous swelling of the pudendum or of the scrotum and penis; extreme difficulty of micturition; excoriations; œdema of the upper limbs, embarrassing the functions of the hands and fingers; constipation, insuperable by reason of the mechanical difficulty of pressing downwards, and of rising or being raised, every general displacement causing suffocation; or else, serous diarrhoea, stools partly involuntary, and consequent excoriation of the fundament and scrotum. Finally, marbling; ecchymosis; phlyctenæ over the lower limbs; sometimes superficial gangrenous spots, the sure fore-runners of death, which are preceded by an agony of varied duration and violence. Sometimes, life passes away in a syncope.

The reader will have missed in this description many symptoms belonging to acute aortitis, but which will recur in the history of *cardio aortitis*. We shall preface this by two autopsies illustrative of the lesion. Those of Marshall St. Arnaud and Dupuytren will be given in our next number.

SCRAPS FROM PRACTICE.

BY S. M. CATE, M.D.

It is not expected that the following cases will be less free from human infirmity than is common to such reports. Nor are they presented as examples of what medical practice ought to be, but rather as, in each of the cases, possessing some features of interest. In some cases, at least, it is hoped that the symptoms cured will present characteristic features sufficiently marked to be of some use to others in like difficulties. It ought to be further added, that the cases presented are not expected to give any light on average results, the record not including all the cases of the kind so as to represent the per cent. of success. I hope the unclassified selection from notes that extend over a period of several years, while justifying the title of "scraps," will at the same time disarm all expectation of any systematic arrangement.

CASE I.

Typhoid Fever cured with Rhus rad.—Mrs. E. A. M., aged 35. Her general health was low from protracted nursing. A couple of weeks before the fever came on, she had an attack of cholera morbus, with dysenteric features, which considerably added to the general prostration, when, in Aug. 1849, she was taken, after mild febrile paroxysms for a week, with chill, followed by chill and heat together; paroxysms of violent prostration, with sensations of faintness or sinking, mostly during the hot stage of the fever; redness, especially of one cheek, during the hot stages of the fever; tongue red at the tip and edges, with yellowish coat on the middle and back part; bitter taste in the mouth; some soreness in the region of the cæcum; rigidity of the muscles the whole length of the back, and pain in the whole length of the spinal column, most

in the lumbar region. *Arnica* palliated some of the symptoms for two or three days after the violent chill; then she had *arsenicum* 4^o and *rhus toxicodendron* 3^o alternately, until the nineteenth day after the chill. Up to this time, the symptoms had gradually grown worse, especially the sinking or paroxysms of prostration that attended the hot stage of the fever; and there was unequal distribution of heat, at times, one side of the head being hot and the other cold. Brandy and wine were resorted to, at times, to prevent a fatal and sudden collapse. On the nineteenth day of the fever, with symptoms as above, *rhus rad.* 6^o (centesimal) was given in solution; after taking which, she had a slight sinking turn, attended with confusion of the head, followed for six or seven hours with sleep of ten or fifteen minutes duration at a time, from which she would awake refreshed. From this time, the sinking ceased, and the next day, a dose or two of *belladonna* was used to remove a pressive pain in the head, excepting which, the *rhus rad.* only was used. The recovery was complete, and as rapid as could have been expected after so violent a disease.

The *rhus tox.* had failed to cure—so had *arnica*, *arsenicum*, *belladonna*, *bryonia*, and some other remedies; but the action of the *rhus rad.* was very prompt and satisfactory.

The peculiar symptoms (and which I have not always seen removed in other cases with the same remedy) were, with the common symptoms of inflammatory typhoid fever, the violent prostration or sensation of sinking or faintness during the fever fit, stabbing pains in the temples, also, with the fever fit, and coated tongue, with red tip and edges.

CASE II.

J. H., aged 18, after having typhoid fever in a mild form for two weeks, was taken with a chill, followed by a development of a more severe form of the disease. The inflammatory action was now developed; and on the third day from the chill, a marked delirium came on. He had *aconite* and

belladonna, and *belladonna* and *rhus tox.*; and for a soreness over the cæcum and diarrhœa, indicating an ulcerative tendency in that portion of the intestinal canal, *mercurius solubilis* 3^o and *belladonna* were given alternately, followed by speedy improvement of these symptoms.

On Sept. 7th, the delirium was marked with alternations of unconsciousness; or rather times when, though he would look around with some intelligence, still he would not answer any questions, and did not know his father and mother. There seemed also a total unconsciousness or inappreciation of his sufferings. R.—*Rhus tox.* and *opium* 6^o, once in two hours alternately.

Sept. 8th.—There is a little improvement of the tongue and abdominal symptoms, but he has seemed more wild after each dose of *opium*. R.—*Belladonna* 6^o and *rhus tox.* 6^o alternately, as before.

Sept. 9th.—Much the same, only a little less delirium, but has some return of diarrhœa. R.—The same medicine as yesterday, except four doses of *mercurius solubilis* between the other medicines.

Sept. 10th.—About the same. Continue *rhus* and *belladonna*, with a dose of *mercurius* night and morning.

Sept. 11th.—Much the same, except involuntary emission of urine; for which, he had *nux vomica*, two doses, and then continued *belladonna* and *rhus*, as before.

The treatment continued much the same till Sept. 18th, when the tongue was clean and the febrile paroxysms were gone—pulse 90, and soft. On the night of the 17th, and morning of the 18th, he passed some three or four quarts of clear urine. Fearing an acute diabetes, *tinct. belladonna* and *tinct. veratrum*, in solution, were given alternately once in two hours.

Sept. 19th.—The urinary trouble seemed better, though not well; other symptoms better, though not well. R.—Continue.

Sept. 20th.—The urinary difficulty was about the same as

yesterday, but more delirium. R.—Continue medicines the same as yesterday, except, if the delirium and sleeplessness are troublesome, to have *stramonium* 1° in the night.

Sept. 21st.—Last night, the delirium was wild and stormy at times. Imagined he had a fine horse and carriage; that he had a drum and large sums of money; and that certain things around the room were fine clothes. At times, he would lay in a sort of stupid state, with a vacant stare, and would not answer at all when spoken to, or only after pressing, and then as though he did not comprehend the question. R.—*Acidum phosphoricum* 6°, *sulphur* 10°, alternately; and if there was no sleep, to take *hyoscyamus* 6° instead, in the night.

Sept. 22d.—No effect from the medicine. The delirium was constant—talking, screaming, singing, and groaning. Talked of hearing music; of a drum; of going to sea; of going home (he was at home); of a coffin in the room; of a person dead in the room, &c. &c. When asked how he felt, if he answered at all, it would be to say he "felt first rate." The sordes on the lips and teeth, which were gone on the 18th, have returned, though the tongue is clean, and has been for some days; thirst moderate, though he drinks with avidity when water is offered; constant rolling of the head from side to side; no sleep; right eye turned out as with strabismus; trembling of the hands; lays wholly on his back, with his knees constantly flexed upon the abdomen; little comprehension of his condition or surroundings; did not know his parents. R.—10 A.M. *Opium* and *zincum met.* 3°, in alternation, a dose every two hours. These medicines were given from a conviction that the typhoid process was fixed on the membranes of the brain, and that there was some pressure from an increase of serum in the ventricles, with a tendency to paralysis of the brain. At 10 P.M., there was not much change, and he had *tinct. helleborus niger*, one drop in solution, and *zincum metallicum* 3°, 2 grs. in solution, a dose once an hour alternately.

Sept. 23d.—More quiet this morning; less rolling of the

head; less strabismus; pulse a little quicker and less sharp. R.—Continue the same.

Sept. 24th.—More improved; he begins to recognize his friends, and the delirium is decidedly less. R.—Continue the same.

Sept. 25th and 26th.—The improvement continued, and he had the same medicines.

Sept. 27th.—The squinting gone; delirium only at times, and slight; slight yellowish coat on the tongue, and some cough. R.—*Bryonia* 1° and *tinct. helleborus niger* alternately; and if he had delirium, to take *belladonna* 6° instead.

Sept. 28th.—About the same as yesterday, except some indications of diarrhoea, for which he is to have *tinct. sulphur*, two doses; then *bryonia* and *helleborus niger* alternately, once in two hours.

On the 29th, was improving, and had the same remedies.

Sept. 30th.—Improved in all respects, except he took some raw oysters yesterday, which seemed to disturb the stomach and produce some restlessness. Tongue has a little yellow coat in the middle; cross; picks his nose till it bleeds. R.—*Nux vomica* 6° and *tinct. helleborus niger* alternately. Medicine once in two hours.

Oct. 1st.—Improving.

The improvement continued till the 8th of October, when he was convalescent.

As a further illustration of the action of *helleborus niger* and *zincum* in some rare cases where the typhoid process attacks the brain in a peculiar way, I will give an imperfect outline of

CASE III.

G. A. G., aged 19. Was complaining of pain in the head, back, and limbs, loss of appetite and strength, bad taste in the mouth, &c. &c., for two weeks before I saw him. Then (July 10th, 1860) had symptoms as above, which, seen as a whole, indicated the first stage of typhoid fever. From July 10th to the 23d, had a gradual development of the disease; chills moderate, followed in the afternoon and evening by

considerable fever; pulse from 80 to 100 per minute, and somewhat hard. On the 12th of July, some diarrhœa came on, yellowish discharges, some prostration and pain in the bowels before the discharge; both pain and discharge increased, and were brought on by drinking even a spoonful of water or other cold liquid. From July 10th to the 24th, he had *bryonia*, *rhus rad.*, *arsenicum*, *acidum phosphoricum*, *nux vomica*, *pulsatilla*, *china*, *mercurius dulcis*, *terebinthina*, *opium*, and *cina*, with very moderate advantage. The bowels now were somewhat tympanitic — ten to fifteen discharges in twenty-four hours, and the typhoid state pretty well marked; delirium, especially at night; sordes on the teeth and lips.

July 24th.—R.—*Rhus tox.* and *borax* alternately, once in two hours a dose.

On the 25th, 26th, 27th, and 28th, had the same remedies, under the action of which the diarrhœa and pains from drinks were gradually cured; but the fever kept steadily on. There was a constant disposition to sink down in the bed so as to push his feet through the slats of the footboard (a symptom pointed out by Hartman as indicating the use of *acidum muriaticum*). When asked how he felt, he would answer, "pretty well;" but perhaps in a minute or two would be in a wild, muttering delirium, muttering about going home, about his horse, about paying his bill, about moving, &c. &c., or would fall into a kind of half sleep, with his eyes half shut. Some picking at the bedclothes, and some *subsultus tendinum*. R.—*Arsenicum* and *acidum muriaticum* alternately, a dose once in two hours.

July 29th.—No improvement. The delirium is more marked. The febrile paroxysm in the afternoon and evening has a profuse sweat attending it, but most in the night; pulse 80 per minute, and not full; abdomen lank; considerable squinting of one eye. Feeling convinced that the abdominal organs did not have sufficient disturbance to keep up the diseased action, and that the more marked cerebral symptoms pointed to the brain as laboring under more deep-seated derangement than would proceed from the altered condition of the blood, it

seemed conclusive that the typhoid process was principally on the brain. With the case before reported in mind, *helleborus niger* and *acidum muriaticum* were given alternately, a dose once in two hours.

July 30th.—There was little change; and though the cerebral symptoms were more pronounced, indicating an approaching paralysis of the brain, still there was less violence of the febrile paroxysm. R.—*Zincum metallicum* and *helleborus niger* alternately, a dose once an hour. From July 31st to Aug. 4th, he had the same remedies, at intervals of two hours, and though there was a gradual and sure improvement, it was slow. From Aug. 5th to the 7th inclusive, he had the same, except that *tinct. sulphur*, twice a day, took the place of the other remedies.

Aug. 10th.—Delirium, squinting, and most of the fever gone; but there was sweating when asleep, and a tympanites that needed attention. R.—*China* and *helleborus niger* alternately, a dose once in two hours.

Aug. 12th.—Improving. Has a good appetite, takes broth, rice, bread tea, &c. with a relish. Continue the same, and discharged as convalescent. But was called again on the 16th, and found he had an inactivity of the bowels, and had suffered from the fæcal accumulations, but had found some relief from the use of injections of tepid water. Still the appetite was very large. For two days, had attacks of chills, followed by restlessness and profuse sweats, which seemed to proceed from the overtaking of the bowels and stomach. R.—*Nuxvomica* and *sulphur* alternately, a dose every three hours. The chills ceased after taking the remedies, and, with the occasional further use of them, all difficulty was removed and the recovery was complete.

CASE IV.

Rheumatic Fever cured with Arsenicum and Juglans Cinera.—
Capt. N. B. M. Has followed the seas twenty-five years. Has had yellow fever and violent sciatica. Two weeks ago, got

chilled by standing exposed to the east wind, while in a perspiration. Had rheumatic inflammation, swelling, stiffness and pain in the hands, on the 4th inst., which was treated with local application of molasses. The left knee had also been inflamed for some days; but the molasses poultice afforded it no relief.

I saw him first June 15th, 1860, at 10 o'clock P.M. Then, violent pain in the outer side of the left knee; considerable swelling of the painful part over a space as large as the palm; the skin of a light red erythematous color; the inflamed part very sensitive to the touch, and a violent increase of the pain from the least motion; slight trouble in the other knee and in both elbows; some febrile excitement in the afternoon, and very restless then and at night; a constant desire to change the position and place; a sort of nervous vehemence that would allow no quiet. Pulse 80 per minute, and a little hard and wiry; tongue white; urine a little scant and high-colored. R.—*Terebinthina* 1 \circ , *tartarus stib.* 1 \circ , in solution, alternately—a dose of medicine every two hours.

June 16th, 10 A.M.—Had some sleep. The inflammation increased in the left knee, and some on the top and outer side of the left foot; right knee more inflamed. R.—Continue the same.

June 17th, 10 A.M.—Worse; had a worse night; right foot and knee more inflamed; left knee a little better; the other symptoms about the same. Continue the same medicines.

During the 18th and 19th, there was no change for the better. The urine acid, reddening litmus paper. Bowels had not moved since the first attack. To continue the same medicines as before.

June 20th, 10 A.M.—All the symptoms worse, except the left knee is better. Now, the right knee and both feet are most inflamed and swollen. Is most restless in the afternoon and night, when, with all the symptoms being worse, there is most fever. In the night, seems to have piles of boxes and bales of goods to dispose of, but can find no help to arrange

them. R.—*Arsenicum* 3^o and *juglans cinera* 1^o, in solution, alternately—a dose every two hours.

June 21st.—After taking the medicines, the pains abated; slept by times through the night, and the joints some improved this morning. R.—Continue the same.

June 22d.—Still more comfortable. Continue the same.

June 23d.—Inflammation has left the feet and knees, and developed to a moderate extent in the left elbow and wrist, and this morning there is some development of the inflammation in the left wrist. Continue the same remedies.

June 24th.—Pulse 72 per minute; less hard. Had a pretty good night. Inflammation in the left arm and wrist about the same as yesterday; tongue somewhat dry at the tip. Continue the same remedies.

June 25th.—Better in all respects. The rheumatic inflammation and pains are passing off rapidly.

A steady and rapid improvement followed the last date. About three weeks after, the patient was so well as to go a journey to the White Mountains, and he bore it well. From exposures and overdoing, a moderate lameness of one leg was left after his return from the mountains; and as *arsenicum* cured it promptly and permanently, I concluded that the *arsenicum* was principal in the cure of the acute disease, and regretted it had not been given alone.

CASE V.

Mania a Potu cured with *Helleborus Niger* 1^o and *Zincum Metallicum* 6^o.—S. W. aged 55. Was called to him Nov. 3d, 1860. He had been drinking badly for some time. The day before, was taken with illusions that men with black faces were looking at him; that he was away from home; that the plastering was falling; that the bed was covered with red ants, and at times with caterpillars; that strings of shining wire were twirling about in the room, &c. He was much excited, quite sleepless, wanted to run away, to strip himself naked, and to tear his clothes and bedding. Pulse 90 per

minute; tongue coated; some appetite; moderate thirst. R.—*Arsenicum* 3° and *nux vomica* 3°, alternately, in solution—a dose once in two hours.

Nov. 4th.—Symptoms the same, only more marked. R.—*Opium* 1° and *arsenicum* 3°, in solution—a dose of medicine every two hours.

Nov. 5th.—Urine very scant; other symptoms the same. R.—*Apis mellifica* 4°, in solution—a dose every two hours.

Nov. 6th.—Symptoms more intense. R.—*Arsenicum* 3° and *tinct. sulphur*, in solution—a dose every two hours.

Nov. 7th.—More wild; sings, prays, and swears, by turns. R.—*Stramonium* 1° and *arsenicum* 3°, in alternation—a dose every two hours.

Nov. 8th.—On analyzing all the symptoms, I came to the conclusion that the man's debauchery had produced inflammation of some portions of his brain, and that the remedies that had been given were not adapted to the pathological changes that were pathognomonic, or which, in the words of Hahnemann, were the "important symptoms" in the case. With the conclusion reached, as stated above, he had, at 10 o'clock A.M., *helleborus niger* 1° and *zincum metallicum* 6°, each in solution, alternately—a dose of medicine each hour. It ought to be stated that, on the nights of the 3d and 4th inst., he had a wet sheet pack, after the most approved hydropathic fashion, followed by a short sleep while the sheets were on, with the exception of which, he had had no sleep for the past five days and nights.

Nov. 9th.—Six hours after he commenced taking the last medicine yesterday, he calmed down, went into a quiet sleep, and slept through the evening and night. R.—Continue the same medicine as yesterday.

The improvement was rapid and complete in three days more, and *zincum* and *helleborus* the only medicines used after the 8th.

Salem, Mass., Dec. 8th, 1860.

THEORY OF CURE.

BY JAMES T. ALLEY, M. D., OF NEW YORK.

IN the remarks we propose to make upon this subject, we shall avoid, as far as possible, the field of the speculative, and confine ourselves for the most part to evidence founded upon fact. We shall also endeavor to turn away from the learned disquisitions and abstruse philosophy in which this subject has been almost buried, and come down to the plain arguments which common sense suggests. Truth is always simple, and just beneath the surface, needing only a sensible survey to be thoroughly apprehended by all.

We judge of all things by external signs. Every symptom or language has an interior meaning—every idea or law, an external manifestation. It is only in this way that we get a knowledge of the action of remedies, and of the laws governing the vital force.

Clinical facts are valuable to us, not merely because they benefit the patient or increase the reputation of the physician, but because by them may be established certain principles necessary for the guidance of scientific administrations.

When, therefore, a certain remedy becomes the means of effecting a cure, its value to the profession lies, not so much in the particular patient it benefits, as in the law it demonstrates. It is only by observing action in regard to manner, sphere, and time, that the law of medicinal powers and of vital disturbances are surely established. We judge of the qualities of a given drug by the manner in which it disturbs the vital force; and we judge the laws governing the vital force by the manner in which it is affected by disturbing causes. Liebig says, "the vital principle is known to us through the peculiar form of its instruments; that is, through the organs in which it resides. Its laws must be investigated just as we

investigate those of the other powers which effect motion and changes in matter ;" that is, as they are invisible, we can only judge them by their effects. It is, then, by watching symptoms, by noting carefully every sign of disturbed health, that we come to a knowledge of the laws of life. Knowing this, we have the exact half, or what we have called, in another article, the *indicative* half, of the conditions of medical science ; the *corresponding* half lying exclusively in the powers, properties, or forces of the innumerable medicinal agents which are now or are yet to be discovered. Every internal disease, from whatever cause or in whatever locality, gives forth certain fixed, definite symptoms, and no matter how many symptoms there are, or how complicated they may be, there is a drug which, if given in health, will produce symptoms *similar* to these, or at least sufficiently similar for all practical purposes. This drug, then, will become the means of effecting a cure by acting as a secondary cause ; and by reason of the symptoms or evidences being similar, we judge that it affects the identical places which were the seat of the primary or morbid cause. How it affects the diseased part, and how health is restored, we shall soon inquire.

This, then, is the object in choosing a drug for a certain disease : to select one the symptoms or manifestations of which are, nearly as possible, similar to those produced by the morbid cause. This is always a safe rule, if used with discretion and with a due consideration of all the circumstances attending the case ; for although some of the symptoms of the disease may be sympathetic or resultant, we have the best of evidence for *knowing* that a drug which produces similar symptoms must do so by exerting a similar effect upon similar places. For instance, a morbid and a medicinal cause which produce similar effects in a certain organ, will do not only this, but every sympathetic effect produced by the one, will also be produced by the other. This is in plain accordance with the law that *like causes produce like effects*. Because the symptoms produced by *arsenic* are almost exactly similar to those we find

in certain forms of Asiatic cholera, we judge that the seat of primary disturbance is the same in both. Any disease having legitimate symptoms, no matter what they are, will be surely cured by a drug which produces similar symptoms, provided the disease is curable by any medicinal influences.

This does away with the silly charge that we treat symptoms and let the disease go unchecked. The symptoms we use as the mere indicators pointing to a drug which will produce similar symptoms; and if it produces similar symptoms, then, by all the laws governing the system, we are compelled to believe that they do so by producing a like disturbance in the identical spot where the morbid cause produced its first impression.

We find, then, that the proving of our drugs upon the healthy system furnishes us facts which are the surest guide in determining the pathological changes the various organs may undergo; and the boastful pretensions of the knife and the post-mortem, except in a few instances, are secondary and unimportant in comparison with the true knowledge of medicinal action.

Any drug which is a true *similimum* is independent of the best pathologist, and neither the keenest senses of men, nor the fancied rods of the magician, are of a jot of advantage in *directing* the healing force. Not that pathology is unnecessary, for the totality of symptoms must be made with reference to pathological changes; but, where no organic lesion or mechanical obstruction exists, there we may unfailingly expect the *similimum* will cure. We use the term pathology here in its broadest and literal meaning, viz. diseased physiology.

Without at present noting further the action of remedies, let us now inquire, How do they cure? What relation have their peculiar properties or powers to the deranged vitality we seek to remedy? Is there a magnetic polarity, an electrical affinity, a catalytic action, a derivative influence on operative antipathy? Or what is the manner in which the cure is effected? Hahnemann's ideas, though they are somewhat

equivocally expressed, are far more correct in the main than those advanced by any of his critics. He believed that the drug, when administered, made an impression upon the diseased part by substituting its own peculiar medicinal, for the similar morbid, action for which it was given, and also that the medicinal influence must be stronger than the morbid in order to obtain the mastery.

Dr. Schron believed that disease consisted of the noxious agent and the reacting vitality, and that a medicinal irritation incited a renewed action of the vital force, which neutralized both the primary and secondary influence.

Dr. Rau and Dr. Schmid believed the change to be due to the influence of magnetic polarity.

Dr. Mosthaff says that, although the remedy acts upon the same organ, it produces an action dissimilar from that caused by the disease.

Dr. Müller, of Vienna, entertains much the same views.

Dr. Roch considered that the drug power had an affinity for the disposition to disease, and that the curative process consists in substituting an artificial, which is milder than the morbid, disease.

Dr. Griesselich advances the idea that the drug force has an affinity for the vital force, and thus draws it away from the morbid cause. Whether the vital force can thus be monopolized until the morbid agent has spent its force, is quite doubtful; and though passable in theory, there is but little evidence to sustain it.

Dr. Mayerhofer believes that the drug impairs the impressibility of the organism to the morbid influence.

Dr. Trinks says that the remedy acts as an antidote to the disease, "and by its influence poisons and kills the life of the disease, something in the same manner in which an acid is neutralized by alkali, and loses its corrosive and destructive power."

Dr. Schneider's theory, in substance, is this: The disease is cured by being transferred from the internal parts to the

periphery. The object, therefore, in prescribing is to select a drug which has affinities with the same internal and peripheral parts as the morbid instrument. When such a drug is given, it cannot act upon the internal parts, for the reason that these are occupied by the disease; accordingly, it goes to the periphery, where there is also an affinity, and by causing excitement in these parts, it induces the disease to transfer its morbid action to the periphery, which is all that is necessary to effect a cure.

Dr. Gerstel, of Vienna, advocates the doctrine of derivation. He believes that, even in a diseased organ, there are yet healthy parts, and that the remedial agent, acting upon these, draws the disease from its first location.

Others have considered the curative process to depend upon the antipathy of similars. That is, the medicinal agent, acting upon the same spot and in the same manner, drives the morbid agent from the system by its unconquerable antipathy. This theory is far-fetched, and unfortunately cannot be sustained by facts. Another view which has more recently been advanced by Dr. Dudgeon, of London, claims additional notice from the fact that he has so freely criticised the theories of some of the authors we have quoted. He says "the morbid agency acts by inducing over-irritation of the part on which it acts, causing increased vital action, which is followed at a greater or less distance of time by diminished vital action, which gives rise to those phenomena we call disease. The morbid agents then, natural and medicinal, are both primarily irritant, and cause increased vital action. When a case of disease presents itself to us, we have before us an instance of diminished vital action, in order to remedy which, by the method under consideration, we must apply an irritant capable of stimulating the diseased part up to the healthy level." When this is accomplished, he says "of course the disease will be extinguished and healthy action restored." Again he adds, "*Similia similibus* expresses only the rule for the selection of the remedy. The actual curative process is rather *contraria*

contrariis, for the impression we effect with our remedial agents is the opposite of the existing condition of the diseased part."

To sustain this last idea, Dr. Dudgeon quotes from Dr. Fletcher: "They cure not by the stronger but by the opposite impression which they make, so that homœopathic medicines after all operate on the antipathic principle." He also quotes from Dr. Müller, of Leipsic: "Inflammation consists of a kind of partial paralysis of the capillaries. The medicine cures by the stimulation it applies to these paralyzed nerves by virtue of its primary action; that its action, in fact, is the opposite of the actual condition of the diseased part, and that the principle, *similia similibus*, is merely our guide to the selection of a remedy, but that it by no means expresses the part that remedy performs in relation to the disease." With great respect for the learning and ability of Dr. Dudgeon, and with obligations for what he has done for homœopathy, we must say that his theory of cure is quite as subject to unfavorable criticism as many of those with which he has dealt so severely and sometimes, we think, unfairly. The theories here quoted we have been compelled, for want of space, to express in only a few words; and for the same reason, though some of them are partially true, and most of them ingenious and beautiful in philosophy, we shall pass them without comment.

Most of the theories which have been advanced upon this subject seem to have been constructed with but little regard to the plain object the dose is to accomplish. According to the best authorities and to all rational inferences, disease is nothing more than a disturbed action of the vital force. It makes no sort of difference, as far as the theory of cure is concerned, whether the diseased action is above or below the proper level. This we shall notice hereafter. If this, then, be the theory of disease, the object of the remedial dose is to return the vital force to its normal healthy action. We must not forget that this may sometimes be done by various means; and though occasionally accomplished by methods which

require but little intelligence, the end secured will be as satisfactory and perfect as if effected in any other manner. A law of healing, to be perfect, must account for every cure made by any system known. This we believe to be true of the one we maintain. For instance, a case of disease is presented which is beyond the natural powers of the organism to overcome. This may be treated in several different ways, and yet the same end attained—the cure made complete and permanent. First, the allopathist may take him under his care, and by purgatives or diuretics, bleeding or counter-irritation, fomentation or *contraria* drugs, the patient, in process of time and by reason of some of these means, gets well of the disease. Next, the hydropathist may take a similar case, and by his well known method of treatment finally overcome the morbid process. Next, the electrician may bring to bear his remedial measures upon the patient, and a like favorable termination results. Again, the manipulations of the movement cure are effectual in restoring the disabled parts. Again, diversion of the mind or change of atmosphere will soon be efficient in restoring health. Lastly, we all know that the specific effect of that drug which is the *similimum* is the sure means of restoring the disabled organism to its appropriate functions.

We do not say that these methods of cure are equally to be recommended, or that any of them, except such as are administered according to our law, can often be justifiably used. But the very fact that such cures are made is sufficient to demand an investigation of the process, as these, even though they are exceptional cases, will give us some hints in regard to the law of cure. It matters not whether they are effected by one or another of the methods we have mentioned, or by the veriest quackery the age can produce; each and all of those methods somehow accomplish the object sought, namely, they regulate and return the vital force in its natural quantity and manner. Each of them may, perhaps, effect this in a different way; but the result is always the same. We shall speak more particularly of this hereafter.

Disease, as we have said, we believe to be simply a derangement of the vital force—an aberration from its proper and accustomed channels of the vivifying, life-giving, indispensable spirit; and the whole train of morbid symptoms which we meet in any given case are mere manifestations of this disconcerted force. In some cases of disease, this disturbed force has more than its natural degree of activity, being over-urgent, and consequently tending to continue and spread the morbid condition; and, in other instances, it has less than its ordinary vital supply, and because of its insufficient quantity, the morbid state remains. We believe, also, that the forces which cure are always resident in the system, and receive not the least contribution to their power from the specific forces of medicinal agents.

What we call remedies do not cure. Drugs do not remove disease. They are merely the instruments which irritate and provoke the vital force to such a degree of action that it is able to expel both the morbid and medicinal influence. Our mission is only to give such impetus to the force acting in the diseased organ that it can overcome the obstructions and embarrassments which baffle it, and really constitute disease. The medicinal force never *assists* nature in effecting a cure; that is, its power never operates in conjunction or concert with, but always opposes its action to, that of the vital force. Here we come to one great error in which many theorizers have fallen. They would have us believe that the drug establishes its own action in the organ, stimulating it up to a certain standard, when the vital force again assumes entire control and the medicinal agent is expelled. This would necessarily make us believe that the action of the drug was in some degree of harmony with that of the organ; for, if the drug, by its specific power, brings it to the normal *status*, it must be that its force is analogous in action to that which sustains it thus. In other words, it requires similar forces to operate upon a certain organ in order to produce similar conditions in that organ. It consequently follows that a

specific drug force which can bring a part to such condition that the vital force is able to act, must act in some degree of unison or harmony with the vital force. Again, it seems almost folly to suppose that any drug can take the fallen reins of an organ or part, and, after bringing them up to the required standard, abdicate and say to the vital force, "now take them and drive on." This is taking the operations of life entirely out of their natural course. It is conceding to the drug-power more intelligence and responsibility than inheres in the resident organ-power. It is endowing the medicinal force with the skill of a goddess, who flies to the diseased organ, removes its disturbances, and allows it to move on again with its proper functions.

This doctrine is *directly opposed to every example of medicinal action*. Every drug introduced into the system is a foreign intrusion, an actual poison; and is just as unnatural there as the seeds of the most loathsome disease. Drug action, instead of being in unison or consonance with, is always *dissimilar, irreconcilable, and utterly opposed* to, the vital force acting in that organ on which it has its specific influence. We are perfectly safe in saying that all drugs, no matter what they are, act upon the organism by reason of the antipathy existing between the drug and the particular organ or part which is the seat of their action. *Belladonna* may go the whole round of the body, and its peculiar force create but little disturbance with any organ until it comes to the throat; but the moment it arrives there, it excites a vital reaction—that is, the vital force treats the medicinal force as an aggressor, and summons every energy to drive it from its unnatural position.

Cantharides moves in comparative agreement until its action is made to confront the kidneys; but as soon as this takes place, these organs begin an excited action, and give us evidence that they are making strong resistance against the intruding force. *Secale* may be taken in large doses with seemingly but little effect upon the general system; but the uterus will soon begin to show more or less excitement and inordinate action.

The contraction of this organ which follows the administration of *secale* is not produced by the drug power directly; but the drug is merely the irritant which provokes the vital force to renewed and extra action—and by this our aim is accomplished. In regard to the kind of action, the throat and skin bear the same antipathy to *belladonna* that they do to *scarlatina*. The throat, skin, and bones are as irreconcilably opposed to the action of *mercury* as they are to that of the poison of syphilis. The stomach and bowels treat *arsenic*, *veratrum*, *mercurius*, etc., as no less unwelcome intruders than the poison of Asiatic cholera, or any other cause of morbid action in these organs. In fact, with respect to every medicinal agent we employ, its usefulness *depends upon the distinctive antipathy shown to it by the organ whereon it acts*. Any drug we may use that creates no decided disturbance in any organ or tissue, even when taken in health, will be entirely useless as a means of cure.

The influence of the drug, it is true, is generally more moderate and more transient than that of the morbid cause; but the kind of action is EXACTLY SIMILAR, and it differs only in degree. Now, in a very few words, let us see what is the condition of the organ at the time it demands and needs medicinal influence, and then we shall know what it is expected that the remedy shall accomplish. When the exciting cause of disease is presented to an organ, the vital force residing in that organ rushes impetuously to meet, overcome, and expel it. If it is able to do this, then the effects of the morbid agent are soon dispelled, and the part returns to its natural state; but if the vital force is unequal to this task, then it is defeated and driven back by its superior antagonist, so that it has not the power of effectual reaction. In diseases which are really curable, the morbid cause passes quickly away, leaving only the destructive effects of prostration and disability in the seat of its action.

When, in this condition, the medicinal influence is presented through the same channels and in a similar manner, *the very*

act of the vital force, as it sallies forth to meet the medicinal foe to which it has a like antipathy, opens again the inactive sphere of its former residence, vivifies it again with its natural stimulus, and the force is now able to remain in its legitimate residence, because the medicinal force, being only sufficient to excite a return, offers no resistance which is not easily expelled by the home-coming force. In cases where the medicinal power is so strong as to defeat and again conquer the vital, then no cure will ensue; but the parts will be left in even a worse condition than before the drug was given. The dose should be, and, to cure most quickly, must be, just sufficient to call forth the vital force, at the same time that it makes the least possible resistance in being expelled. In the very few cases where a portion of the morbid cause still remains, there the dose may be sufficiently large to give increased impetus and power to the returning force; so that now, when it comes to the strife, it has not only gathered additional energy, but its opponent has lost, from natural causes, much of its power to oppose; and thus the conquest of the vital is made comparatively easy and certain.

The question, therefore, whether the medicinal should be stronger than the morbid influence, is one the answer to which depends upon circumstances; though we may safely say that *almost always* the medicinal may be *far weaker* than the morbid. That the curative action depends upon this calling back of the vital force to the parts from which it has been driven, and not upon any chemical action, magnetic polarity affinities to the disposition to disease, or antipathy between the medicinal and morbid cause, etc., is proved by the fact that the presence of the medicinal agent is not indispensable to the cure; for other agencies also, such as the allopathic, antipathic, hydropathic, electrical, psychological, or the movement cure—any of these will at times, and some of them often, attain the same end, each of them fulfilling equally well the requisitions of the disordered part. Now, whichever of these cures a case of disease, no matter what the means may be, it is always done by some influence which,

directly or indirectly, causes a return of the vital force to the disabled parts; and it is by this return alone that the cure is effected. How these various means operate to accomplish this will be explained in our next.

That disease is not cured by drugs, that the diseased part is not brought by them to such a state that the vital force can resume action, is farther proved by the fact that in many patients, though they receive never so many drugs, and never so appropriately administered, they are not benefitted, but rather made worse by each succeeding dose; and this not because of any fault in the drug, but because the system is in such a state of atony or debility that the organ is not able to manifest its antipathy—that is, that the organ-force is so weak that even the strongest incentive cannot cause it to return. But take the same patients, and build up the system by a generous diet, by improved nutrition, by a change of climate, or any other means necessary to invigorate and give general tone, and now, by administering the same remedy, the disease will be quickly removed; because the organ has now so much inherent force that, even if mastered for a time by a morbid cause, as soon as a second or medicinal cause is presented having, as we have said, a like antipathy, the organ-force again musters all its energy, and moves to meet the implacable foe. This *motion* of the vital force *restores*. The drug, because it *excites* this motion, becomes the *means* of cure.

Again, we maintain that *similia similibus* expresses not only the rule for the selection of the remedy, but equally does it express the part that remedy performs in the cure. When Dr. Dudgeon and others declare that "the actual curative process is *contraria contrariis*," "that the impression we effect with our remedial agents is the opposite of the existing condition of the diseased part," they must certainly be blinded with the idea that it is their drugs which are going to cure. *Never is this so.* Again we say, *drugs do not cure disease.*

Even as the morbid cause, by its dynamic power, repulses the vital force and is in turn repulsed, so the dynamic of the drug acting upon the same spot, in the same manner repulses

and is repulsed, being subject to the same influences, governed by the same laws, and always, when it is the *similimum*, producing the same impressions, except perhaps varying slightly in degree. It is of no consequence whether the "impression of the drug is the opposite of the existing condition of the diseased part" or not. We do not depend upon the impression of the drug to effect a cure, but upon the *motion*, the action or reaction of the vital force. That a drug is capable of removing a morbid condition similar to that it will produce on the healthy economy; that it has similar qualities or antipathies toward the organ-force with those exhibited by the morbid cause; that its rule of action in every respect is the same— are all the questions necessary in establishing the doctrine of *similia*. What *degree* of vital action there is in the diseased part at the time the drug is given, or what particular mood it is in at different times for responding to the exciting causes, is of no importance to the question under consideration. Unlike those who desire to cast away half the meaning of *similia*, we prefer to say that a far more legitimate objection to its use would be, that it so feebly expresses the full and perfect law which it is intended to represent. The word *identical*, were it allowable, would more nearly convey the idea.

Although we have taken the position that drugs do not cure, we would make no objection to the phrase *similia similibus curantur*. A more literal expression would be, *like is the means of curing like*. But this would be altering a form of speech sanctioned by the example of the best scholars since the origin of medicine, some of whom have advanced similar views in regard to the action of drugs. This, then, is our theory of cure. It is in accordance with all the facts with which we are acquainted; by it, we can understand the method of every cure; and no valid objection can prevail against it. We have not answered some objections which might be anticipated, for the reason that our article is already too lengthy.

In our next, we shall speak of the action of remedies; and the facts we shall then set forth will fully corroborate every position we have taken.

PHOSPHOR-NECROSIS.

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

THE attention of physicians and surgeons in Europe and America has now, for several years, been directed to a peculiar form of necrosis affecting the maxillary bones. In Germany and France, it had become an object of attention as early as 1847, and brief descriptions and various ætiological researches were published. Since that time, the disease has become quite common in those countries, as well as in the United States. Though a large number of cases have presented themselves at the different hospitals, and have been subjected to *some* kind of medical and surgical treatment, and the pathology has received due attention, no investigation of the subject from the homœopathic point of view has yet been made. We will therefore bring together a few interesting facts relating to this new disease, which the progress of the arts has so recently created, and consider—1. The symptoms and general history of the disease; 2. Its cause and pathology; 3. The results of allopathic treatment; 4. Some results of homœopathic treatment of maxillary caries and kindred affections.

In France and Germany, the use of phosphorus in the making of Lucifer matches is very extensive; and in those countries, caries of the maxillary bones is very common. In some persons, the breathing of air containing the vapor of phosphorus causes bronchitis; and in some of these, the breath becomes luminous in the dark. In others, a disease of the lungs is excited which presents the appearance of a neglected "cold," that runs on into consumption. Inhalation of phosphorus is said often to excite abortion, and its power in that way is often taken advantage of. The air containing the noxious agent was analyzed by Dr. Dupagnier, and found to

consist chiefly of hypo-phosphoric acid, with small quantities of phosphuretted hydrogen, and some phosphoric acid, or phosphorus in the form of vapor. He found the breath of the people who suffered from inhaling it, luminous in the dark. The report of Dr. Walker Lewis, presented to both houses of parliament, in 1855, "On the Regulation of Noxious Trades and Occupations in France," shows that bronchitis, of a very severe form, is a common affection among the work-people who breathe the fumes of phosphorus. Of the truth of this observation, he furnishes abundant evidence, collected from various sources.

I.—*Symptoms and General History of Phosphor-Necrosis.*

The first symptom noticed is pain in one or more teeth, in either the upper or lower jaw. This pain varies in intensity, and soon extends to the entire maxilla. The periosteum, and at a later period, the soft parts, begin to swell and become painful on pressure; the gums and cheeks swell, become tender, and erysipelatous inflammation extends over the surface of half the affected jaw, progressing towards the ear and neck. With this local inflammatory condition, the general system sympathizes; the latent causes of disease, which may have hitherto remained dormant in the system, are roused into activity, and scrofula, tuberculosis, or some other psoric or dyscrasic affection, assumes its preponderating influence over the blighted and disintegrating frame.

II.—*Cause and Pathology.*

The disease originates only from phosphoric acid gas taken into the system by inhalation. Though the operatives in the match factories are employed during the day in rooms which are not well ventilated, and the noxious gas is brought into contact with the body generally, with the mucous membrane of the air passages and the cutaneous surface, it is only through the mucous membrane of the mouth that the poison obtains access to the bony structure which is to become the

principal seat of its ravages. Microscopic researches have shown that the pathogenetic effects of phosphorus begin in the periosteum which covers the alveolar processes, except in those very common cases in which the recent extraction of a tooth, or a large cavity in a decayed one, furnishes to the destructive agent a more direct admission to the osseous tissue. Dr. Geist says that, in all cases of phosphor-necrosis, he has found one or two carious teeth, which furnished the first point of localization in the jaw. It is certain, however, that although there be no carious teeth, and none have been extracted, the poison, when habitually breathed in a condensed form, may be absorbed through the mucous membrane covering the alveolar processes in sufficient quantities to initiate the true periostosis, which never ceases till necrosis is established in the bone beneath. The degree of rapidity with which it progresses may be influenced by the age of the patient, and the degree of concentration of the poisonous vapor. From the moment that the periostosis begins, the nutrition of the bone is impaired, the periosteum is separated from the bone, and a morbid and offensive matter is formed between them.

In every form of caries, says Rokitansky, the sanious bone, examined in the recent state, presents various appearances, according with the progress which the disease has made. In superficial caries, the compact bone is rough and corroded under a covering of sanies; its medullary canals are unequally dilated; the tissues contained in them are partly reduced to a mere friable mass, or flabby, warty excrescences, which readily bleed, are developed from them, which shoot outward in considerable quantity over the rough surface of the bone. The bone always appears porous or spongy, according to the contents of the medullary canals; in the first case, discolored—in the second case, rough in various ways. In cases of caries of the spongy texture, when the formation of granulations is luxuriant, the bone assumes a dark, livid redness; it becomes soft, and resembles a piece of flesh permeated by a fine, delicate, bony texture. It is said by Delpach, Berard, Ponget,

and Sanson, that a peculiar fatty matter is produced; though, according to Monret, the gelatin has not disappeared from the bone. The carious bone, in the macerated, dry state, appears rough, as if corroded, and acquires a spongy, porous, worm-eaten appearance by reason of the unequally dilated medullary canals, which in several places have formed into holes, and which perforate it. The cells of its spongy substance are dilated, and their parietes are attenuated and broken down like the grating of trellis-work.

The researches of Valentin show that, in caries, the organic constituents of the bone are increased, whilst the carbonate of lime is slightly diminished, and the phosphate of lime reduced in a much larger proportion. In an osteophyte-like crust deposited around a carious tibia, the phosphate of lime was still more diminished.

In the United States, the form of caries known as phosphor-necrosis has become quite common since the introduction of phosphorus in the process of making friction matches; and the amplest opportunities exist for investigating its pathology. At a meeting of the New York Pathological Society, in the summer of 1859, Dr. Markoe, on exhibiting two specimens of jaw-bones removed from a patient, thus described their pathological character: "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 bone." To this last assertion, Dr. Wood replied that he was prepared to show that, under proper circumstances, bone was often reproduced. Some of the results of his experience were given on another occasion.

III.—*Allopathic Treatment.*

Phosphor-necrosis has as yet received little medical treatment outside of hospitals; and, inasmuch as these institu-

tions are generally under old school administration, the treatment there has been such as Hippocratic medicine could give. The physician resigns the case to the surgeon, who promptly proceeds to the operation of exsection of the offending member, however extensive the diseased portion may be, even if involving both of the maxillary bones. The following case from the *Lancet* (Sept. 1859, p. 241,) illustrates the nature of the disease, as well as the mode of performing the operation :

Charles T., aged 39, a wax taper dipper, admitted into the Royal Free Hospital on Dec. 28, 1858. He had been working seventeen years at his trade before disease and ulceration of his gums commenced. About thirteen months ago, he had pain and swelling about the lower jaw, commencing in one of the right incisor teeth. An abscess formed and burst externally in the neighborhood of the tooth. When admitted, his face generally was much swollen, exhibiting the peculiar pasty appearance witnessed in necrosis of the jaw, arising from the fumes of phosphorus. Several fistulæ were noticed at the lower margin of the jaw, communicating with dead bone, and giving passage to matter. On opening the mouth, the lower jaw was seen exposed, denuded of the periosteum, and quite black and and clear ; it was also slightly moveable.

Operation.—April 9th.—Chloroform was administered to the extent of producing complete anæsthesia. Mr. Coote then proceeded to saw through the symphysis of the lower jaw, within the mouth, and, by the aid of forceps, the left half of the bone was drawn out entire, without its condyle, but with the ascending ramus. The same proceeding was then employed with the right half of the jaw, which came away with equal facility, but with the condyle, which appeared to be healthy. Some hæmorrhage necessarily ensued, but it was not great, and spontaneously ceased. For three or four days after the operation, the patient complained of pain in the face, but this gradually diminished, and soon ceased entirely. The health now began to improve under the use of liberal diet,

and, as appetite increased, strength returned. The investing periosteum of the old bone now began to throw out fresh osseous material, and a new lower jaw was in process of formation, as has been seen in other and similar instances. The pasty appearance of the face and the puffiness of the cheeks, however, remain; and this would seem to be almost a prominent consequence of the affection. He left the hospital in a short time, completely restored in health, and able to articulate his words with tolerable distinctness.

On examining the bone, when cleaned and dried, it was found to be quite massive, and of nearly double the weight of the healthy bone. It was covered in some places with unhealthy lymph, which was undergoing osseous transformation.

Ten years ago, there was a patient in this hospital who had been at work in the same factory, and whose lower jaw was affected by necrosis from the same cause. Some other cases have been published in the *Lancet*, all of which originated in the breathing of the fumes of phosphorus.

Reproduction of Bone.—Professor Dudley, of Transylvania University (Ky.), many years ago advocated the theory that the periosteum is capable of *reproducing* bone where it has been destroyed; and, in conformity with this theory, he commenced the process of "growing new fingers." He found that the periosteum, when carefully separated from the old bone beneath, and being still preserved in a healthy state, proceeded immediately to the act of depositing the osseous material in regular layers, thus forming a new bone to take the place of the old one. Within a few years, the surgical practice based upon this doctrine has been in a considerable degree successful in restoring, in the place of diseased bone, new layers of osseous matter, which, by investing the old bone, gave strength if not symmetry to the mutilated member. In all of these most successful cases, the old bone is seen within the new formation. We have seen many cases of this kind, which are regarded as among the highest triumphs of modern surgery.

In one case, a jaw bone was exhibited which had been taken from a young woman, in whom the deformity was supplied (not, indeed, perfectly) by the growth of a new bone, somewhat larger and more irregular in form than the bone that had been removed. In many similar cases, the results were about the same. Many of these were scrofulous subjects, who never recovered to any satisfactory degree of health. One little girl had the patella enucleated from its periosteum; and, after some weeks, she was shown with the bone restored by a new deposition from the periosteum. In another case, a new tibia was reproduced, which was three times the size of the original bone. In still another, nearly the whole of the left, and part of the right, maxillary bones were removed by an operation: new bone was formed in place of that removed, and, though there was some deformity, the recovery was almost complete.

The hospitals of New York city now furnish frequent opportunities to witness the removal of the maxillary bones, in which the destructive pathogenetic effects of phosphorus are clearly visible. Since the time that the operation for the removal of the entire lower jaw was first performed by Dr. Mott, it has often been practiced in this city. On the occasion of opening the course of instruction at Bellevue Hospital, in October, 1855, a patient was brought to the operating table under the influence of chloroform. The case was one of true phosphor-necrosis, for which Prof. Wood determined to remove the lower jaw. Remarking that it was important to avoid injuring the portio dura of the seventh pair of nerves, an incision was made from the angle of the jaw to within one inch of the symphysis of the chin; the jaw bone was then sawed off at this point; the articulation was opened on the outside, and the soft parts carefully separated from the bone, which was now removed, and displayed the usual appearances seen in cases of necrosis of the jaw from inhalation of phosphoric acid gas. The danger of "suffocation from swallowing the tongue" was provided against by passing through it a ligature, which was entrusted to an assistant.

After the completion of the operation on the lower jaw, a young man from a match factory in the interior of this State was brought forward in a state of insensibility from chloroform. The phosphorus necrosis existed in both jaws, and both were successfully removed.

The view now adopted by the profession of the process by which bone is formed, is the same that was announced by Duhamel in 1751. He asserted that "the parietal bones of fœtuses had taught him that the difference between the organization of the bones and that of the periosteum" was as great as "between the wood and its bark." "Wood enlarges by the additional formation of thin sub-cortical strata; bone by that of sub-periosteal strata." It being known that a bone deprived of its periosteum did not always proceed to necrosis, McDonald, in 1799, ascertained that the periosteum was regenerated. The manner in which the periosteum, when in a state of integrity, forms new bone in the place of bone that has been removed, has been well explained by M. le Dr. Leopold Ollier. (*Comptes Rendus de la Soc. Biologie.*) He says: "Whenever, in our experimental resections, the periosteum has been preserved, we found, in from six to eight weeks, a new osseous portion, either diaphysis or articular extremity, developed in place of that which we had removed, and reproducing its form and proportions." (See *U. S. Jour. Homœopathy*, vol. I, p. 306.)

M. Ollier made four experiments on the metatarso-phalangean joints of the rabbit, removing half the length of the metatarsal bone and a third of the phalange. The joint was thus cut out. The periosteum, being preserved, and remaining in each case as a continuous canal or "sleeve," formed "at the centre of the periosteal 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 formed between the reproduced heads of the bones." In the formation of new bone, "the periosteum first secretes a blastema that, by successive modifications, will come to form osseous tissue." By experiments, it has been shown that when

portions of periosteum are transplanted, "the ossifiable secretions continue to be displayed on the internal surface," thus rendering it possible to inaugurate the formation of bone in places where this texture has not before existed. When Hunter had succeeded in transplanting teeth, and the game-cock's toes had been made to grow on the top of his head, it was declared that "the scalping-knife of the Indian had lost its terrors—since a new scalp might be obtained at the next friendly wigwam." Modern surgery now proposes to go a step farther, and supply a new bone, not only where a diseased one has been removed by exsection, but also in any new position in which some projected improvement of humanity may demand it. When it is desired to produce *new* bone in a position where bone never grew before, it is only necessary to engraft upon the part a piece of healthy periosteum, which will immediately commence the deposition of bony matter.

IV.—*Some Results of Homœopathic Treatment in Maxillary Caries and kindred affections.*

In a former number of this journal, we have published some highly interesting cases of caries of the maxillary bones successfully treated with homœopathic remedies by Dr. Dupire. (See *U. S. Jour. of Homœopathy*, vol. I, p. 718). These cases show that the homœopathist is not restricted to the extirpation of the diseased bone that is the seat of caries, but that many of our remedies in high attenuation have a positive power in controlling caries, however it may have been caused. In this country, the opportunities to test the powers of these same remedies have been limited to a small number, compared with the number of cases which we know to have originated in the numerous extensive match factories now in operation. We select a few cases of caries treated homœopathically, out of a large number gathered from different sources.

Dr. J. Lloyd Martin, of Boston, gives, in the *Quarterly Homœopathic Journal*, vol. I, p. 91, the following case: A girl of scrofulous constitution, aged nine years, but previously

healthy, was slowly recovering from typhoid fever. On the 15th of January, 1848, symptoms of gangrene appeared. A younger brother had died of a similar affection, following an attack of dysentery, during the progress of which *calomel* had been largely administered; and in consideration of this result, the girl was not permitted to take any *calomel*. The disease, in both cases, advanced rapidly. The girl was gradually growing more feeble from the 15th to the 18th, during which time she was under a stimulating treatment, and now presented the following symptoms: the skin was livid and earthy in appearance, with alternate heat and coldness of the entire surface; there was continual drowsiness, amounting almost to stupor; spasmodic startings, as if from fright, and when completely aroused, great fretfulness; great heat in the head, with inability to hold it up; eyes glazed; pupils contracted; great emaciation and prostration; pulse 130 per minute, corded and tremulous; subsultus tendinum; interior of the mouth inflamed.

In this condition, gangrene commenced on the interior of the right cheek. This was on the 18th of January. The treatment pursued by Dr. Lloyd was homœopathic; but the remedies were employed in attenuations too low to suit our ideas of the most successful treatment. On the 30th of January, a molar tooth had become loosened, and was afterwards extracted without pain. On the 12th of February, when caries of the upper maxilla was progressing, and there was pain in the bones and teeth, *aurum mur.* was prescribed. On the 18th, the pain had subsided, after the extraction of a large portion of the carious jaw bone. It was removed without pain, having been spontaneously separated from the healthy portion of the bone.

On the 19th, the gums were spongy, and there was some difficulty in moving the tongue when articulating, for which one drop of strong *muratic acid* was dissolved in a tumbler two-thirds full of water, and a tablespoonful of the solution given once every two hours. Those symptoms subsided on

the 20th, and *silicea* was again administered until the 29th; then *angustura* was substituted in consequence of deafness and rigidity of the right masseter muscle. This remedy was taken until the 6th of March, at which time the hearing was restored and the muscle somewhat relaxed. From the 6th to the 11th, *conium* was administered, with good effect, for the embarrassed speech and bleeding of the gums. After this, *silicea* 3^o was again prescribed and continued, one dose daily, with occasional intercurrent doses of other remedies when special symptoms required, till the 10th of April. From that time forward, no medicine was needed. The patient continued steadily improving. She became strong and lively; had good appetite; and nothing remained of the former affection, save a slight contraction of the masseter muscle of the affected side.

Dr. R. G. Perkins reported (*American Homœopathic Review*) the following case of necrosis treated in the N. Y. Central Homœopathic Dispensary: A waiter-man, from Blancard's Hotel, had necrosis of the jaw for four months. The abscess communicating with the diseased bone was opened by Dr. Mott, sen., who, on full examination of the case, advised excision of the jaw. The side of the face was much swollen, and the discharge continued to flow from the orifice, which was yet open.

December 11.—Ordered *phosphorus* 30^o, in solution.

December 15.—Much better; discharge much less; swelling going down. *Phosphorus* 30^o.

December 26.—Continues to improve. 30th.—Improving. *Sach. lactis*.

January 30.—Swelling almost gone; orifice healing up; general health excellent.

February 15.—No signs of disease; he returned to his place at the hotel. *Phosphorus* 30^o, one dose.

Case of Phosphor-Necrosis treated at the Northern Homœopathic Dispensary, N. Y.—Reported by Dr. S. Lilienthal.—Jacob Moore, aged eighteen, came to the Dispensary, March 3, 1859. He presents a chronic periostosis of the bones of the nose,

caused by working a year and a half in a match factory. A local application of *nitric acid*, twenty drops in two ounces of water, was applied to the diseased surface, and *muriatic acid*, in dilution, given internally.

March 8.—No improvement. Continue.

March 15.—Swelling of the nose less; he can draw air better through the nostril. *Aurum* and *calc.*

March 18.—A pustular eruption on the skin has appeared; the glands of the neck are enlarged. Continue.

March 22.—Appearance better. Continue, applying the *nitric acid* twice a day.

March 26.—Is evidently improving. Continue.

April 6th to 22d.—Improvement steadily advancing.

April 25.—Is nearly well; but still fears it may come on again.

November 13.—Reported that he had continued well.

Caries of the Upper Maxillary Bone caused by Nitrate of Silver. Northern Homœopathic Dispensary, N. Y. Reported by Dr. J. W. Mitchell.—Elizabeth V., aged seven years, presents, July 16, 1857, an ulcer of the upper jaw and caries of the bone, which have lasted for six months. It commenced with a simple ulcer, to which an allopathist, at different times, applied *nitrate of silver*. This made the inflammation worse, and injured the teeth. Her breath is now excessively bad, though her general health is good. Extract one tooth and give *mercurius corrosivus*.

July 20.—Is somewhat better; the opening left by the extracted tooth has discharged a profusion of offensive matter, with, also, a piece of bone. *Mercurius corrosivus* 2^o.

July 29.—Is much better; extracted another tooth, and continued the *mercurius corrosivus*.

August 11.—The face is still somewhat swollen, but she is slowly recovering.

Ozana.—*A case of four years' standing.*—Dr. Harper (in a work entitled "Homœopathy Tested by Facts," Edinburgh, 1858), says: A dwarf, aged sixteen years, presented, June

23, 1857, the following remarkable appearances: Her head is large; joints, tumid; long bones, curved. Her parents were scrofulous—the father dying with phthisis. From childhood, the girl has had a discharge of matter from the nose, which has now continued four years without ceasing. The offensive matter runs over the upper lip, is sometimes greenish or yellow, and is so acrid that it excoriates the skin. The smell is so offensive that no person can go near her; and she uses twenty handkerchiefs per week. The mucous membrane of the nose is red and inflamed, and she perspires profusely every night from the middle of the body downwards. *Aurum*, twice a day, prescribed.

July 17.—Very much better. Continue.

July 19.—Improving. Give the medicine once a day.

August 1.—Improving. At one time, *mercurius solubilis* 3° was tried.

August 9.—Not so well. Resume *Aurum* 3°.

October 6.—Improving.

November 8.—Continues better. There is rather an excessive discharge of mucus from the nose, and the girl uses four or five handkerchiefs in fourteen days, instead of fifty, as formerly. But there is now no purulent discharge, no smell perceptible, unless after taking cold. The general health is excellent.

The above cases are sufficient to illustrate the nature of maxillary caries from phosphorus, as well as from other causes; and also to prove that homœopathy promises better for the treatment of these melancholy cases than any other system of medical treatment that has yet been tried. We hope in future to be able to record the complete submission of phosphor-necrosis to remedies administered under the *Hahnemannian law of cure*.

Prophylactic Measures.—None have yet been devised, but the restriction of the hours of work and less confinement in the factory. All the work-rooms should be well ventilated, and the operatives should take their meals out of the factory.

Every person who has carious teeth, or has recently had one extracted, should be excluded from this dangerous occupation. All who are employed more than one year are in danger of phosphor-poisoning; though we have seen some who had spent many hours daily for several years in the factory before the disease became perceptible.

The only mode by which the deleterious effects of phosphorus can be avoided with certainty consists in discontinuing its use in the manufacture of friction matches. The following compound has been successfully employed in forming the paste for a safe and superior kind of matches, by M. Canouil, of Paris :

Chlorate of potash ; powdered flint or glass ; bichromate of potash ; gum or dextrin—mixed with water sufficient to form a paste. This compound takes fire by simple friction. As it contains no phosphorus, there is no unpleasant smell, and none of the ingredients are deleterious to health.

PRINCIPLES OF PHYSICAL CULTURE.

BY CHARLES F. TAYLOR, M. D., OF NEW YORK.

(Continued from page 77, Vol. II.)

WOMANHOOD.

PHYSICAL culture for women! We have arrived at this idea at last. It is beginning to be felt that woman needs a more perfect physical development; that if we would rear a noble race of men, they must be sons of noble mothers! We are beginning dimly to see that mankind cannot afford to shut up in harems or cloisters, or make playthings of, those who are to be the mothers of the race. To continue longer in the present course—a course which ignores the fact that daughters are to be mothers, and should be prepared to incur responsibilities beyond their own existence—would be a national

misfortune. For fruit must partake of the nature of the tree which bears it: and the weak-limbed, slender-waisted, thin-faced youth we see in our streets are mostly the sons of feeble mothers, fit only to measure laces and silks, to cultivate a feeble mustache by assiduous attention, flirt with ladies as weak as themselves, and squander money which they have not earned. But so far from being a part of the stability and manhood of the State, constituting its wealth and shaping its political, social, and moral destiny, they might as well have no existence. What woman would feel pride in being a mother of such sons? Yet, as a general rule, men are as good as they are born. A life receives its impulse back of its individual existence. This is the teaching of all history, and is exemplified in every community. The first feet that touched the shores of this hemisphere have left impressions which it will take centuries to efface,—one character in Spanish America, in Virginia, another, in New England, another, etc. Those tough old heroes of the May Flower were a vital force, which has rolled on, beating back all counter influences and shaping the development of the state to the present day.

There is a great deal in *stock*. Blood, as an emblem of caste, is opposed to our political creed; nevertheless, blood is an emblem of *force* or *inertness* in families and in states. It is the mother that determines which it shall be; and the development or deterioration of a race takes place through generations rather than individuals. Man's function is to conquer. To conquer one another is an abnormal manifestation of a natural force. But to conquer nature and the elements, to conquer adverse circumstances, to hew a pathway through opposing forces, and to attain an elevated destiny, is the legitimate exercise of the best attributes of his manhood. This force of character—this distinguishing trait of his sex—it belongs principally to the mother to bestow. This fact is often illustrated by quoting the history of eminent men. And there is a reason—a good physiological reason—why it should be so. As an engine, however well made, is useless without a boiler to

generate the steam which drives it, so the cultivated intellect is practically valueless unless it be accompanied with the constitutional vigor necessary to sustain its working. And this vigor of constitution, without which we are emasculated as men, we depend upon our mothers to give. Without this, we are not men, but eunuchs. We may occupy the space of men, and, to superficial observers, appear to be men; but inertness, and not force, will be our characteristics. It is not enough that a child may be born without disease and of symmetrical form; that it shall grow to the ordinary stature, and exhibit the ordinary capacity, of others. He should be more. He should be an initial force, helping to make up the great aggregate force of his era. He should be a pillar, a corner, a granite block, which serves some useful purpose in the social edifice; and not simple passive mortar, squeezed between the rest, and held together, not by its own strength, but by the strength of others. And whether a man shall be the one or the other, depends upon his mother. These are facts. Shut your eyes, O woman, as you will; turn your head from the contemplation, if you can; affect to regard it lightly, if you dare; still even you cannot deny that, at the very threshold of your life, you will give to another a life which will be your glory or your shame, for you can control the destiny of that life, if you will. Books, society, literature, events, educate your son to a certain extent, in despite of you; but it is you who must give him force of character—who must impart to him, out of your own life, the powers to cope with and control events, and not be controlled by them. It is a man's physical organization, all other things being equal, which determines his success or failure in life. And in this age—especially in this country, where the individual contributes so largely to the formation of society, where institutions are not allowed to await the slow growth of minute causes—but are sprung suddenly into existence, it is of the first importance that each individual coming into the world should be endowed with the physical endurance necessary to support the mental

strain which, as a modern citizen, he is sure to be subjected to. And unless this constitutional vigor and endurance be inherited from the mother, it is seldom subsequently obtained, and the existence of that man will be apt to be a failure. Genius and success in life are born as well as kings. Indeed, now-a-days, they are the kings, and above temporal monarchs and presidents. And thus, kings, greater than those who are born to thrones they do not win, are born every day—kings, the conquerors of all sorts of obstacles, the rulers of their own destiny, the shapers of their own fortunes, the sturdy battlers of adverse currents, those who make up the granite blocks in the solid edifice of the state. These—all of them—are what they are, because their mothers endowed them with governing powers. But they are not born of your “wasps-waists.” Sound lungs and a good digestion are attributes of the sovereignty we speak of. And these the mother must have, or her children cannot. And thus we come back to our starting-point: namely, *physical culture for women*. What is it? and how is it to be attained?

BEAUTY.

Evidently, for her own sake, and for the sake of the race, women should be beautiful; that is, should have a most perfect physical development. But this can never be obtained by ignoring her sex, her sphere, and her functions in society. Here, again, physical culture does not mean *muscle* culture. The woman of our time needs as a general thing to develop more muscular power, but only incidentally, and as a part of her complete physical culture. Look at the women laboring in the fields in the old world: huge coarse masses of flesh, as far removed from a perfect development, and as little competent to sustain the maternal relation in its highest sense, as those in the opposite extreme. The field is not the place for woman. She cannot develop muscular strength adequate to cope with the other sex, without subordinating more important offices, and detracting from her perfection as a woman.

She cannot fill the offices of man and woman too at the same time. Woman should be more man's companion out of doors, as man is woman's companion in the house.

In regard to physical culture, as in other matters, we cannot as successfully appeal to woman's abstract reason, as to her instincts and intuition. Women love to be beautiful, and that is right, for beauty is their power. Men convince and force: women persuade and attract. Both have their power over others, and both should cultivate this power. All women would like to be beautiful, for then they would be powerful. And what I want to show them is that all women can be beautiful, and therefore powerful. At least, they can be much more beautiful than they generally are. If I can persuade them of this, and if I can get them to see that beauty does not pertain to the face alone, but much more to the *bodily presence*—the *tout ensemble* of the person; if I can make them once realize that attention to their muscles and other means of bodily development, as a daily habit of life, is of even greater importance in its influence upon others than is a pretty face; if they can once feel that it is their perfection of form—a matter which is in a great measure under their own control, which goes largely to make up the perfect individuality which determines their influence—then the era of beautiful women will have come. But such is the fact. It is not the pretty faces that influence a man. These we notice and think about; but those persons who acquire a mysterious influence over us are not the so-called beauties. Power consists in commanding presence more than in handsome features. And so potent often is the latter influence that it often modifies our estimate of the intellectual, and even moral, character of the individual. It is not always those who know more, or are better than we, that influence us most. Nay, it is often those whom we acknowledge our inferiors in judgment and character who yet influence our actions. What constitutes this power of influencing? It is the person's individuality, composed of all his qualities, but of which one's physical

characteristics make an important part and are first and most continuously recognized. Could Washington, though still retaining his head and heart, have led the American armies on to victory, if he had been a *hunchback*? We may love a sick or deformed person, but we instinctively feel that, in certain respects, they are inferior to us—inferior in their bodily presence; and to assert our superiority and independence of their influence is an instinctive, though not always recognized, result. This is in spite of ourselves—perhaps unknown to ourselves; but is constantly enacted.

And so, a lady who is sick or deformed, or who possesses any less than the most perfect health and development of which she, as an individual, is capable of attaining, loses by just so far her power to command the actions of others. It is true that those silent influences are not always, or even often, directly recognized; but still they exist in the manner indicated. So that the first thing for a young lady to be taught is, that there is—if the phrase be a proper one—a

TOILET OF THE MUSCLES.

By this, I mean that the bodily development through the proper and careful attention to the means of physical culture should be as much a matter of care to every lady as the dressing of her hair or arrangement of her dresses; and for precisely the same reason, viz. *because it increases her power to please*. Every young lady should understand that every person she meets, and especially every gentleman she meets, is charmed or is indifferent according as the habitual morning's exercise has rounded her form and planted the roses in her cheeks, more than by all the pains which the *coiffeur* or *modiste* can bestow. There never was a more egregious error into which a young lady can fall, than to suppose that to appear feeble, delicate, and helpless, could be pleasing to the other sex—at least, to those of them who are *men* themselves, and whose good opinion would be worth the having. No; we all admire, not passivity, but the force of character which alone

is given by the possession of vigorous health, and we are ever ready to fall down and worship the real Venuses, full of gushing animal life. Let every young lady, then, attend to the "toilet of her muscles," seeing to it, as a matter of daily habit, that they are kept in good order, plump and vigorous. Let her not do it merely as a duty, lest, perhaps, years hence she may suffer in her body for present neglect; but let her understand that such attention is a daily necessity, if she would be most a woman. In no other way can she assume her true position, and shed around her that matchless influence for good, unconsciously and silently, yet irresistibly, shaping the conduct of others, especially of the opposite sex, to loftier aims and nobler deeds. Thus, and only thus, can all the charms of head and heart of the true woman become a potent influence. I pity those good souls whose choice qualities we often admire, love, and even reverence, but who, being encased in sickly bodies, fail to effect, while they convince us. We always pity those beneath us. The sickly are beneath us in regard to health, and we pity them; but to pity is to be above, and thus we are above their influence. If any one doubts this, let him witness how soon the authority of the feeble mother ceases to be heeded by the child, even without loss of affection on either side. This is nature's way. It is an instinct beyond our control, and cannot be otherwise.

Young ladies, you cannot convince men, but you can please and persuade. Yet, to do it effectually, as you ought, attend diligently to the "toilet of your muscles."

How to Do It.

And right here, at the start, let me insist that physical development is not to be attained by any species of drudgery whatever. Let no young lady who has been convinced by the foregoing suppose that true physical development is attainable by any means which are not pleasurable, cheerful, and even zestful. Happiness has been defined, "the exercise of function;" and certain it is that the due exercise of every

function should be, and may be, only pleasurable. When it is not, we may suspect the manner is wrong. As previously stated, we should trust a good deal more to our instincts. No matter how beautiful an idea or theory may be, or how apparently adapted to answer a given end; if the working it out be irksome, we may be pretty sure that there is something wrong somewhere. Our reasoning can never be correct, if we fail to consult our feelings, or fail to give them due weight. For instance, everybody, now-a-days, is talking about physical culture and gymnastics, as though they were synonymous. They are extolled in the newspapers, and commended everywhere. And yet there are scarcely a hundred ladies—excepting school-girls, some of whom are obliged to take formal exercise as a school duty—to be found in all this city of eight hundred thousand souls, who employ daily gymnastic exercises; whereas, the skating-pond in the Central Park last winter drew five thousand ladies every day to enjoy the invigorating exercise! Gymnastics, as practiced, they will not do: while, as to skating, you can't keep them away. What is the inference? Again, I say, we should trust a good deal more to our instincts in these matters. Pleasure is not useless. It is health-giving of itself, even without the muscular exercise; and I question very much the usefulness of any bodily exercise which has no pleasure in it.

If a girl wishes to run, she has legs, and why shouldn't she run? She has lungs, and why shouldn't she laugh? Unlady-like! Fudge! it is very *girl*-like and very natural, and must be right.

But, really, how cruel it is—a refinement of cruelty—to put a young girl, full of natural life and beaming with happiness, into the conventional state, and keep her confined till all her life and animation ooze out of her, and she is left lifeless and stupid, fit only for the use she is too often put to—a lay figure to show drygoods upon! Take your choice, mothers and teachers. I only point the difference. It is yours to choose.

But why should not girls—large girls, and the larger the better—laugh, and skip, and frolic? Where is the impropriety? Be assured that no amount of dull muscular exercise can take the place of the hearty, joyous laugh of a school girl. Her very muscles will develop more by the laugh and the lithesome gaiety, than by the most laborious muscular effort which has no element of interest in it. School-girls, in these days, are often put through stated exercises as tasks, without interest, formal, unmeaning, dry, monotonous, and which they hate. It may be better than nothing; but I doubt it. Do but see Madam Precise's scholars taking "exercise" by following her head teacher, Miss Priscilla Ridgid, "around the square," treading in the inelastic gait which fifty-seven winters compel that individual to take! I mean no disrespect; but must say, here, that young people should have companions and teachers young enough to appreciate their wants and feelings. To see such a drove of girls—the younger ones casting longing glances at each passer-by, as though imploring deliverance from the treadmill monotony, and the older ones passively, hopelessly submissive to the Rarefying process—is enough to excite the sincerest sympathy.

But what shall we do? asks one. The first thing is to see the necessity, and the remedy will not long delay. Do? Think, parents and teachers, how once you were young, and remember, if you can, what you would have liked to do then, and let your girls do that. Or, at least, do so much as to consult youthful instincts and necessities, and not regulate their action by the precision of maturity and age. Do? While the boys have a "play-ground," and *use it*, why should the girls have a "lawn," and *not use it*? Why should not they who need it most be allowed a little real use of the seminary grounds—a deeper inspiration of the out-door air—a contact with the sunbeams, and some lithesome bending of their graceful forms in a run, a romp, or a game at ball? Can anybody tell why they should not? Legs are more than convenient promenading appendages; arms need not always

dangle from the shoulders; and the chest and trunk are capable of more important attitudes than the "Grecian stoop."

Let female seminaries have grounds to be used by girls, and let them exercise their bent, as boys do. There soon would be a hundred impromptu amusements and exercises—better than a score of gymnasiums could afford, because there would be life and soul in them. And when the weather was unpropitious, there would be little danger but that the in-door exercise would be gladly substituted by those whose every fibre would be longing for its accustomed activity. Do not let me be misunderstood. When I insist that the mere use of the muscles, though it may strengthen them, is not all, but only an important part, of proper physical culture, I do not wish to undervalue the importance of the stronger and more systematic use of the muscles in gymnastics and calisthenic exercises. But what I *do* wish to be understood as saying is this: that, as a rule, and one which is especially applicable to ladies and school-girls' recreation, animating recreation comes first in importance, and necessarily precedes gymnastics as a *preparatory* process, and without which the latter will be apt to be a failure. There *should* be vigorous use of the muscles; but, if they are prepared for it, the use of them will not only be delightful, but will be a hundred-fold more beneficial under such circumstances. The muscles will not be afraid of exertion; there will be no painful or irksome drudgery attending it; and, furthermore, there will be no depression of the nervous system induced by too protracted application and the want of recreation.

As to the matter of exercise, much less is depending on *what* you do, than on the principle and manner of doing it. It is not my purpose to be specific on this point; but one thing is too important to be omitted. When special exercises are employed, it should always be the endeavor so to arrange them that there shall be an *idea* in them. There should be a well-understood and definite object in a given exercise; and, as a general rule, that object should be to correct some habit,

or to strengthen some weakness, or to counteract some influence, generally, which has been engendered from the habits of civilized society. If this rule is not heeded, but gymnastic exercise be employed vaguely, and with no clear idea of what particular good it is to accomplish, there will be great danger that the strong parts of the body will be made still stronger, leaving the weaker parts unbenefitted; because we instinctively use the stronger muscles in preference to the weaker ones, when there is no particular pains taken to produce the contrary result. Every one who prescribes exercises for the young, especially for ladies, should have clear ideas on this point, because there is necessarily more relative disproportion of muscular action in their case, resulting from their sedentary habits of life. A case has just come under my observation, where a beautiful young lady, having a slight lateral curvature of the spine, had it made much worse by taking an exercise which was recommended to her, that increased the strength of the already strongest muscles, and drew the spine still more out of place. All such accidents should be guarded against.

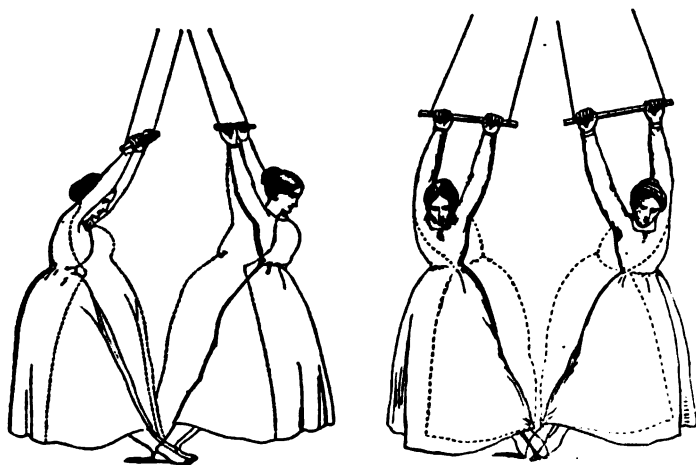
From the sedentary habits of ladies, engendered chiefly by the shape of their dresses, which are so made as to bind the shoulders and render it difficult to raise the arms (an effort they always avoid), as well as from the effects of their pernicious habits of stooping while at study, ladies almost universally get narrow-chested. For the reasons above stated, the muscles of the chest—the important respiratory muscles—are the most ill-developed of all the muscles of the body. From this cause alone, a lady's form may become very ill-shapen. The muscles which help in giving that fullness to the upper part of the chest which is so much desired, waste away and become thin, allowing the bones to appear; the chest sinks, the stomach flattens, the abdomen falls, protruding awkwardly at the lower portion—all of which inclines the body forward, making the shoulders stoop, the chin protrude, and the whole trunk misshapen and awkward. And this

is the form of the majority of ladies at the present day. To say nothing about the weakness and disease following close behind, as the consequence of such a displacement of internal organs, the ugliness of the figure should be quite enough to induce any young lady of common perceptions to take every precautionary measures to counteract the tendencies to such a condition. And she has it in her power to do it. As the muscles of the chest are used least of all, though the most important of all, she should take pains to supply the deficiency by special exercises which will develop these parts. Now, clubs, dumbs, etc., are lifting exercises, because they bear down and strengthen the muscles principally on the top of the shoulders. They are quite unsuitable for ladies, because they make the shoulders high and large, but do not particularly develop the muscles about the chest—the large breathing muscles *below* the shoulders.

But CLIMBING of any kind, or any exercise where the body is drawn up or the hands drawn down, is the most useful of all exercises for ladies. Such exercises strengthen the muscles beneath the collar-bone and shoulders, which will draw the points of the shoulders downward, thus giving a graceful slope, expanding the chest forward, filling up the inequalities of the chest with muscle, and imparting a healthful fullness to the figure. It also draws up the abdominal muscles to their proper position, sets the neck properly and gracefully on the shoulders, and makes a woman look as a woman should, and not like a caricature of one. A very good mode of effecting this purpose is by the following exercises, represented in the accompanying cuts.

Let a stick an inch and a half thick and two feet long be suspended from the ceiling above by a cord, which should run through pulleys or rings and pass thence to and down the side-wall, where it should fasten to a peg within reach. This enables the stick to be raised or lowered at pleasure. Take hold of the stick about six inches above the head, and, keeping the knees stiff, let the body fall from side to side, and forward

or backward, as shown in the cuts. The movement should be made mostly with the muscles of the trunk, and as little as possible by the arms. For variety, let the trunk swing round and round, keeping the knees stiff, so that the body will bend through the loins. It is an exercise which requires very little effort. It expands the chest, produces a good circulation, acts upon the liver, spleen and digestive organs by giving a kneading motion to them, and is sufficient alone, if followed up, to counteract all the worst tendencies of ladies' in-door habits. It should not be put up in the attic, or in some out-of-the-way place, but in every lady's bed-chamber, or at least on the back



piazza, where it will be handy and frequently used. Not the least desirable feature of this simple contrivance is, that it is very agreeable, gives a pleasant rested sensation afterwards, and for this reason will not be likely to be neglected. Every young lady should be provided with one when she sets out for her boarding-school; and, if well used, we should see fewer of them returning with spinal contortions, cold feet, narrow, angular chests, and prospective, if not present, invalidism.

In combining exercise and recreation, methods will not be lacking, when the principle is once understood. Dancing is one method, which has been used from time immemorial. It

answers exceeding well as variety, but is rather too exhausting for daily use. The parlor skates afford a good and pleasing exercise. And it may be observed, as corroborating what has been said on the necessity of choosing such exercises as are agreeable, and not irksome, that it is believed that already more ladies resort to the Palace Garden for that mode of exercise, than all who practice any other gymnastics in New York. But exercise is not all. Another matter, not usually dwelt on, is of equal importance—SLEEP AND REST. There should be plenty of sleep—not less than eight hours daily, and more, if so much sound sleep can be got. *Don't be afraid of sleeping too much.* Among all the excitements of modern society, there is little danger of getting too much sleep, and it is about the last thing that could be perverted in the direction of too much. I do not know from what source came the stupid nonsense that all the hours we could get from sleep, especially morning sleep, was so much clear gain. There never could be a greater mistake. The loss of a moment's real sound sleep, I regard as nearly irreparable. It is true that it would be better for people to retire early, and thus be able to rise early; but if they cannot, or will not, why then they must sleep the longer in the morning. There is no alternative. Sleep in the evening, if possible, but sleep anyhow, as long as you can sleep sound, if it is till noon.

And REST. Every young lady, even more than young men—but the same rule applies to both—should take plenty of rest. It is not exercise alone which gives strength; but it is exercise *and* rest. And the rest—absolute, perfect rest—should never be neglected. The rest should be such as that the muscles will be *completely relaxed*, as lying in an easy position on the back. Because a lady sits all day, it does not exempt her from the rule, which is to rest, no matter how robust the health may be, several times a day. Sitting is very monotonous and tiresome. The muscles of the trunk are in unrelieved and constant action, and must tire out if they are not allowed to relax. Rest the back often, either by lying

down, or by gentle exercises of the body, which will bring other muscles into action.

Thus, plenty of sleep, plenty of rest, plenty of exercise, all properly combined with moral and intellectual discipline and recreation, will be found to be the true principle of physical culture! And if the women of America will but act upon these suggestions, they may be the most beautiful, as they are now the most moral and intellectual, of any women in the world. With a form made round and full by adequate and proper exercise, the roses blooming in her cheeks, nourished by healthful blood, and a countenance beaming with the animation of buoyant life, she must be beautiful. When these graces are added to her acknowledged superiority of head and goodness of heart, our country-women will be peerless among the sisters of the whole world.

DIFFERENT MODES OF VACCINATION.

BY E. HOFFMANN, M. D., OF POUGHKEEPSIE.

INNOCULATION by the insertion of a particle of scab underneath the cuticle, by the use of a small spear-shaped lancet, has its advocates; but, for this, more or less force is necessary, varying according to the finer or coarser condition of the cuticle—the instrument often penetrating the skin deeper than desirable, by its sudden entrance after the resistance of the tough cuticle. The insertion of the scab is rendered doubly difficult by frequent profuse bleeding, which, added to the pain and alarm felt by parents, not unfrequently nor unjustifiably wears away their confidence.

Although the ill-success of this method is rare, the results of the more successful ones are by no means sure, as the mere

contraction of the muscles alone is often sufficient to expel the particle of scab before absorption has taken place. Considering these difficulties (and often, the use of court-plaster is necessary), the operation appears complicated.

There is also another not inconsiderable objection, viz. the irritation and suppuration which particles of scab, penetrating deeper than the cuticle, are liable to induce, being of the same character as those induced by any other foreign substance. Also, any slight delay in the operation causes the coagulation of the fluid from the small vessels severed by the lancet, which forbids entirely any possibility of absorption.

Another mode occasionally practiced, equally objectionable, and less successful, is, the mere pricking with the point of the lancet—(a fine cambric needle would answer). Punctures are necessarily so slight that the little fluid discharged dries before the application of the virus, rendering the effect exceedingly uncertain.

The cruel manner of making a single incision about one fourth of an inch in length, and of sufficient depth to allow the deposit of a small portion of scab, and afterwards uniting the lips of the wound with adhesive plaster, often results in very extensive inflammation and suppuration, and intelligent and discriminating parents who witness it are not unfrequently unwilling to have it repeated.

Thirdly, scraping the cuticle with the edge of the lancet till a space is scarified about the size of a three cent piece. This tedious and painful process for the introduction of a mere trifle of vaccine virus certainly is not to be recommended, for the simple reason of its tediousness and its irritative effect upon the patient. Although we meet many cases where all other methods fail despite the freshness and excellence of the virus, I consider the above modes the last to be approved.

Before proceeding in course, let us consider what is to be done to persons apparently insusceptible to the vaccine virus. My answer is, vaccinate again and again, until success is reached, as it ultimately will be, though not until the system

is in a state to favor the development of that specific irritation, the vaccine poison. And it is just as uncertain and impossible to determine when that condition is present, as it is to prove why an unvaccinated person may be exposed ten times with impunity to small-pox, and yet contract it the eleventh time merely by passing a house where the disease prevails, or by passing one coming from the infected locality.

There can be no doubt of the fact that for the development of this disease, as for any other, especially those of a febrile character, certain contingencies must be present to favor it, constituting a condition that has been denominated medical constitution. And that the thermometric, hygrometric, and other states of the air must be considered, and that these play an important part in the formation of morbid agents, are facts admitted by almost every one, though hitherto merely scanty and imperfect observations have been made on this important subject. The mere form of the vesicle is less valuable in determining whether it be genuine or spurious, than its development and progress. In the genuine pustule, it is more gradual, seldom making any appearance until the third or fourth day, while the latter is more rapid, and in this time almost arrives at its maturity. In the spurious, the central depression (the anatomical type of the proper cow-pox vesicle) is much less distinct than that in the genuine, and may be even quite wanting.

Many physicians doubt the protecting power of cow-pox, and their arguments have even at times the apparent shadow of proof; though my own observation and experience of its power are to me satisfactorily conclusive.

I was called upon, some time ago, to attend two children sick with true variola. It was an Irish family,—the eldest child, a girl of ten, the second, a boy of eight years. I entertained no hope of the girl upon first seeing her, for her condition was terrible in the extreme—the worst case of variola confluentes I had ever witnessed. She died the next day. The boy recovered rapidly, and has since had good

health. There were four children in the family, but the two younger remained exempt from the infection. Although the mother stoutly affirmed that each one of these had been successfully vaccinated, and that it had taken especially well with the sick children, I found, by scrutinizing her and close questioning, that my strong suspicions to the contrary were well grounded. She declared that, on the day after the vaccination of the girl, a pustule appeared without inflammation, and that the scab fell off about the sixth day. The physician saw the arm on the tenth day, and re-vaccinated it, with about a similar result. Upon inquiring why she did not go to him again, she replied, "He only did it again to get the stuff; it had taken very well; so much better than the other children; you should have seen them, sir—such a burning up, and such an erysipelas; he will never have another job of me." The boy had been vaccinated by another physician, his pustule also appearing on the second day, with little or no inflammation, and falling off about the eighth.

Here was the testimony of ignorance; but one perfectly conclusive to me of the non-success of the vaccination of the two children. It proves how necessary it is that a physician, to whom parents trust their children, should not be satisfied with their testimony alone, but should convince himself by personal inspection. A whole neighborhood within my observation at once became prejudiced against vaccination, not only because of the presence of the disease in a contiguous house, but because two unvaccinated children, lying in one of the upper rooms of that building, remained uninfected. Did not the escape of these children prove that their systems at that time were not in a state to be acted upon by the morbid agent? It does not prove, however, that they would not be susceptible to that specific poison at the next exposure.

That cases have indubitably occurred of persons being infected by "variola" after a well-developed cow-pox, I do not deny; but will here quote M. Basquet's words on the subject. He says: "The chief source of the apprehensions

which have prevailed of late years is in the errors of medical men, who have not rightly understood the analogy which lies between the small-pox and cow-pox on the one hand, and between the latter and the varioloid and varicella eruption on the other." He further asks, "Why should cow-pox be supposed or expected to possess the exclusive prerogative of never suffering a relapse, when we know that the congeneral diseases of variola, varioloid and varicella are subject to this accident?" Had we reasoned aright, we should have expected *à priori* to meet with occasional cases of small-pox supervening on vaccination, on the mere ground that we were aware that a second attack of genuine variola itself happens now and then, although the general rule will be gainsayed that this disease affects the system but once.

Another method remains to be mentioned—the one accomplished by the use of the "scarifier." This consists of several fine lancets, worked by a spring. It is excellent in principle, and, in its method of operation, the only one advisable. A common thumb-lancet, however, is cheaper and more easily kept in order, answering not only as a scarifier, but at the same time capable of sending the virus to the very bottom of each scarification, making the result certain, if the system be in the condition already referred to. The scarifier, on the contrary, is with difficulty kept clean, and will, with use, soon resemble a saw more than a lancet, adding also to the number of the surgeon's instruments—an objection which he aims to avoid.

The form of vaccine matter most preferable is the scab, unless it be the fresh liquid virus, which is often difficult and even impossible to obtain. For operation, pulverize a sufficient amount of the scab, and mix with water (warm water, if procurable), using the bottom of a tumbler or plate. When dissolved, charge the point of the lancet with it, and make, in rapid succession, five or six scarifications in one direction, again crossing them by the same number, and finally rubbing the flat blade smoothly over. This needs no application of

court plaster, the lips of each cut closing upon each other and retaining sufficient of the virus. Thus, children can be vaccinated in their sleep, without the slightest disturbance or awakening. Matter deposited with the whalebone or quill requires the laying aside of the lancet and rubbing till the dry matter is dissolved, making a less certain result than the lancet charged with matter which is in a state of solution at the moment. Virus direct from the arm is by far preferable, though not so easily procured. A scab, however, may be kept for years, and still be good. From one in my possession five years, I have annually and successfully operated. I have used it this spring upon twelve children, upon six of whom it was at first successful. Three required two, and one, three repetitions. With the remaining two, I have been unsuccessful, both with the old and also fresh virus from another child. These last, however, I shall continue to repeat.

There is as great a difference in the appearance of scabs as in their power of reproduction. The best and most reliable are of a dark brown color, easily pulverized and as brittle as glass. Those of poorer quality are pale, will bend, but not break, and are with difficulty pulverized. They are composed principally of fibrine. In its preservation in thin glass tubes, I confess to have failed, and can place no confidence in its efficiency.

As the real virus from the cow is so difficult to procure, if not impossible, the safest method is to select it from the healthiest child of healthiest parents; and though the question of the propagation of disease by this medium is frequently denied, there are noticeable instances to the contrary. One from a Massachusetts paper of April, 1860, is as follows: "A large number of persons in Westport, Mass., recently inoculated with vaccine matter obtained from the city physician of Boston, have been afflicted in an extraordinary manner. A Mr. Fletcher died in a few days after being vaccinated. His arm commenced swelling, and mortification soon took place." Despite the greatest vigilance in the choice of virus, bad

results may succeed, purely from the diseased condition of the patient. This is exemplified by an instance in the experience of a medical colleague. He vaccinated an apparently healthy child, and in the course of a week was hastily summoned by the parents, received very coolly, and silently motioned to look at the child. He beheld it covered with deep, ugly looking ulcers, secreting thin, acrid pus. Previous to vaccination, it was the picture of health: now, it was feeble and emaciated, its voice having a piping sound.

Unaccountable as was this condition, having proved that both the parents and the child where the virus originated were in perfect health, and that a number of other children, innoculated with the same virus, remained free from any evil symptoms, he pushed his examination further, and drew ready conclusions through the acknowledgments of the parents. Both had more or less disease, the father confessing to have had syphilis when young.

Thus is the query readily excited, whether vaccine poison will stimulate and develope certain diseases formerly latent. The breaking out of an eruption closely resembling secondary syphilis, followed by emaciation and death, has more than once been observed, and, as a general rule, the evil charged to the virus, when unquestionable proof to the contrary might have been substantiated had investigation been conducted more accurately.

The favorableness of different seasons of the year for vaccination is frequently discussed. This appears unimportant, as I should deem its performance advisable whenever the patient presents himself. Nor would I delay it in new-born children later than four or six weeks.

The use of *aconite* is indispensable when the attending fever is undesirably high.

PATHOLOGICAL ANATOMY OF DIPHTHERIA,

WITH EXPERIMENTS AND OBSERVATIONS UPON ITS MEMBRANOUS EXUDATION.

BY WM. TOD HELMUTH, M. D.

Professor of Anatomy in the Homœopathic Medical College of Missouri.

IN presenting these remarks to the readers of the *United States Journal*, the writer desires to call the attention of the profession to appearances which, in the four examinations about to be recorded, were uniform, and also to those experiments to which the pseudo membrane was subjected, in order to throw light upon the pathology of diphtheritic disease.

Autopsy I.—Performed March 17th, 1860. The subject, an infant (one of twins), had died within three days, of malignant diphtheria. The usual incisions, to expose the trachea and larynx, were made, the sternal muscles divided, and the thyroid body brought to view, and turned aside. A longitudinal incision was then made through the anterior face of the larynx and trachea, the mucous lining of the passages being thus exposed. A circumstance here occurred which for a time caused some perplexity of mind: so soon as the knife had penetrated the cartilaginous rings of the trachea, a watery fluid gushed from the wound. This transudation was sanious and frothy in character, and floating in it, small particles of membrane were noticeable. The membrane had partly covered the inside of the larynx, and was greatest on each alæ of the thyroid cartilage. Some patches were noticed lower down on the cricoid; but none within the trachea, although the lining membrane of that tube presented high inflammatory appearances. Within the sacculi laryngis (the ventricles of Morgagni), there was a much more tenacious deposit. This examination was not satisfactory, as it was made in some

haste, and the fear of marring the appearance of the body prevented the incisions being sufficiently extended to bring fully into view either the trachea below or the rima-glottidis above. The adynamia in this case was probably the cause of death; but the escape of so much fluid from the wind-pipe, and the increased deposit within the ventricles of Morgagni, made an impression upon my mind.

Autopsy II.—On the 24th day of August last, a second opportunity offered for an examination.

There had been five children in this family successively attacked with diphtheria, and all had been successfully treated. Two of the cases were mild in character, probably resembling the third variety of Madden. The others were violent in form, and stubbornly resisted treatment. However, after several weeks, the whole of them were discharged as cured, and my visits to the house were discontinued. By some untoward circumstance, the youngest child, which had been the last attacked, suffered a relapse; the exudation, which had entirely disappeared a few days previously, began to form rapidly; that horrible breathing, that laughs to scorn the doctor and his appliances, supervened; and in thirty-six hours, death took place from actual suffocation.

Post-mortem examination was made the succeeding day, and elicited the following: Immense tumefaction of the parotid and sub-maxillary glands, the latter so much enlarged as almost to fill the whole digastric triangle. The number of veins branching from the inferior thyroid, with an anomalous course of the anterior jugular, also were worthy of remark. The thyroid gland was swollen to a size considerably greater than usual, and appeared to be rather softer than natural. In this instance, I resolved to take out the trachea and larynx, instead of allowing them to remain, and exposing their interior by a longitudinal incision—a course pursued in the last autopsy. By such method, besides submitting the air passages to a more minute examination, I might extend the inquest to the mucous lining of the œsophagus. Dissection

was therefore made above the hyoid bone, and the palatopharyngeus and palato-glossus muscles divided as high up as possible. The posterior wall of the pharynx was then cut through, and the structures thus loosened drawn forward and dissected from the faces of the vertebræ as low down as possible, and then both trachea and œsophagus divided and withdrawn. During this dissection, as soon as any part of the trachea or larynx was opened, a fluid, similar in character with that observed in the first post-mortem examination, was thrown off; but the quantity was very much greater than was noticed in the former case. The larynx and trachea presented the following appearance: the exudation had almost disappeared from the lateral half arches of the palate, and the uvula was free, but directly anterior to the epiglottis, there was a great deposit of false membrane; the mucous surface was almost obliterated, and the epiglottis itself, instead of standing upright, was thrown partially backward over the rima-glottidis. A division was then made longitudinally of the œsophagus from behind, and it was found in a healthy condition. The trachea and larynx were then cut through from below, upward, on the posterior face of the tube, through the large diameter of the cricoid cartilage. The membrane that covered the arytenoid cartilages was tumefied and purple; the vocal chords could not all be seen, for the coat of exudation; but there was no trace whatever of membranous formation within the trachea. The examination ended here, no other organs being subjected to investigation, because the body of the child had already been laid out, and the hour of burial was close at hand.

Upon the 11th day of February, 1861, my attention was directed, while prescribing for another member of the family, to a servant—a large, strong, and healthy negress, aged between fifteen and sixteen years. On examining her throat, the apparent signs were too evident that a malignant case of diphtheria was to be apprehended. The tonsils were covered, here and there, with small patches of membranous exudation

of that peculiar tawny hue which I have noticed as belonging to the very worst and most intractable cases of the disease, and very different, both in its nature and the tenacity with which it adheres to the locality on which it is deposited, from the milk-white and less organized exudation noticed in the milder varieties. The treatment was as usual: *Kali chloricum*, *prot-iodide of mercury*, the *deut-iodide of mercury*, *caustic ammonia*, the *per chloride of iron*, *arsenicum*, and *iodine*. The patient's voice failed rapidly. Not one medicine had the least effect. Beef-tea injections and brandy were employed to sustain her, but to no purpose. On the afternoon of the 14th, she expressed a desire to lie down, (having during all her sufferings been dressed and about the room), and actually arose to divest herself of her clothing, when she sank down suddenly and died.

Autopsy III.—By the kindness of the family to whom she belonged, a post-mortem examination was allowed. The autopsy was conducted on the morning of the fifteenth of February, 1861, one of the graduates in the college assisting in its details. I was very anxious to ascertain if the ideas that had forced themselves upon my mind from the two other examinations which I had made in reference to the peculiar locality of the deposit would be verified in this instance, and therefore determined to conduct the investigations with greater care. The incision was made in the mesial line of the neck, from a point immediately between the tendinous origin of the sterno-cleido-mastoid up to the genio-hyo-glossus muscle; the latter were then divided transversely at the base of the tongue. The genio-hyoid muscles were detached at the hyoid bone, and the sterno-thyroid, thyro-hyoid, and sterno-hyoid muscles turned aside. With this dissection, so far, there was *no transudation*: all the parts were healthy, the thyroid body was in its usual position, and the course of the inferior thyroid vein and superior thyroid artery were normal. Proceeding as before, I then divided transversely the trachea and œsophagus, without injuring the great vessels below;

when immediately there flowed forth *the fluid* which has been already referred to. Dr. Walker will bear me witness, I think, that there must have been a pint of thin, frothy, putrid transudation poured out from the divided extremity of the trachea. This should have been preserved and experimented with; but unfortunately, in this instance, it was not. The trachea, the larynx, and the hyoid bone, with the epiglottis, were then taken out, and, upon examination, the membrane was found so thickly deposited upon the anterior face of the epiglottis and in the depressions of the glosso-epiglottidean folds, that the rima-glottidis was contracted to a small slit, which was further encroached upon by the œdema of the parts. The trachea and larynx were then divided from behind, and the layers of thick tenacious membrane that lined the wings of the thyroid cartilage were truly surprising. *No vocal chords were visible*, and the sacculi between them could not be distinguished until the membrane had been withdrawn with comparative force. No trace of exudation was found in the trachea, though the lining membrane thereof bore marks of inflammatory action. I preserved the whole specimen, and exhibited the same to the class of the homœopathic college. The pseudo-membrane was also laid aside for the purpose of further investigation.

These examinations had made considerable impression upon my mind, and I was anxious that another occasion should offer, when I could make further investigation into the pathological states exhibited after death by diphtheria. The desire also to obtain some of the transuded fluid, if it should occur again in other dissections, was quite insatiable. Here, in three autopsies, I had witnessed after death the fluid that has been mentioned; had found the most deposit on the anterior face of the epiglottis and in the ventricles of Morgagni; and I wished to ascertain if the false membrane was generally located in these parts.

In a short time, my desires were gratified. On the 25th of February, 1861, Dr. Luyties, of this city, requested me to

visit, in consultation, a patient suffering from diphtheria. The case, in itself, had not assumed any very violent form, but the peculiar circumstances connected with its history rendered us apprehensive as to its progress and termination. The house was full of diphtheritic poison. The preceding week, one child had died, under allopathic treatment, with the disease in question. A second case, a boy of about five or six years, had been pronounced incurable the day before my visit. A third—a little girl—our patient, was now affected with the disease; while the mother, up stairs, was convalescent from a severe attack of pleuro-pneumonia—her infant being also unwell from some of the disorders peculiar to the earlier periods of life. Here was one of those combinations of circumstances which are met with in the physician's life—one of those trials which make the head ache with thought, and the mind restless with solicitude,—a family, just beginning with the homœopathic system of treatment; the crape that had but a day or two before announced the death of one of the little ones ready to tell that another had fallen a victim to a malignant disease; the mother recovering from a violent illness; and still another child exhibiting on its tonsils, aye, on the mucous membrane of the lips, the marks of the ravager. Let us pause here for a moment to consider the condition of the boy whose life was to be measured by a few days. The lesson is one to be reflected upon in the history of diphtheria. When I saw him, I was surprised at the prognosis that had been predicted. The little fellow sat up readily and quickly in his bed when we entered the room; his pulse was full and quite regular; his voice somewhat impaired, but his strength so great that he arose from his bed, walked unassisted to a chair near the window, argued and offered considerable resistance when the spoon-handle was inserted into his mouth. He could swallow tolerably well, the liquid not being returned through the nostrils; and I could not believe that this little boy, with all these apparently favorable symptoms, was so soon to die.

Upon examining the fauces, they were perfectly covered with that yellowish and very tenacious membrane which has been before alluded to; the back part of the pharynx, also, was somewhat coated with the formation; the right nostril was ulcerated, and he had passed from his bowels particles of the membrane. The deposits on the velum, palatine arches, and tonsils were more complete than in any case I have yet witnessed, but yet his voice was not much impaired; and although the appearances presented in his dejections were certainly bad, I fancied that a more favorable termination than the one predicted might not impossibly result. All the usual medicines had been perseveringly tried, without avail. *Sulphur* and *calcareæ*, and *hepar* in addition, were used. The throat had been cleared of its deposit several times by different solutions employed by Dr. Luyties, but was rapidly filled by fresh exudation. The child sank slowly. On Monday, the first visit was paid; on Tuesday afternoon, there had been no visible increase in the membrane; on Wednesday, the superior portion of the palatine arches appeared a little clearer; but on Thursday morning, the moment we entered the room, the breathing, and the voice, and the anxious expression of countenance, with pallid skin and quickened pulse, proclaimed that all our hopes were false, and all our medicines vain. These are the dark moments which every physician must experience; and they are trying to the body and wasting to the mind. The boy lingered for almost another day, and died more quietly than we had anticipated.

Autopsy IV.—The post-mortem examination was made by Dr. Luyties and myself at half-past four o'clock on the afternoon of the 2d of March. The incision was made from the insertion of the genio-hyoid muscles to the extremity of the ensiform cartilage. The origins of the sterno-cleido-mastoid were divided, the muscles on the anterior face of the wind-pipe dissected back, and the sternum removed. By passing the scalpel upward and backward (dividing the muscles connecting the hyoid bone with the tongue), we separated the

anterior and posterior lateral half arches of the palate, and divided the pharynx. The next incision was made above the left innominata vein, transversely across the trachea and œsophagus. Here, again, we noticed the escape of the fluid, somewhat thicker in this instance on account of the admixture of a little venous blood, which escaped from the inferior thyroid vein, that was necessarily cut across; but still so profuse that we were obliged to absorb it before proceeding with further dissection. Some of this transudation I preserved for experiment. Drawing forward the trachea and œsophagus, they were taken out, and presented the following appearances: A pseudo-membranous growth was firmly attached to the glosso-epiglottidean folds, which had, as in the third case detailed, pressed backward the epiglottis. This cartilage itself was much swollen, very convex on its anterior aspect, with a corresponding concavity on its laryngeal side. In this cavity was a deposit of false membrane more tenacious in character than any I had previously had an opportunity of observing. The œsophagus was then divided by a longitudinal incision on the posterior face of the tube, and the mucous lining thereof was found somewhat thickened, though presenting no trace of inflammatory action. The wind-pipe was then laid open also from behind, and the exudation was found to be in positions similar to those noticed in other examinations, viz. on the alæ of the thyroid, and particularly in the ventricles of Morgagni. These sacculi could not be at all perceived until, with the forceps, I drew out the membrane that completely filled them. The covering of the arytenoid cartilages was much swollen, the tumefaction extending throughout the whole rima-glottidis. There was but slight trace of inflammation in the trachea; indeed, none beyond the two or three superior rings of the tube. The lungs were much collapsed, and very white in appearance, but became somewhat darker after they had been exposed for an hour to the atmospheric air. In many lungs that I have had opportunity of examining, such great and peculiar pallor has not been observed. The pericardium was

natural in appearance, and it contained fluid rather greater in quantity and more dense than usual. The heart was then taken from the media-sternum, by dividing the great vessels high up; and as we raised it from the body, a slight shred hanging from the aorta attracted attention. This was so unusual that, following an impulse without thought, I drew it out. It measured, as I have since ascertained, two inches in length and an eighth of an inch in breadth. How far it extended within the left ventricle, my thoughtless act, of course, prevented me from ascertaining. The cavities were next examined; and inserting the scissors below the opening of the inferior cava, we divided the wall of the right auricle, in the course of the sculcus transversalis. Upon exposing this cavity, an object of intense interest presented itself. A mass of substance resembling a polypus filled nearly the whole auricle; was somewhat firmly attached to its walls, and sent shreds or processes, if we may so term them, between the muscoli pectonate of the appendage. But surprise did not end here. This abnormal formation extended into the right ventricle (the external wall of which was now carefully divided) through the ostium venosum, preventing the proper closure of the tricuspid valve, and was firmly attached to the columna carneæ. It was also adherent to the extreme tip of the ventricle, and then followed a direction upward toward the pulmonary artery. The ventricle was then laid open by another longitudinal incision, and, extending to the semilunar valves, this peculiar structure continued. Or, perhaps, to give a more definite idea of its position, the foreign substance was V-shaped, with the apex pointing to the extremity of the ventricle, and extending downwards from the auricle to the tip of the ventricle, and upwards to the valves guarding the pulmonary artery. In other words, it followed the exact course of the current of venous blood within the right heart. The left auricle and ventricle, with the valves, were normal, and nothing unusual was presented in them excepting the shred of membranous formation which has already been noticed.

The whole heart, with its contents, weighed two ounces and two drachms. It measured five and a quarter inches around the auricles, and three and a quarter inches from the top of the right auricle to the top of the ventricle on the same side. From the margin of the tricuspid valve to the extremity of the right ventricle, the space was about two and one-eighth inches. The curious formation within the cavities measured two and a half inches downward from auricle to ventricle, and two and three-quarter inches upward to the semilunar valves. Its greatest transverse diameter, of course, was within the ventricle, and measured a little over three-quarters of an inch. The larynx, trachea, œsophagus, and hyoid bone weighed one ounce, and the membrane exuded twenty-nine grains. The spleen was much smaller than normal, and the remaining intestines, although not subjected to a critical examination, were apparently healthy.

From these post-mortem appearances, we may infer that the disorder seldom extends itself to the œsophagus, that, in the majority of cases treated as diphtheria and reported cured, the affection had not extended very low down into the air passages, and that such extension is certainly a most dangerous complication. These ideas are also to a degree confirmed by the experience of others in the profession. In an essay on diphtherite, by David Thomas, Esq., published in the British Medical Journal, the writer states: "Of 485 cases that came under my own observation, the instances in which the air passages became involved in the disease amounted to fifteen; and of this number, eleven died—the greater number within a few hours after the croupy breathing began. The false membrane formed on the tonsils and pharynx extended into the larynx and trachea, and frequently into the minute divisions of the bronchi." "I kept accurate notes of 125 of the most severe cases, including all the deaths, with the following results: males, 55—deaths, 9; females, 70—deaths, 4. The deaths, with two exceptions, were all from affections of the air passages."

It is not, however, at all necessary that the trachea should be involved to produce death; for, in the instances recorded, there was no false membrane found within that tube, and in some, but very slight inflammatory action was noticed. *The chief points of deposit I believe to be, first, the tonsils, then, the pouches formed by the three folds of mucous membrane as it is reflected from the base of the tongue upon the epiglottis, and thirdly, the ventricles of Morgagni or sacculi laryngis.* In the cases which I have examined, the exudation was invariably found in these localities—in the one instance, to such a degree as to shut down the valve of the larynx, and in another, to pull it backward to a considerable extent. When, moreover, we recollect the hoarseness and aphonia that remain for weeks and months after patients have recovered from the severer forms of the disease, the presence of deposit and great unhealthy action between the chordæ vocales cannot be doubted.

EXPERIMENTS.

I.—The transudation, which escaped in every case so soon as division of the trachea was effected, takes place after death, or perhaps during the last hour or two of life, assisting to suffocate the patient. This fluid I have found to be serum, holding *albumen* in solution; for, following the direction of Paget, and greatly diluting it (one drachm of the transudation to four ounces of water) and adding thereto *nitric acid*, a large albuminous deposit was thrown down.

II.—Upon the 16th of February, the day after the third recorded autopsy had been made, at quarter before ten o'clock P. M., I placed a portion of the membrane preserved from that examination on a slab of porcelain, and poured thereon about fifteen drops of strong *perchloride of iron*. This preparation had been highly recommended as a solvent of the exudation, and I was anxious to perceive its effect. In about two minutes, the diphtheritic formation to which it was applied shriveled slightly, and then appeared to harden. At twelve o'clock the same night, the hardness had increased;

and on the next morning, the substance was black, dry, and perfectly tanned.

III.—A solution was next prepared of one part of pure *nitric acid* to two of water, and a portion of exuded membrane subjected, by immersion, to its action. In twenty-six hours, it was partly decomposed and much whitened; and in thirty six hours, the continuity was destroyed, the substance being separated into flakes.

IV.—*Muriatic acid*, diluted in the same manner, was then used, with the effect of rather hardening the membrane, but at the same time contracting its proportions considerably. In eight hours, the continuity of the substance was entirely destroyed by the addition of a little more pure acid.

V.—*Sulphuric acid*, in the same proportions as above, softened the exudation, somewhat reddened the solution, and threw down a slight precipitate, not, however, decomposing the structure.

VI.—*Benzoic acid* and *fluoric acid* (the former diluted as above, the latter pure) produced, in a longer space of time, an effect similar to that mentioned as following the use of *nitric acid*.

VII.—I next prepared a solution composed of equal parts of *caustic ammonia* and water, and immersed therein a portion of the pseudo-membrane. In seven minutes, it commenced to dissolve, and in twelve minutes, no trace remained of the substance but a slight cloud within the vial. This appearance continued unchanged for thirty-six hours, and then the matter sank to the bottom of the glass on the addition of tannic acid.

VIII.—A portion of the membrane was next subjected to quite a strong solution of *caustic potash*. For about an hour, the substance floated in the liquor, and then began to separate into particles, which gradually deposited themselves at the bottom of the glass. On the morning following, no trace of membranous formation could be observed.

IX.—A solution, composed of one part of *hydrocyanic acid* and two parts of water, dissolved the substance in about thirty minutes, leaving no traces excepting a whitish deposit.

X.—A preparation of *chloride of zinc* (one I have used to preserve bodies for anatomical purposes, made by dissolving the granulated chloride in water, or one part of the disinfecting fluid of the Pharmacopœa to eighteen of water) preserved the membrane, and hardened and somewhat blackened it, making it at the same time in some degree more friable. It may be well to state here that the membrane subjected to the action of this agent was not as recent as the other portions of exudation with which the experiments were made, it having been cast off by the patient herself in the earlier part of her sickness, and been kept in my pocket-book during the interval.

XI.—Water in which a large portion of *phosphorus* had been immersed for the space of two years, and which was strongly impregnated with the substance, whitened the membrane and caused a separation into flakes after twenty-eight hours exposure to its action. Lime water produced the same effect in a little longer time.

It will be observed that these experiments were made with a view of ascertaining the solubility of the exudation found on the tonsils and uvula and within the larynx of diphtheritic patients, in order, perhaps, to facilitate in some instances the treatment by topical application to the local manifestation of the constitutional disease. By referring to the action of the different materials used, it will be found that *caustic ammonia*, *hydrocyanic acid*, *hydrochloric acid*, and *caustic potash* were the solvents of the membrane in the shortest space of time, and that, of the remaining agents, some produced more and others less effect. It must here also be borne in mind, that the solutions to which the membrane was exposed were of such dilute character that their action was necessarily slower than if the pure substances had been employed.

I was rather gratified at the speedy action of *caustic ammonia*, because I had prescribed the medicine frequently with benefit, but had never used it locally. Attention was particularly directed to this agent, during 1860, by the perusal of some

extreme cases of diphtheria, which had been cured by its exhibition, and which were published in the *British Journal of Homœopathy*, No. LXXI, page 159. *Hydrochloric acid* has also been highly recommended as a local application by both allopathic and homœopathic writers upon diphtheria. Some have spoken loudly of its peculiar virtues, and others have seen no effects from its application; but be this as it may, I am certain that it possesses the power of dissolving the membranous exudation of diphtheria.

In a strongly written article in the *Medical Times and Gazette*, for May 29th, on "Diphtheria and its Treatment," Dr. Thos. P. Helsop thus writes: "I have also applied daily, sometimes twice a day, by means of sponges, a solution of *hydrochloric acid*, but little weaker than the dilute acid of the *London Pharmacopœia*, and have always enjoined a regular use of weaker gargles of the same acid. This, with the constant administration of stimulants, beef-tea, milk, and jellies, has constituted my treatment; and I repeat here, what I have already stated in other quarters, that since I have become aware of the value of this medication, nearly ten months ago, I have not lost a single case." This gentleman, whose veracity cannot be doubted, in other places in the same article, speaks in the most confident manner of this method of treatment, particularly his application of *hydrochloric acid*; and if certain conclusions be correct (and I have reached them after much thought, experiment, and study in reference to the peculiar nature and composition of the membranous exudation in diphtheria), the topical application of this acid or caustic ammonia may be of *some service* in the treatment, though doubtless it is not the all-important point to which attention should be directed, which is most certainly the virulent poison within the circulating fluid.

Much has also been said of the application of the preparations of iron—the *muriate* and *perchloride*; and alleged cures are recorded as following their use. On the recommendation of Dr. Madden, I have in several instances used the *muriate*

topically. So soon as either of these preparations touches the exuded membrane, it appears to shrivel; and if detached by the cough that supervenes, the effect may be obtained, that is, the detachment of the foreign substance. But I am convinced that, if this does not result, the exhibition of these tinctures of iron inflict absolute harm. In the first place, they tan and harden the membrane, and, in the second, they create unhealthy action in those parts of the mucous membrane which have not as yet received deposits. The experiment is a dangerous one, particularly when we consider how small a part of the true treatment of diphtheria belongs to the absolute eradication of the membrane from the fauces. To this matter, however, allusion will be made in another portion of this paper.

The Composition of the Membrane.

Madden believes the membranous formation in diphtheria to be distinctly albuminous; and from the observations I have made, I believe his deductions to be correct. And as recent experiments in physiology have proved that such an organization can be composed of albumen, without any fibrine, we may argue that the disease consists in an albuminous condition of the blood.

This may be verified by the albuminous precipitate resulting from the addition of *nitric acid* to the transudation which had been preserved from the last autopsy; by the same deposit being thrown down by tannic acid; by coagulation upon the application of heat; by the solution of the foreign substance in caustic alkalies; and *perhaps* by the presence of the exudation within *the right heart*. But it has been asserted by some that false membrane must be composed of fibrine, as this is the only plastic or organizable element in the liquor sanguinis. This is contradicted by Lehmann, who states that plastic exudations are sometimes *entirely devoid of fibrine*, (*Physiological Chemistry*, vol. II. p. 290); and by Peasly, who argues that it is impossible that any single immediate principle can

be the source of all the tissues, since all of the latter consist of several principles combined, and that albumen and fibrine *both* have the different necessary ingredients of structure associated with them. Moreover, the tissues are said to be developed and nourished by fibrine only, because all *plastic exudations* contain fibrine. If this were true, we might also remember that they contain albumen. This fact, taken with the assertion of Lehmann, already quoted, may prove that fibrine cannot be the *only* organizable element in the liquor sanguinis, as *albumen* must be organizable in exudations containing no fibrine. And if so in such cases, it is probably in all, for we find no exudation not containing *albumen*. These ideas are somewhat contradicted by Gluge, who (in his *Pathological Histology*, p. 50,) writes, "The organization of fibrine into fibres and *cells* is a matter of direct observation." We are all aware that simple coagulation of fibrine produces fibres; but there is no proof, as yet, that cells are the product of that substance, for, in this chapter on Cytology, Peasly writes, p. 114, "The cell wall is formed of simple membrane, and of course is an *albuminous* compound, *but is not fibrine*;" p. 115, "The fluid contained in the cells is almost invariably transparent, or nearly so: in the blood corpuscles, however, it is of a bright red color: in chemical composition, it varies extremely, *being usually an albuminous compound*—in part at least;" page 117, "The membranous wall of the nuclei is an *albuminous compound certainly*, and probably but little, if at all, different from the younger cell membrane." And further, on page 157, he writes, "they [the cells] are probably *never* developed from fibrine, but from *albumen* rather, fibrine never rising to a higher organization than mere simple fibre." And still, on the same subject, he writes, in speaking of false membrane, "It must therefore be something else that is converted into cells and tissues, and we can assign no other element than *albumen*. In respect, therefore, to the tissues, *albumen*, and not fibrine, is the *plastic element* of the blood plasma."

I may mention here one other experiment to prove that

the membrane found within the right heart was not fibrinous. Fibrine from the veins is rather different in formation from the same substance taken from arterial blood; and according to Draper, page 390, the former may be dissolved in a warm solution of nitrate of potash, while the latter cannot. A portion of the cardiac exudation was subjected to this test, without the slightest effect being produced, while caustic ammonia immediately dissolved it.

From all these circumstances, I believe that diphtheria is certainly a malignant blood disease. As the fibrine in the blood is obtained in part from the chyle and lymph, and in all three of these fluids comes from their albumen—as we are aware that certain poisons, those of malignant typhus and glandus, for instance, prevent the coagulation of the blood by the destruction of the fibrine, so, I believe, the diphtheritic poison prevents by its action the conversion of *albumen* into fibrine; and hence the nature of the deposit, which, as has been remarked, can of itself become organized from albumen alone. But there is another circumstance that forced itself upon my mind while thinking of the peculiar endocardial deposit found in the last autopsy. Why was the pseudo membrane only within the *right heart*, and following the direct course of the *venous* circulation? For a time, this appearance was not easily explained; but on reference to works upon this subject, I found an idea of Lehmann's, "That fibrine is produced by the oxidation of albumen in the aeration of the blood." Now, if this be true, more light is thrown upon the albuminous character of the deposit. When we recollect that, in making the examinations, we have invariably found a great deposit of false membrane on *the anterior face of the epiglottis*; that in all, more or less, the rima-glottidis was much contracted by the shutting down of its valve and by tumefaction; that false membrane blocked up the air passages, and that the lungs were in a state of collapse; necessarily, there must be but a small amount of oxygen taken into the lungs to create the transformation of albumen into fibrine, and consequently

the circulating fluid, overloaded with this substance, deposited an albuminous compound at that part of the body where the accumulated stream was greatest, and where it had arrived overcharged with the material which, in the lungs, was to be changed into fibrine for the repair of the tissues.

These ideas were also somewhat confirmed by the fact that *fibrinous deposits* are always, or in far the greater majority of instances, observed in the *left heart*. Speaking of this fact, and at the same time alluding to the truth that formations may occur within the central organ of the circulation *without inflammation*, (and there was no trace of such action in the heart I examined), Professor Semin, in his *General Pathology* p. 47, thus writes: "If they are inflammatory exudations, why should they evince so decided a preference to the *LEFT* heart? Both sides of the heart, and all points of each cavity, are equally exposed to the causes of inflammation; the coronary arteries supply both ventricles of the heart indifferently; and we well know that acute pericarditis pays no respect to the grooves and septum of the heart. * * * * I believe that the origin of these vegetations is directly humoral; that they arise as a *fibrinous* precipitation from an overcharged solution, [observe, in the *left heart*,] the valves, &c., incrusting themselves with fibrine, as a stick in certain streams coats itself with a calcareous envelope." * * * * "You will observe that this theory involves the supposition *that arterial blood is more prone than venous blood to precipitate its fibrine.*"

The professor then goes on to state some very conclusive experiments with reference to this matter. He passed a single thread, by means of a very fine needle, transversely through the artery and vein of a dog, leaving it there that it might cut the stream. This was done repeatedly, sometimes with the femoral vessels, sometimes with the carotid and jugular, and always with uniform results—the thread always receiving a *fibrinous* deposit within the artery, and no incrustation on that portion passing through the vein.

Now, recollecting these facts—1st, that we have found

an *albuminous* deposit in the *right heart*, following the direct course of the venous circulation; 2nd, that *fibrinous* deposits are most generally discovered in the *left heart*; 3d, that, from actual experiment, the vital fluid in the arteries uniformly contains and deposits *fibrine*; 4th, that Lehmann has asserted the fact that the creation of blood within the lungs converts albumen into fibrine; 5th, that, so far as our observations have gone, the greatest exudations in diphtheria are noticed in such positions as effectually impede the ingress of atmospheric air to the lungs; 6th, that we know the blood poisons of certain diseases likewise prevent the transformation of albumen into fibrine; and, 7th, that the exudations themselves, in diphtheria, are conceded to be distinctly albuminous—may we not arrive at the conclusion that the diphtheritic poison, first within the blood, prevents the necessary transformation of albumen into fibrine? that the false membrane is thrown off in localities, which (if Lehmann's theory be correct, and Semin's experiments, already detailed, appear to prove it,) still further prevents this necessary change, wherefore the tissues, not being supplied with their pabulum, waste from imperfect nutrition? and that excessive prostration is the result—a prostration so rapid and excessive that life is proof against it, in some instances, but a few hours?

If this theory be correct, then, in the treatment of diphtheria, we should prescribe not only for the constitutional blood poison, but also should remove, by any means within our power, whether chemical or mechanical, the obstructions that further prevent the transformation of albumen into fibrine; never forgetting, however, that the first great cause of the disorder, the cause to be combated, is the poison within the blood, which of course is at first provocative of the disease. The connexion of diphtheria with a parasitic fungus, mentioned by Madden and by other writers on the subject, deserves to be noticed. From the observations of many, not much reliance can be placed in the appearance of the *oidium allucans* in the diphtheritic exudations. For a confirmation of this assertion,

we may refer to a note to Dr. Preston's article on Diphtheria, published in this journal; and to the experience of Dr. Wilks (*Medical Times and Gazette*, p. 354), who states that, in the cases that had passed under his own observation, the fungus was always present, and that at first he was disposed to believe this peculiar growth constituted the true character of the malady. He says also, "My attention being directed to this matter, I took the opportunity to examine the films which occasionally form on the mouths of those sick with various diseases, and, upon submitting them to a microscopic test, felt some surprise in witnessing in all fungous growth which I have not been able to distinguish from that of diphtheria." He mentions the case of a woman who had died under his care with acute cerebral and spinal meningitis, upon examining whose pharynx after death, a pellicle was found composed of the parasitic growth. Several other instances are recorded in which the same growth was detected when there was no diphtheritic disease, properly so called.

As to the treatment of diphtheria, it does not behoove us to touch on that in this paper. But we may barely allude to the fact that there are certain forms of the disease which are not, as far as we have seen, at all amenable to any treatment; and that much is still to be learned as to the proper medicines to be exhibited in those malignant forms that proceed, without a single relenting impulse, to a fatal termination, notwithstanding that the best means—or, at least, the best recorded means—have been applied to prolong life.

THE WILLARDIAN THEORY OF CIRCULATION.

BY HENRY MINTON, M.D., OF BROOKLYN, L. I.

I WAS pleased to observe, in the February number of this journal, an exposition of the modern theory of the circulation of the blood, by its talented authoress, Mrs. Willard. I had about made up my mind that the promulgator of this theory had become discouraged and abandoned the field of physiology to the wise heads of the medical profession. But it appears that her perseverance still holds out; and she has now presented her claim to that branch of the profession who are not so bigoted and self-satisfied with their accumulated wisdom as to reject everything new that is brought out simply because it conflicts with their preconceived opinions.

In looking over the history of medicine, and noting the many improvements and discoveries that have been made, the reader cannot but be painfully impressed by the apathy and indifference with which every new thought, of any value or importance, has been received by the profession, while the swarms of absurd hypotheses and fanciful theories have been swallowed with an eagerness truly astounding.

Previous to the time of Harvey, the circulation of the blood was a thing unheard of; and although the veins were acknowledged to contain blood, the entire arterial system was given up as the habitation of spirits, or looked upon as containing nothing but thin air.

Ancient mythology looked upon the heart as the seat of the affections and passions. It was the centre of all good and evil. From it, sprang all man's baser actions, as well as woman's holy loves and tender devotions. Harvey, after tedious years of toil and solicitude, compelled the profession, by demonstrative proof, to recognize his great discovery of the circulation of the blood; and then the heart—even the

young and tender heart of the blushing maiden—could no more be cherished as the altar upon which the flames of eternal love and devotion could be forever kept burning. All these beautiful illusions of the ancients were forever banished, and physiologists and physicians then rudely dissected the heart, and discussed learnedly about its cords and tubes and valves with a freedom that, but a short time before, would have been considered sacrilegious. But in this new and *then* modern light, the heart was treated as a mere machine—a tremendous hydraulic apparatus, whose whole duty was to propel the blood through all the arterial and venous tubes.

It is not at all strange that Harvey, elated and giddy with the great fact he had just discovered, that the blood did circulate, should have been satisfied with attributing it to mechanical causes, and accepted the heart as the force-pump, the mere ejecting apparatus. But it is passing strange that the profession were so loth to accept the truth of the circulation of the blood, which admitted of such easy demonstration. It really seems as though the mental faculties of physicians are constituted differently from those of other men. A new theory may be presented to them, containing many facts and few fallacies: it is invariably rejected. I do not believe a new theory of any kind was ever yet presented to the profession that immediately received a fair and candid investigation. On the contrary, new thoughts are always bandied about, foot-balls for desultory writers, until the laity comprehends their truth; or quackery, in the shape of some upstart mushroom, though sharp pretender, makes capital of them to work up some *speciality*, to which he gives his whole attention. And not until there is danger of their being distanced by outsiders, does the "regular faculty" wake up to a realizing sense that there is, at least to them, anything new under the sun. But when they do wake up to the fact that there is yet something to be learned, they eagerly grasp the new theory, whatever it may be, and, without much investigation, swallow it, absurdities and all. Now, the most astounding

fact of Harvey's grand discovery was the tremendous contractile force of the heart, which Borelli estimated as 180,000 pounds; and physicians, as a general thing, had no difficulty in comprehending the possibility of this unheard-of power existing in a small muscular organ, in weight not more than half a pound. It is true that, now and then, an untrammelled mind would rise above his fellows and raise serious objections to some such improbable assertions; but the wise ones of the age would instantly frown him down. Dr. Arnott, though a firm believer in the Harveian theory, could not help declaring that "the heart, the heart alone, is the rugged anomaly in the law of fitness in mechanics."

But the Harveian theory, in spite of all its inconsistencies and its inability to satisfy the inquiring mind, was nevertheless received by the profession as a fixed fact, and, as such, taught in all our colleges and institutions of learning. We read, in various works upon physiology and the general sciences, of the herculean power of the heart. It is really amusing to read over the opinions of by-gone writers upon this subject, whose efforts seem to have been to see who could tell the most wonderful story of the heart's power, rather than to substantiate a scientific truth.

The statement of Borelli in regard to the contractile force of the heart's action is only equalled in absurdity by that of Keill. The first estimates it at 180,000 pounds; the latter, at five ounces. The one would be sufficient to rend the organ in pieces; while the other would scarcely throw the blood to the aortic arch.

Other theories of the circulation than this of Harvey's have been advanced, and met with various success. Their temporary existence depended, however, more upon the ability of the author than upon the soundness of his theory. What has ever supported the Harveian theory, it is difficult to tell.

Allopathic physicians, especially the professors in our colleges, to whom we should naturally look for a fair investigation, and either confirmation or refutation of any new claim, are so

invariably implicated in the reputation of some work upon medicine—the product perhaps of one of their own clique—in which some contrary doctrine is so strongly advocated that they must repudiate it to embrace the new, and thereby injure the value of their book, that they prefer, through prejudice and interest, to cling to the old. They compel the author of every new theory to fight his way to distinction over the dead carcasses of the cherished antediluvian notions of his predecessors. No doubt this is one great reason why the Harveian theory of the circulation of the blood is so pertinaciously adhered to.

One would suppose that the same train of reasoning which convinced the professional mind of the unsoundness of the old theory, that the venous circulation was dependent upon auricular suction, should have demonstrated the impossibility of the tremendous ejecting force since attributed to ventricular contraction.

That the action of the heart is not the chief source of the circulation, seems to me to be easy of demonstration. If it were, why is it that circulation does not immediately cease when the heart is removed from an animal? Every one knows that capillary motion continues for some time after the heart has been removed. The hitherto mysterious fact that the arteries are always found empty after death is *sufficient* evidence to prove the fallacy of the Harveian theory, because this would be a mechanical impossibility on the supposition that the heart *drives* the blood.

Why is it that, during temporary suspension of respiration, circulation ceases? Why is it that, after death from strangulation or suffocation, the right heart and pulmonary artery are found excessively distended with blood? Is it because the heart has lost any of its power? No; respiration simply does not stimulate the heart to action, for we find that, after it has been removed from the body, it still continues to contract for some time. Humboldt tells us that he found the contractions of the heart, even after removal from the chest,

were more frequent and forcible upon the application of the galvanic battery to one of the cardiac nerves. Is it not fair to infer, then, that circulation depends more upon respiration than upon ventricular contraction?

The introduction of carbonic acid gas into the air-cells of the lungs certainly offers no mechanical obstruction to the circulation; nevertheless, the blood is instantly arrested, and asphyxia ensues. This should not be so were the heart the motive power by which the blood is driven through the system.

Many other objections of a similar nature will present themselves to the mind of every candid inquirer. But the most serious and unanswerable objection offered in refutation of the Harveian theory is that of the portal circulation. Now, how shall we account for this? By what power is the blood collected from the digestive apparatus, propelled through the capillaries, the portal and hepatic veins, and finally thrown into the general circulation? Certainly, not by the heart, for, as you are aware, the portal circulation begins and ends in a capillary system, without any intervening organ of impulse. And this one simple circulatory system, without an intervening heart, offers no anomaly in nature. We observe the same thing in the fish. In fact, the majority of all animals, and the whole of the vegetable creation, are dependent for their circulation upon some other power than a heart.

Were it a fact admitting of no controversy that the heart possessed the power and did perform the act of circulating the blood, how frequently we should hear of heart-aches and heart-ruptures. Physiologists tell us that the heart works with a force equal to that of a six-horse-power engine. We often hear of boilers bursting, pistons breaking, and cylinder-heads cracking; but the little heart, the thickness of whose walls are less than half an inch, and whose valves are but a fold of membrane, and whose valve-stems are as but threads, works on uninterruptedly, making its three hundred millions

of beats without a stop, and propelling—so say the physiologists—half a million of tons of blood throughout the system in the course of a lifetime, and, when it does stop, is found in just as good condition as when it was first set in motion, fresh from the hands of its Creator. We seldom hear of its giving out or breaking down under its herculean labors, though, upon dissection, we occasionally find its walls diseased and obstructed; still it performs its allotted duty up to the last tick of its whole time on earth. But, certainly, this cannot be. Why, such a force, as we have already remarked, would rend the heart into shreds, and its valves, with their chordal tendinæ, would no more prevent the regurgitation of the blood than a sheet of tissue-paper would answer the purpose of a steam valve.

But enough has already been said to convince any reasonable man that the old theory of the circulation of the blood is, to say the least, unsatisfactory in the extreme. The theory promulgated by Mrs. Willard is devoid of all these objections, while it alone offers anything like a satisfactory explanation of the different forms of circulation. By it, we see how vitally circulation is connected with respiration. Remove the lungs from *any* living thing, and how instantaneously circulation ceases! Renew the action of the lungs, and how quickly is vitality restored! Illustration, upon this point, we had presented to us in the last number of this *Journal*, by Mrs. Willard herself, from the experiments of Dr. Cartwright.

This theory is the only one by which we can obtain a satisfactory solution of the portal circulation. Some physiologists, we know, have imputed an active propulsive power to the capillary vessels, by which, they say, the blood is carried through the veins. But this is not easily explained, and quite as difficult to comprehend.

Upon the theory of Mrs. Willard, the whole circulating apparatus may be, not inappropriately, likened to a low-pressure engine. The lungs represent the boiler, the heart, the cylinder, the arteries and veins, the feed and exhaust pipes.

Now, you may have your boiler filled with water, your cylinder, with all its tubular and valvular connections, perfect ; but, without fire, you have no steam, no power. So, you may have the lungs filled with blood, the heart, with all its tubular and valvular connections, perfect ; yet, without respiration—fire—you have no life, no motion. But, the moment you fire up your engine, steam is generated—the hot current flows to the cylinder—the valves open—the piston moves—and what but a moment before was only a mass of inactive, inert machinery is now converted into a tremendous active power ; and that, too, simply by the application of heat beneath the boiler.

And so with the new-born infant. It is in perfect order, ready to start. All it needs is the *vis motrix*, the moving power. Now, give it breath, which is the fire that warms the blood, the current starts—the foramen ovale closes—the auriculo-ventricular valves open—the heart moves—and the inanimate being that, a moment before, lay prostrate before you, is now all life and motion, and that, too, simply from the introduction of oxygen gas into the lungs—or, in other words, from the steam generated within the human boiler by the application of heat.

To carry the simile still further, the brain and spinal cord may represent the main shaft and balance-wheel of the engine ; while the minute sympathetic ganglia with which the heart is furnished, and to which it is said to owe the contractile power of its muscular fibre, may receive their action in a manner similar to the eccentric motion by which the valves of an engine are worked, namely, from the main shaft, the cerebro-spinal axis.

Neither Mrs. Willard nor any of her supporters, so far as I am aware, claim for respiration the whole honor of maintaining the circulation ; but, while claiming the office of the heart to be that of a regulator or governor of the vital current, admit that as, with every contraction, it measures out a regular portion of blood, it also assists in its acceleration towards

its final destination. In my mind, there is no doubt that the heart, in its contractions, adds something to the motive power which propels the blood from the centre to the circumference of circulation.

CLINICAL CONTRIBUTIONS.

Uterine Inflammation.

BY J. S. DOUGLASS, M. D., OF MILWAUKIE.

THE following cases of uterine inflammation are contributed from two considerations: 1st, the advantages resulting to the members of the profession by an interchange of clinical experiences; and, 2d, to suggest the query whether inflammation of the substance of the unimpregnated uterus is of such rare occurrence as is generally represented by medical writers. If I have not committed an error in diagnosis, the occurrence of so many cases, coming under my own observation in so brief a period, would seem to indicate that the affection cannot be of very rare occurrence. There is another query growing out of these cases. Authors generally maintain that even acute inflammation of the substance of the uterus is seldom attended with a high grade of fever. Some of the following cases are not confirmatory of this remark.

CASE I. Mrs. B., an English lady, aged thirty-six, healthy and even robust, the mother of three children, had, some ten years ago, acute inflammation of the uterus (so called by her English medical attendants), ushered in by a severe and protracted chill, followed by high fever and terribly severe throbbing pain, which resulted in suppuration and copious discharges of pus. She was confined by this attack for about five months. Another attack, four or five years subsequently, pursued nearly the same course. So convinced was she that

all her treatment during these attacks had, to say the least, done her no good, that she resolved, if another occurred, to trust herself to nature. On the 21st of June, 1859, another did occur. It was ushered in by a profound and protracted chill, as before. After suffering very severely for three days, by persuasion of friends, I was sent for June 24th. Present symptoms: Pulse full and strong, and 126 per minute; skin hot and dry; face highly flushed; painful throbbing through the pelvis; pain excessive; urinating or evacuating the bowels causes extreme anguish, vomiting, and fainting. Examination externally and *per vaginam* shows the whole uterus greatly enlarged. A slight pressure of the finger upon the cervix, and even gentle external pressure, excite great pain and nausea. R. *Aconite* 1 \circ , six drops in a tumbler half full of water, and *belladonna* 3 \circ , alternately, every two hours till relieved.

June 25th.—Pain considerably abated; the pulse 106 and softer. Continue same every three hours.

June 26th.—Much relieved; pulse ninety-two; feels pretty comfortable when perfectly still, but movement is painful. R. Warm water enemata to move the bowels, and injections of the same *per vaginam*. Warm wet bandages, and, as soon as the necessary movement could be borne, warm sitz baths, have been used. She frequently speaks of all these as being exceedingly agreeable, and wants them employed oftener than directed. Continue same remedies every six hours.

June 27th.—Pulse eighty-four; bears considerable pressure over the uterus; can stand and walk a few steps without much inconvenience. R. *Nux vomica* and *belladonna* 3 \circ every six hours.

June 29th.—Greatly improved; walks about the room comfortably; pulse nearly normal. On examination, the uterus is found still enlarged, but with only moderate tenderness. *Nux vomica* 3 \circ and *macrotin* 6 \circ every six hours. She steadily improved from this time, and on the 10th of July had resumed her ordinary avocations. Has continued in health to the present, November, 1860.

In this case, the uterus was greatly enlarged, being distinctly felt by the finger resting against the cervix and the hand above the pubis. Can there be any doubt that it was acute inflammation of the substance of the whole uterus, body and cervix? It was attended by a high grade of synochal fever.

CASE II. April 25th, 1860, was called to see Mrs. E., aged twenty-four; rather slender; has always enjoyed pretty good health, but has *never* menstruated or had leucorrhœa. This remark must be modified by saying that occasionally, at long intervals, she has had sufficient colored discharge to produce a barely perceptible stain, without pain or other symptoms. She has been married a year. For some months, she has had slight uncomfortable sensations in the region of the uterus, which have gradually increased, until, about three weeks since, she sent for a physician, under whose direction she has continued till now, with constant increase of suffering.* At the above date, I was called to take charge of the case. Present symptoms: Extreme pain through the whole pelvis, back, and hips; is almost frantic with excessive pain, and total deprivation of sleep for several days; pulse, 126; skin, hot and dry; pressure above the pubis produces great pain and nausea; an examination *per vaginam* finds the cervix, and the body as far as the finger can reach it, greatly enlarged, quite hard and resisting, and intolerant of pressure, which produces pain through the pelvis, back, and hips, and excites nausea; the uterus lies low in the pelvis; she frantically calls for immediate relief, or, she declares, she cannot live. R. *Aconite* 3° and *belladonna* 3°, alternately, every two hours, and warm fomentations. At evening, after eight hours, no perceptible change. R. *Aconite* 1° and *belladonna* 3°, as before.

26th, morning.—Has had a painful, sleepless night; pulse, 118. Continue same, with enemata of warm water, and injections of the same *per vaginum*. Evening.—Rather less

* The case was called obstinate constipation, and treated by cathartic pills; then *ext. rhei*; then *castor oil*.

pain; pulse, 114; excessively nervous and restless. R. *Aconite* 1° and *ambra* 6°, alternately, every three hours.

27th, morning.—Is much relieved; slept considerably last night; pulse, 98. Continue medicines every four hours.

28th.—Has slept pretty well, and has no severe pain when lying perfectly still; but cannot bear movement or an upright position without pain and faintness. R. *Aconite* 3° and *belladonna* 3°, alternately. This was continued for three days, with an occasional dose of *ambra* to allay excessive irritability, which it always did most effectually. At the end of this time, she was able to walk slowly about her room for a few minutes and sit up considerably, and she was free from fever.

May 2d.—*Nux vomica* and *belladonna* 3°, alternately, every six hours, with constant improvement.

May 8th.—*Nux vomica* 3° and *macrotin* 3°, alternately, every six hours. After taking two doses of the latter, I was sent for, when she informed me that the powder made her worse. She had felt more pain after the first dose, and it was much increased after the second. *Belladonna* and *nux vomica* for four days, when, on the 13th, she had *nux vomica* 3° and *macrotin* 6° in water. From this time, she rapidly recovered; and in the early part of June, menstruated for the first time, not having as much as the normal quantity of discharge, but vastly more than ever previously—or, to use her own words, more than she had ever had put together. She was now apparently free from disease. On the 24th of July, she had a chill, followed by acute and distressing inflammation, evidently rheumatic, of the diaphragm. This was relieved in a few days, when she began to experience nausea and vomiting; and it soon became evident that she was pregnant.

CASE III. Mrs. T., aged twenty-six, mother of two children, had a miscarriage four months ago. Before entire recovery, sickness in the family subjected her to fatigue and anxiety beyond her strength, and she began to experience severe, often sharp, darting pains in the uterus, with pressure downwards, aggravated by walking. The medical attendant of the family

had prescribed for her for two months. On making an examination, the cervix was found much enlarged and quite hard, pressure producing pain. No enlargement could be detected by external examination, and the disease was probably chiefly confined to the cervix; but it was not a glandular affection, for there was no mucous discharge, and the great enlargement of the cervix forbade the idea that it was disease merely of the mucous membrane. It could be no other than inflammation of the substance of the cervix. R. *Nux vomica* 3° and *belladonna* 3°, alternately, every eight hours.

This was on the 11th of May, 1860. I did not see her again.

May 16th, the husband reported great improvement in all the symptoms. R. *Nux vomica* 3° and *macrotin* 6°, alternately, every eight hours.

June 2d.—Reported entirely comfortable; feels no inconvenience, except from overdoing. Continued the same.

June 25th.—Considers herself well. Has remained so to the present, November, 1860.

CASE IV. Mrs. N., a healthy and even robust woman, had been married about a year, when she had a miscarriage at about five months. She lost much blood. Inflammation of the uterus followed, attended by terrible pain, high fever, and great enlargement of the uterus. Several physicians (some ten or more) have, by times, attended her from that time till now—a period of nearly four years. One physician has prescribed for her for the last year. She now suffers comparatively little; is able to be about and to perform considerable labor, but is not conscious of improvement or change for the last six months. She has menstruated for the last year, always profusely, with a discharge of coagula and with much pain. Present symptoms: 3d of September, 1860, uneasiness, and more or less pain in the pelvis and back; constant feeling of weight and pressure downwards; frequent and painful micturition; tenderness on firm pressure above the pubis, where the hand feels distinctly the enlarged uterus; the finger finds

the cervix three or four times the normal size, and the body, as far as the finger can trace, correspondingly enlarged. Diagnosis: Inflammation of the substance of the whole uterus, suffered to become chronic for want of early and appropriate treatment. R. *Nux vomica* 6° and *macrotin* 6°, evening and morning.

Oct. 20th.—Has felt decided improvement for the last month; the frequent and painful micturition has nearly ceased; much less weight and pressure in the pelvis; believes, for the first time that she shall recover; has menstruated without pain or coagula, and in normal quantity and appearance. *Nux vomica* 3° at night, and *macrotin* 3° in the morning.

Nov. 21st.—Says she is well; declines an examination, as unnecessary; and thinks she needs no further treatment.

CASE V. Mrs. P., aged about 27, rather slender, but the mother of two large robust children (the youngest, 8 months), has felt uncomfortable sensations in the pelvis for several weeks, with weakness and pain in the back, now so increased as to oblige her to keep her bed. March 31, 1860, present symptoms: distressing pressing down in the pelvis, frequent and painful micturition, and frequent but fruitless urging to evacuate the bowels, pain and great weakness of the back, all the symptoms being greatly aggravated by standing. She is feverish, pulse 92. Her conviction is that the principal difficulty is in the bladder. There is moderate tenderness to pressure above the pubis, and some mucous discharge from the vagina. On examination *per vaginum*, the cervix is felt quite low in the pelvis, moderately enlarged, and sensitive to the touch. The urethra is quite sensitive, and conspicuously enlarged through its whole extent, presenting an evident case of thickening of the cellular tissue surrounding it, with a varicose state of the veins. This case excited my special attention, because, though I had seen cases of the latter difficulty, I did not recollect a case complicated with uterine inflammation, and I had some doubts in regard to a treatment that should cover the whole case. R. *Nux vomica* 3° and *belladonna* 3°, alternately, every 6 hours.

April 6th.—All the symptoms are improved, excepting the frequent and painful micturition. *R. Nux vomica* 3° and *macrotin* 6°, every six hours.

Regarding the characteristic feature of the urethral difficulty as a varicose state of the vessels, pledgets of lint or linen, wet in a diluted *unct. hammamelis*, were daily introduced into the vagina and applied along the course of the urethra. Under this course, there was steady improvement, and the symptoms had nearly disappeared by April 21st, when she went on a visit into the country, and returned after a few weeks apparently free from disease. She remained well till October 6th, when she became greatly excited and alarmed by a sudden sickness in the family; was subjected to over exertion, physical and mental, and passed several sleepless nights. Soon after, she had pain of the back, and bearing down, with frequent inclination to stool, but no urethral symptoms or mucous discharge.

October 14.—*R. Nux vomica* and *macrotin* 3° alternately. Was soon relieved.

CASE VI. July 27, 1860, was called to see Mrs. B., aged about thirty-five, mother of four children. Has complained for several weeks of bearing down. Present symptoms are, distressing bearing down and pain of the back when on her feet; leucorrhœa, white; no fever; no tenderness on pressure over the uterus; the extremity of the cervix and the labiæ slightly enlarged and quite tender; uterus low in the pelvis. *R. Merc. sol.* 3° three times daily.

July 30th.—Feels better; less discharge of mucus; can walk better. *R. Sepia* 6° three times daily.

August 7th.—Called and reported herself nearly well, but says she expects to get sick again, as she is obliged to be constantly on her feet. Have not heard from her since November.

This is a case of inflammation of the glandular structure of the cervix.

CASE VII. Mrs. V., aged about twenty-six, of strumous constitution, no children. Has felt, for some months, uncomfortable sensations in the pelvis, with pain of the back. Several weeks ago, she commenced to have what she calls leucorrhœa, which has become constant and quite copious, and unequivocally purulent. There is but little tenderness to pressure over the pubis. She is feverish in the afternoon and night, and has occasional night sweats; feels languid and weak. The cervix, and particularly the anterior lip, are considerably swollen, soft and puffy, and the os uteri more than usually open. For the last week, she has been confined mostly to her bed. Diagnosis, inflammation of the mucous membrane of the uterus, secreting pus. Whether ulceration exists or not, it is impossible to say.

August 16, 1860.—*E. Merc. sol.* 3^o, one grain, morning and evening. There was steady improvement, with diminished discharge for twelve days. She then seemed to be stationary for several days.

September 3d.—*Sepia* 6^o, three times a day. This was continued for two weeks, when the discharge had become but little, and her health was greatly improved.

September 17th.—*Mac.* 3^o, one grain, morning and evening. About one week from this time, the discharge had entirely ceased. She considered herself cured, and ceased to report.

October 4th, she returned, saying that she had undergone a good deal of fatigue, and the discharge had returned, in a degree, but without pain or any particular feeling of inconvenience. *E. Mac.* 3^o, one grain, three times a day.

November 3d.—Seems free from disease.

A few reflections suggested by the above cases:

1. If swelling, heat, pain, tenderness, and fever, furnish sufficient evidence of inflammation of the substance of the uterus, the occurrence of so many cases, coming under the observation of one practitioner within so limited a period, would seem to indicate that the disease is not of such rare occurrence as is generally represented by writers.

2. *Aconite, belladonna, nux vomica, and macrotin,* furnish us with most effectual remedies against his formidable disease.

3. *Merc., mac.* and *sepia* furnish effectual remedies in cases of yellow and purulent uterine discharges, whether there is superficial ulceration or not. Such is the result of my experience; not in the above cases alone, but in many others.

4. *Mac.* exerts a most controlling influence over the uterine functions, but in many cases cannot be given lower than the 6° or 9° dilution, without aggravation, especially if the uterus is rendered sensitive by anything like active disease. I have seen it restore the menstrual function more frequently and promptly than any other drug. Pregnancy has frequently followed its use, after it had been long prevented by functional uterine disorder, or by chronic inflammation.

These results are in perfect harmony with the pathogenesis of this drug.

Apis Mellifica as a Remedial Agent.

BY G. BLOEDE, M.D., OF NEW-YORK.

As *apis mellifica* has been mentioned several times in former communications, I will add some of my experiences with this remedy, certainly the most important of all the recent additions to our materia medica. America may justly boast of having introduced this great remedy in the American provinces, although Dr. Wolf, of Berlin, Prussia, deserves credit for having first raised it to the rank of a polychrest. Sanguine and exaggerated as his recommendations of *apis* may appear to many, every homœopathic practitioner who gives it a fair and unprejudiced trial will agree with him to a certain extent. If Dr. Wolf for instance, calls *apis* a specific in intermittent fever of almost every kind, this is certainly an injudicious assertion; but a striking illustration of the unexpected power of *apis* in subduing this troublesome disease came within my

own experience. The case in question was considered so hopeless by myself that I prescribed for it merely because I was asked to do so, and for the same reason did not even take any memorandum of the individual symptoms. The simple facts which I have to report, from memory, are these :

Attending a patient near P——, Virginia, I was told of a very old case of chills in the same family. One of the sons of the house, a youth of some seventeen years, of small size and rather backward in physical growth and development, but well developed in his mental qualities, had been subject to chills, as I was assured, for the last *ten years*. They were now what people commonly call *dumb chills*, without any prominent symptoms, except that they would never stay away longer than one or two weeks, and then kept the tertian type. Having tried a great many remedies to banish them, and, of course, swallowed any quantity of *quinine*, which had no more effect at all, the disease had become so much a part of the boy's constitution and habit that he scarcely expected or endeavored any longer to get rid of it. When the case was stated to me, I refrained from giving any encouragement ; but as homœopathic remedies had never been tried before, I complied with the wishes of the family. And to give, at the same time, a trial to the much-vaunted new remedy, I left the patient twelve powders of *apis* 30°, directing him to take one of them every other night ; of which prescription, to be candid, I did not expect any effect at all. As my other case in the family was discharged soon after this (in March, 1859), I did not hear of the chill-patient until, in October, he called at my office and asked me for some more such powders as I had given him in March. It was then only that I learned the unexpected fact that my patient, before having taken all the twelve powders of *apis* 30°, had been entirely freed from his chills, and had continued so for more than six months—so much so that, as he said, he had almost entirely forgotten he had ever been troubled by them. A few days ago, however, he had had another visit from his old friend—but, as he was

candid enough to confess, in consequence of very gross exposure, excusable for his not thinking any more of his former liability to chills. Indulging in the "noble passion" of the Virginia gentry, fox-hunting, he had not only got thoroughly drenched, but remained in his wet clothes all day, allowing them to dry on his body. I gave him another supply of the wonderful medicine; and as I had not heard of him any more when I left that part of the country, in May following, I am, in a case like his, allowed to suppose that he had been cured a second time. Now, here is an instance of the effect of the homœopathic remedy, even in the infinitesimal dose of the 30th dilution, which cannot possibly be doubted nor mistaken for a spontaneous effort of the healing power of nature. The disease had lasted for ten years, had withstood the most active doses of the so-called specific, and become a *quasi* part of the patient's constitution. It was in uninterrupted and unchanged action when the homœopathic remedy was prescribed. Considering the long-standing of the disorder, the effect of this was almost instantaneous, and continued for more than six months; after which time, the disease was brought on again by such gross and imprudent exposure that the recurrence of it may fairly be considered a new case. This remarkable instance of the action of *apis* in intermittent fever will serve to sustain Dr. Wolf's high encomiums of it, and, I hope, encourage other practitioners to give *apis* a fair trial in similar cases, and to communicate their experiences to the profession.

By the same remedy, I had the pleasure of restoring a friend of mine to health, to whom I recommended *apis* by letter. This was another note-worthy case of chills, some particulars of which I may be allowed to communicate from the report of my friend, written to me after his recovery.

"In July, 1859, I had some attacks of fever, which I laid to biliousness, and for which, according to usage in the south, where I had spent the winter and spring, I resorted to a blue pill. This had no favorable effect. On the contrary,

the attacks increased in severity ; and as I now became aware of having to contend with fever and ague, after some hesitation, I concluded upon the further allopathic extravagance of taking two pills of *quinine*. These had the effect of breaking the intensity of the attacks, to some extent ; but, instead of them, an almost uninterrupted shivering chilliness took hold of me, mostly attended with trembling and twitching, and frequently with drawing pains in the limbs. This shivering, apparently close under the skin, would drizzle down from the upper part of the body to the groins, then spread over the thighs, and turn into dry heat, once or twice a day. The nightly slumber refreshed me but very little, as I always found my clothes wet with perspiration in the morning. In the course of a few weeks, this condition made me so weak and powerless that I could only drag along with difficulty, and at last hardly leave my bed. My stomach, too, which usually is in a vigorous condition, would only perform its functions in a sickly way ; and urinating, to which there was an almost constant tendency, was very often made difficult and painful by a checking pressure on the organs. Besides, it may be worth while to mention that, during the critical period of my disease, I noticed a striking acuteness of the *senses*, particularly those of hearing and smelling."

I advised my friend to take *tartar emetic* 3^o trit., and afterwards *apis* 3^o dec. dil. The action of both, he described in the following manner :

"The medicine (*tartar emetic*) which you were kind enough to send me had the beneficial effect to set my stomach right in a few days, and to give me a pretty good appetite. On my feverish condition, I saw no influence of the medicine, my pulse keeping over 100 in the most quiet period. About the middle of September, I received from you a vial of *apis* 3^o. The effect of this medicine was at first signally apparent through the fact that, on the very next day after its use, the unnatural tension about the urinary organs disappeared almost entirely, but returned as soon as I had finished the vial. Not

less certain, and more steady, was the effect on the fever. The attacks soon diminished, the shivering became daily milder, the night-sweats gradually disappeared, and, in a short time, no trace of the fever remained, except great nervous debility and emaciation. With the preceding improvement, the urinating became easy again, and an almost excessive appetite came on, the consequences of which soon became visible. Since my recovery, about three months since, I have enjoyed unusual physical well-feeling, and have grown so fleshy that I actually weigh more than ever before."

Here is another instance of the remarkable action of *apis* in intermittent fever, of which none but Professor Bock, of Leipsic, could reasonably entertain any doubt. The action of *apis* in this case was particularly illustrated by the speedy change in the urinary troubles, while at the same time it is a highly interesting circumstance that this effect stopped as soon as the patient was out of medicine, and then would only yield now and then, along with the gradual subsidence of the principal disease—that is, the deep-seated affection of the *nerve-centres*, which is manifested by the fever and ague. As *apis* has doubtless a *specific affinity* to the uropoietic system, its exhibition in this case could not help to relieve the urinary troubles at once; but these being a mere dependency of the original affection, this relief could only be transitory, and not pass into permanent cure before the removal of the latter.

I may mention some other affections in which I observed a beneficial effect of *apis* in the lower dilutions.

1. That chronic tendency to inflammation of the upper part of the alimentary and respiratory organs popularly comprised under the name of bronchitis, and characterized by recurrence of the troubles after every cold, particularly exposure to wet; highly inflamed or mottled appearance of the fauces and contiguous parts; constant discharge of a tough, stringy, clear phlegm, which is productive of a tendency to hawk frequently; soreness on swallowing; hoarseness and huskiness of voice, etc. I found *apis* very useful in such affections, even

if they had been aggravated by frequently repeated *cauterizations* —an ingenious resort of the old school practice, which certainly affords speedy relief to the suffering patient, because it destroys all life and action in the affected tissues, but, for that reason, always reminds me of that wise individual who, in order to get rid of the stains on his coat, took a pair of scissors and cut them out. The action of *apis* in a similar case, that of a methodist minister, was like a charm. He called on me one Friday, with a cold in his throat, and great hoarseness, cough and pain from talking; and was very anxious to preach the ensuing Sunday, of which, of course, I could give him no promise. Nevertheless, a few doses of *apis* 3^o, often repeated, restored him so quickly and thoroughly that he was not only able to attend to all his professional duties that next Sunday, but did not require any assistance again, for a similar occasion, before many months afterwards, when the same medication procured the same beneficial effect.

2. Parotitis of both sides, with hot swelling, but little fever.

3. Extensive erysipelas of the face and part of the scalp. After *aconite* and *rhus tox.*, which had been used during the first three days of the disease, *apis* 3^o was resorted to with great advantage. Although the inflammatory process was very intense, the swelling considerable, and covering a large surface, and the fever very high all the time (the patient was a young girl of some twelve years), there was not the least sign of any participation of the brain or other organs; and soon after the exhibition of *apis*, began the formation of large blisters filled with yellowish water. After four days from the use of *apis*, the patient was discharged.

4. Inflammatory swelling of the left foot, beyond the ankle, with violent pains in the whole foot, which caused the patient —a colored woman afflicted with *incontinentia urinæ* for many years, and subject to rheumatism—to shrink when the foot was touched, with nightly exacerbation of the swelling, as well as pain. *Apis* 3^o removed the inflammatory symptoms in two days.

5. Dry cough, troubling every minute, proceeding from a violent tickling in the pit below the larynx, as from a feather, caused also by pressure on this spot with the finger. *Apis* 3^o, every three hours, relieved immediately. The patient was afflicted with the affection before mentioned (under No. 1), and had been frequently cauterized.

6. *Ophthalmia neonati*.—A male child, four months old, very fat, and apparently healthy, but decidedly scrofulous, (nine months afterwards he died of a brain fever, with signs of rapid decomposition of the blood), was born with ophthalmia and blephar-ophthalmia. The eyelids, in consequence of great dread of light, were spasmodically contracted, with oedematous swelling and constant flow of tears. The child, being obliged to keep its eyes shut all the time, slept too much. After four doses of *apis* 3^o, it began to open its eyes, and, as his mother said, "did not seem to want to shut them any more." The ophthalmia subsided entirely, and the baby thrived remarkably until suddenly seized by that brain fever, with a low character from the very beginning, which ran to a fatal termination in four days.

7. *Hemicrania, with gastric derangement*, in a single lady of nearly thirty years; dark complexion, sickly appearance, and melancholy disposition. Sharp and dull pain, commencing in the occiput or over one eye—affecting sometimes the right, sometimes the left side, without any difference of intensity—appearing about once a week, increasing gradually to great severity, lasting for two or three days, then decreasing in the same way; sometimes changing from one side to the other; at first sleeping it off; of late, continuing through her sleep and disturbing it; in the height of the pain, great sensitiveness to noise and light, imposing the strictest quiet; general nervousness and difficult digestion, especially a constant, troublesome acidity of the stomach. *Stannum*, which was first selected on account of the symptom of gradual increase and decrease of the pain, and *nux vomica*, had no effect. *Apis* 3^o and *sulphur* 30^o, continued, in alternation, for several

months, improved the case very materially—so much so, that through the summer of 1860, the patient had very little headache. I attended her from December to April, and she had no severe attacks at all. I was written to, late in the fall, only for another supply of medicine.

We do not pretend these last cases to be particularly noteworthy in themselves, and mention them only on account of the *remedy*, about which, as a new one, and one indubitably of great importance, we deem it very desirable to collect as many experiences as possible.

Whooping-Cough.

BY JOHN C. MORGAN, M. D., OF ALTON, ILL.

CASE I. Kate R., aged two years, had whooping-cough. She was treated, according to the books, mainly with *drosera* 3°, *ipecacuanha* 3°, *carbo vegetabilis* 6°, *china* 3°, etc., of which the last two, as in many other cases, did the most good. Yet the characteristic whooping went on, despite all treatment. Driven to empirical prescription by the urgent need of relief, gave *cuprum aceticum*, second decimal trituration, half a grain every three hours. About the second day, there was some amelioration; but suddenly a spasm set in, with general tonic (extensor) rigidity and loss of consciousness. Abstained from medicine. The spasms ceased, but the whooping regularly continued; and, withal, unmistakable choreic symptoms supervened, viz. a semi-paralytic condition of the left side, with trembling of the left arm, and zig-zag motions when attempting to carry it to the head. The bowels were also loose. *Chamomilla* 3°, every four hours, cured all of the symptoms except the whooping in a day or two. Nothing more was done for many days. Finally, judging from some obscure analogy that *capsicum* might affect the case favorably, it was

given—three pellets of the third centesimal attenuation every two hours. An immediate cure resulted.

All the other cases then on hand, which had not been any more than this one, checked by previous treatment, (*i. e.* some half-dozen children or more), were supplied with the same remedy. In every case in which it was faithfully used, it was successful in immediate suspension of the disease; and the improvement was permanent. It would probably be going too far to name it a specific for all cases; but it is worthy a trial in every case in which some other remedy is not more imperatively required. The catarrhal symptoms, as well as others, are of course to be met as in common forms of the same.

Apropos of *capsicum* (for our provings of this drug are so meagre as to render clinical reports desirable in an especial degree), I will relate the following:

Abdominal Inflammation.

CASE II. Mrs. L., aged forty, of nervous-bilious temperament, was attacked with great soreness of the abdomen all over, but especially to the right of the navel, with intolerance of pressure, constipation, prostration, and slight fever, with sallow skin. R. *Aconite* 3°, *arsenicum* 3° (centesimal, which is the scale I usually employ), four pellets, alternately, every six hours. Next day, not much change, except great accession of restlessness. To take *acon.* 3° and *coffea* 3° every two hours. Restlessness and fever relieved; soreness the same. *Nuxvomica* 3°, every four hours. Next day, no change. *Bryonia alba*, four pellets, every three hours. Soreness appeared to be muscular. Very little better next day, beyond a slight relief of constipation. *Capsicum* 3°, two doses, seemed to "take hold" of the soreness; and the use of *capsicum* 30° every six hours thence, for two days, was attended by rapid improvement, and finally by removal of the symptom. Looseness of bowels and weakness remained, but yielded to *china* 3° in daily, afterwards weekly, doses.

Intermittent Fever.

CASE III. This patient was a heavy, lymphatic man, who came to my office early one evening in the latter part of the summer of 1859. He had been working on the American bottom. He had, at the time, great weakness (notwithstanding which, he had walked some distance to see me); thready, scarcely perceptible, pulse, slightly, if at all, accelerated; cold, clammy hands; general surface dry, but of natural temperature; and burning from the pharynx to the stomach. He had experienced similar symptoms during the early part of the previous night, without subsequent notable febrile reaction. I regarded the case as one of mild "pernicious intermittent," which, by maltreatment or neglect, might become grave. I gave six pellets of *capsicum* 30° on the spot, requesting him to sit still. In ten minutes, the burning ceased, the skin was covered with a gentle warm perspiration, the pulse enlarged to a good volume, and the strength rapidly returned. In half an hour, I dismissed him with a dose of *arsenicum* 30°, to be taken at daybreak. On the following evening, he returned, feeling quite well. Gave him again, for the next morning, six pellets of *arsenicum* 30°. He has remained well. During the twenty-two days following the last paroxysm, he took three doses of *arsenicum* 3° as a prophylactic, viz. on the 5th, 13th, and 21st nights—according to my custom in treating intermittents after the arrest of the paroxysms.

Intermittent Fever.

CASE IV. An aged, very corpulent, bilious woman had had intermittent every other day for a week, commencing at nine o'clock A. M., with slight chill and a comatose condition, from which she could scarcely be roused; slight febrile reaction; continued coma, only broken by loud calling, which elicited urgent complaint of pain in the back, etc.; and bowels loose. This paroxysm would last until the dawn of the following

day, subsiding like one awaking from ordinary sleep. R. To take, from this time, *arsenicum* 3° every three hours. In the evening, complained bitterly of pain in the bowels, etc.; also very weak. At five P. M., gave *capsicum* 3°, one dose; twenty minutes thereafter, *china* 3°, six pellets, repeated every hour until six doses were taken. For the morning, at daybreak *arsenicum* 3°, one dose. In the interim, to have beef-tea, and, as required, brandy, half a teaspoonful in water. She missed the paroxysm, and, by ordinary homœopathic medication, finally regained health and strength. Sickness on my own part, however, prevented any further observation of her case by myself. (Clinically, *capsicum* is comparable with *camphora*.)

I have also used *capsicum* 30° with good effects in asthma which, at midnight, forced the patient to rush to the window for air, and which was marked by constriction of the base of the thorax—lasting for days, and habitual—and usually only relieved after free expectoration. The remedy was, however, neglected for the sake of using a favorite expectorant compound, by the decision of the patient herself. She soon after left the city.

Asthma.

CASE V. One of my first cases in homœopathy—a trial case—was that of a young man of twenty one years, a stone cutter, with the asthma—so liable to attack those of his craft. R. *Belladonna*, mother tincture, one drop every four hours, cured him in about two weeks.

Intermittent Fever.

CASE VI. February 20th, 1861, a young miss of sixteen had ague, this being the second paroxysm (tertian); chill, with slight shaking, one hour, near noon; fever until night. R. To take *gelseminum*, mother tincture, eight drops in a tumbler of water, a teaspoonful every two hours. No recurrence.

Tedious Labor, followed by Puerperal Peritonitis.

BY J. F. ERVING, M. D., OF GALENA, ILL.

CASE I.—Mrs. B., aged twenty-one years, a robust, healthy woman, of medium size, nervous-bilious temperament, black hair and blue eyes, was taken in labor with her first pregnancy on the evening of July 16th. An allopath was called to attend her, and remained all night. From him, I learned that the patient had had pretty severe and regular pains, so that by morning the vertex presented at the external orifice. In fact, the head was engaged in the inferior strait of the pelvis.

At this point, the pains seemed to be ineffectual, and the allopath administered a draught of *laudanum* and *hyoscyamus*; after which, he also administered an infusion of *valerian rad.*, gave an unfavorable prognosis, and called for counsel. He stated to the husband of the patient that nature had ceased her efforts to expel the foetus, and that the pelvis was so contracted that it was impossible the child should be born whole; that it was necessary to perforate its head to discharge its contents, in order to apply the forceps, and thus deliver the woman, otherwise she would die undelivered. He also declared that the child was already dead, that the uterus had finished its efforts at expulsion, and that now no parturient pains could be induced; that the child must be delivered mechanically, or not at all. He attempted to apply the forceps, but did not succeed. Not having a perforator, he went away.

At this juncture (6 o'clock P.M. of July 17th), I was called to the case, and found the woman in much anguish, with an indescribable sense of weight and bearing down in the pelvis, but without any regular parturient pains whatever; skin hot and dry; feverish; pulse full, strong, and 80. The head of the child was engaged in the inferior strait of the

pelvis, and presenting at the external orifice; in which position, I presume, it had remained some time. Still I thought that there was no good reason to suppose the child to be dead, but, on the contrary, that it was yet alive. Nor was there, apparently, the least contraction or other deformity of the pelvis; and it seemed to me that the woman could be delivered without resorting to any such severe measures as mutilating the child. The absence of parturient pains, I conjectured, was owing in a great measure to fatigue, to the anxiety and apprehension of mind under which the woman evidently was laboring, and to the effects of the anodynes she had taken.

I directed the woman to be removed to another bed, in a larger room, where a more plentiful supply of fresh air could be obtained, and placed on her left side. The external parts being hot, dry, and rigid, I freely lubricated with lard. I also made gentle friction on the abdomen with my hand, moving the integuments gently over the uterus. It was not long before parturient pains recommenced and continued at regular intervals and with increased intensity, until (at about half-past 8 o'clock P.M.) the woman was delivered of a fine plump *live* boy. The placenta followed soon after, and the patient was put to bed in a comfortable state.

July 18th, 9 A.M.—There is considerable lochial discharge, with coagula; patient somewhat feverish; skin hot; thirst; head-ache and giddiness; pulse 110; great tenderness and distension of the abdomen, with severe pain upon the slightest pressure or movement; has voided no urine since delivery; after-pains pretty severe and continuous—that is, no interval of entire freedom from pain. The patient had been taking *arnica* 3^o every hour since delivery. I now gave her *aconite* 3^o every hour, instead, and directed hot cloths to be applied to the abdomen.

July 19th, 8 A.M.—Patient slept a little during the night; she had also voided urine once or twice, but with much pain. There is severe and cutting pains at the orifice of the urethra,

extending upwards towards the bladder; severe pain in the abdomen, and the womb is distended to the size of fifth or sixth month in pregnancy; knees drawn up; pulse 90. Gave *aconite* 3° and *belladonna* 3° alternately, a dose of each every two hours.

2 o'clock P.M.—Symptoms much the same as early in the day; pulse 120; tongue furred with brown coating; the patient very restless and uneasy; some head-ache, and the countenance expressive of anguish and apprehension; there is frequent and ineffectual urging to urinate. I now omitted the *aconite* and *belladonna*, and gave *cantharis* 3° every fifteen minutes.

4 o'clock P.M.—I found that my patient had voided urine copiously; at the same time, quite a large quantity of coagula and sanguineous fluid had passed off, affording great relief; and the uterine tumor was very much diminished in volume. Omitted *cantharis*, and resumed *aconite* and *belladonna*, as before.

July 20th, 8 o'clock A.M.—Patient improving; skin moist and natural; pulse 85, and soft; pain in the abdomen nearly all gone; some tenderness, however, remains to the touch; the uterine tumor diminished to nearly the normal size; less thirst, and some return of appetite. Continued treatment.

9 o'clock P.M.—Called in haste to see my patient, and found that she appeared to be getting on well, though with no appearance of milk in the breasts until about an hour or more ago, when she had a severe rigor, with cold hands and feet. I found her in a high fever, though the skin was somewhat moist. Pulse 120; tongue somewhat coated with white fur—symptoms indicative, probably, of the ushering in of the milk secretion, as the mammæ were becoming distended, and somewhat hard and tender. Continued *aconite*; omitted *belladonna*.

July 21st, 8 A.M.—Found my patient quite comfortable; the febrile symptoms had abated during the night, and she was sweating profusely; milk has made its appearance. From this time, she rapidly recovered.

CASE II. *Puerperal Peritonitis*.—Mrs. J. N., aged thirty two, of nervous-sanguine temperament, was delivered of her fourth pregnancy on the morning of January 10th; on which occasion, she was attended by an allopathic cotemporary, who, after delivery, bound an 8vo. volume on her abdomen by way of bandaging.

Her after-pains are represented to have been severe at first, and towards the end becoming continuous, sharp and cutting. Milk made its appearance on the third day, and was abundant. But somehow the patient did not appear to be getting on well. On the contrary, it was evident to her friends that she was growing worse, and I was summoned to see her seven and a half days after delivery; during which time, and up to the day previous, she had been attended by the allopath who was with her at delivery.

I ascertained that the treatment pursued previous to my seeing the patient, on the second day, commenced with a cathartic (probably *senna*) and was followed by the exhibition of a mixture every two hours, the chief ingredient of which was *spirits turpentine*. She also had pills of *opium* and powders of *morphine*, to take at regular intervals. A bag of hops, steeped in hot water, was also applied to her abdomen. When I first saw the patient, at five P. M. of January 17th, the following train of symptoms was exhibited [she had taken no medicine for twelve hours previous], viz. skin hot and dry; pulse 140 beats per minute, weak, but sharp and quick; severe headache, and, at times, somewhat delirious; sleeplessness; had slept none for the last thirty-six hours; tongue soft and flabby at its edges, bearing the indentations of the teeth, while the middle was furred with a thick brown coating, which was dry and shining; teeth and gums covered with sordes; thirst; the expression of the countenance indicative of extreme anguish and anxiety; respiration quick, short, and laborious; tenderness at the epigastrium, with nausea and vomiting; abdomen tympanitic; bowels costive; urine entirely suppressed for the last sixteen hours, leaving however a constant desire to make

water and severe cutting pains at the orifice of the urethra; extremely severe pain in the pelvis and lower part of the abdomen, extending to the back and hips, which pain was aggravated by the least motion; there is also excessive tenderness to the touch at the hypogastric and iliac regions, especially the left iliac; lochia entirely suppressed, and the secretion of milk, which is represented to have been abundant at first, entirely suppressed in the left breast and almost so in the right, not yielding more than about a table-spoonful for the previous twenty-four hours; pains in the hips, back, and loins; patient lies on her back—cannot lie on her side—with her knees drawn up; feet and hands cold. This was the condition in which I found my patient; and I conceived that I had a very grave and formidable group of symptoms to deal with.

The treatment which I adopted was to give *aconite* 3° and *belladonna* 3° alternately, a dose of each every two hours, and applying to the abdomen a light flannel cloth, heated at the stove as hot as it could be borne, and changed often. Spoke a few words of encouragement to my patient, and left her for the night, other engagements rendering it inconvenient to remain longer.

January 18th.—At eleven o'clock A. M., I found that my patient had slept a little during the night, and had also passed urine once; pulse 120; a slight moisture of the skin; headache less; tongue moist; less pain in the abdomen and pelvis; nausea and vomiting ceased. In other respects, the symptoms were much the same as last evening, except a very marked mitigation of them all. Continued same treatment.

January 19th.—At eleven o'clock A. M., patient in every respect improved; pulse 95, and softer; tongue cleaning up and moist; entirely free from headache, except at short intervals; respiration nearly natural; pains in the pelvis much less; still there is a great degree of tenderness in the hypogastric and left iliac regions, the slightest touch causing excruciating pain; more milk in the right breast, evidently a

return of the lacteal secretion; slept more last night, and urinates freely. Continued same treatment, except that the intervals between doses was increased to two hours.

January 20th.—At twelve o'clock m., patient improving in every respect; pulse 80, soft, but weak; tongue cleaner; some return of appetite; thirst normal; abdomen soft and flaccid; all tympanitis has disappeared; bowels moved last night; no pain in the abdomen now, unless she attempts to straighten her legs or move in bed, though there is yet much tenderness to the touch; can now lie on either side. The case now presents much weakness and prostration. Medicine.—*Rhus tox.* 3° and *bryonia* 3° alternately, a dose every four hours.

January 21st.—At twelve o'clock m., in addition to the favorable symptoms observed yesterday, I found to-day a reappearance of the lochia, and the secretion of milk more abundant, and in both breasts. Last night, there was a paroxysm of fever, which readily yielded to a few doses of *aconite*. Continued *rhus* and *bryonia*.

22d.—Patient improving. Continue same medicine.

January 25th.—Patient improving in every respect, and can sit up an hour at a time. Continue same medicine and take nourishing diet.

January 27th.—Discontinued visits.

Mal Caducus.—Epileptiform Convulsions.

BY T. S. VERDI, M. D., OF BALTIMORE.

Being called to attend this patient, I learned the following history:

For three years, she had been subject to fits (so called) and to an incorrigible stammering in her speech. Upon questioning, the following symptoms and characteristics were disclosed: formation of the head small, and contracted in the

occipital bone, in which region she complained of violent, sharp, darting pain, particularly previous to her being taken with a fit; complexion sallow; eyes dilated and unmeaning; age eighteen; menses scanty and irregular; was exquisitely nervous, every unexpected sound or news jarring her frame, and making her liable to an attack; could bear no excitement whatever, not even that of reading or the company of her associates, much less could she go to church, as tremor of the extremities would supervene, and then unconsciousness; had no aura epileptica; had consulted the best allopathic authorities for three years, but without benefit; was becoming much worse; began to dread the nights, for whenever she awoke, even without an apparent cause, she would go into a convulsion, and this would occur two and three times during the night, particularly if a storm, the wind, or anything else came to disturb the silence of those quiet hours. Suffered from constipation and inactivity of the liver.

General Treatment.—Cold salt bath and shower bath in the morning; and *ferrum iodatum*, in appreciative doses, twice a day.

Therapeutic Treatment.—First month: *nux vomica* 3° at night, *pulsatilla* 3° twice a day, during the week before menstruation. This treatment caused the menses to become regular, the liver more active, and intestines more uniform in their functions.

Second month: continued baths and *ferrum iodatum* as before. Supplied patient with *ignatia* and *stramonium* 3°, in globules, to take as follows: six globules of *ignatia* immediately after any cause that would produce nervous excitement; six globules of the same before going to sleep; and on awakening with tremor of the extremities, six globules of *stramonium*. *Stramonium* also whenever tremor was present.

These two remedies were of great service, for the patient understood so well her symptoms that she could always take her medicine in time; and she acknowledged and declared that it was remarkable how the *ignatia* would control the nervousness, and prevent it from going into tremor and convulsion,

and how the *stramonium* would so control the tremor at night that it would pass off without being followed by the inevitable enemy, the convulsion.

My patient now gained confidence, hope, and strength. Her nerves lost much of their timidity. I gave an occasional dose of *nux vomica* and *pulsatilla*, never forgetting the importance of equanimity among all the functions, particularly the alimentary and catamenial.

Third month: I continued the same treatment. Menses became very regular; patient became stronger, more happy and courageous. Could read and enjoy the conversation of her friends, and take walks for pleasure. The fits that had overcome her nightly, now became rare visitors; the premonitory symptoms became controllable in the outset; and wakefulness would not throw her into a fit.

I continued this treatment for four months, more or less modified by circumstances, or according to collateral symptoms or modification of the disease, until my patient could read, write, walk, and play, go to church and concerts, ride on horseback and run the fields, without danger or apprehension. Timidity was supplanted by confidence and courage, hypochondriasis by hilarity and happiness, wakefulness and tremor by placid sleep, and no more fits followed the indulgences which my young patient permitted herself.

Triplets.

REPORTED BY SAM. LILIENTHAL, M. D., OF NEW-YORK.

Mrs. HORTON, aged twenty-five, primipara, suffered for the last three months of her pregnancy with œdema of the lower extremities, ischuria and constipation. Every motion was painful to her, and she had to be helped to and from the bed. Dyspnoea in lying on her back, and her mind preoccupied with fearful forebodings. On Monday, the 4th of March, she was

terribly frightened by the cry of fire, issuing from the house next to her own; and, from that time, she was really alarmed about her state. Tuesday, the 5th, slight labor pains came on, although she had a few weeks to go yet. These continued during the night without making much progress. Wednesday morning, Dr. George Beakley was called in; but as the pains were moderate, he counselled patience. At noon, the pains increasing, an examination was made, and the shoulder found presenting in the first position. In order to put the patient under the influence of chloroform, the doctor called me in to assist him. The application of several ounces had not the least influence upon her; and, as the pains were slow and did not tell on her, each of us made another ineffectual trial at version. A large quantity of amniotic water kept trickling down the bed, mixed with a good deal of blood. The doctor applied the short forceps now over the pelvis of the child, and extracted it quicker than we expected—and, to our joy, we found it alive. The hæmorrhage continuing, and the second child presenting also in transverse position, there was every indication for hurry; and a second living child was extracted like the first, with forceps. But a third fœtus now presented itself; and although regular in the third head representation, yet the largely expanded uterus had lost nearly all its expelling power, and we were forced to extract this child also with the forceps. The adhering placenta, immensely large, was easily extracted; and the uterus quickly regained its contractility with the aid of cold water. The three girls—the two first of regular size, the last rather small—were all living, and continue, so far, to do well.

Friday, the 8th.—Mother partly unconscious; anasarca of the face and head; pulse rather weak and quick; tongue clean and moist; lochia regular; has passed urine without pain; speech heavy. *Arsenicum* 3° every two hours.

Friday and Saturday.—Great improvement; patient feels encouraged; swelling rapidly disappearing; has passed large quantities of water; uterus well contracted; lochia regular, and milk appearing.

Tuesday, 12th.—Mother and children doing as well as can be expected.

2.—*Metro-Peritonitis and Phlegmasia Alba Dolens.*

Dec. 26th, 1860.—Catherine Schmerzer, forty-four years old, mother of five children, after passing through pregnancy in her usual health, except constipation and œdema pedum, was confined on the 8th of October, after a tedious and painful labor of sixty hours. The attending midwife remarked that, as the labor progressed, although slowly, no interference was necessary. (Query: would not the forceps have saved this woman's life?) The child died a few days after birth. No lochia appeared; but, instead of it, great abdominal swelling, preceded by violent chills, and accompanied with most excruciating pains and tenderness. General and local bleedings, several times repeated, blisters over the whole abdomen, and internal medicines, without stint, failed to make the least impression. Hot fomentations, with anodyne draughts, were the only things bringing momentary relief; and the uterine discharge was now of the most putrid and abhorrent fœtor. Thus we found this poor woman on the 26th of December. The hypogastric region hard and tender to the touch; uterus enlarged, as in the sixth month of pregnancy; the whole right leg, from the groin down, swollen to double its size, shining, stiff, with crampy pains, aggravated by the least motion; the left leg slightly œdematous; constipation; tongue coated, but moist; appetite for buttermilk or other sour food; breasts sunk in, and no milk whatever secreted as yet; fever exacerbations every afternoon. *Apis mellifica* 2°.

27th–28th.—Bloated last night so much that she expected to die; passed then a great deal of wind and water, with relief, and some natural sleep; legs anasaruous to bursting, especially the right one; appetite improving; stinging pains in the region of the right ovary, felt very deep; abdomen of same hardness. Emollient poultices, *apocynum*, *cannabis*, *apis mellifica*, 2°.

29th.—Passed three pints of water, with relief to abdomen; legs the same; slept better last night; fever every day, but a stronger paroxysm every other day. R. *Apocynum* 3° and *arsenicum*, 3°.

30th—January 2d.—Has now throbbing hammering pains in right side; the whole uterine region very sore to the touch; the discharge per vagina extremely foetid. R. Deodorizing injections; *arsenicum* 3°

January 4th.—Excruciating pains to-day over the whole abdomen; great nausea, ending in a regular attack of ileus; relieved by *veratrum album* 3°, followed by *opium* 1° and *arsenicum* 3°.

5th.—Patient Feels somewhat better, though suffering with diarrhoea. *Arsenicum* 3°.

7th.—An abscess is forming on the left side, about two inches under the navel; the throbbing stinging pain, though, is on the right ovarian region; the skin, inflamed and red, bulges out; an exploring needle brought nothing away but faecal smell. She lingered thus for a few days longer, the pains decreasing with her decreasing strength; unable to take any nourishment, as everything produced nausea and flatulence; and died exhausted on the 12th of January.

Post-mortem examination:—Strong adhesions over the whole peritoneum. From the outer opening of the ulcer, we could follow a perfect pyæmic channel through the agglutinated peritoneum, running straight from the left to the right, forming there an obtuse angle, and running down to the uterus. The discharge per vagina during life showed clearly that gangrene of the uterus had taken place. All other organs were healthy, but perfectly exsanguinated.

General Record of Medical Science.

Fundamental Principles of the History of the Nutritive Nervous System. By Dr. SAMUEL, of Königsburg, Prussia.

[Translated for the U. S. Journal of Homœopathy, by Prof. Carmichael, of New York, from the "Journal de la Physiologie" of Brown-Sequard.]

FROM the remotest periods, practical medicine has demanded the admission of a nervous intervention in the phenomena of the nutrition of the organism. Repeatedly, at different epochs of the history of our science, have we seen this thought prominently and variously manifesting itself, and especially with respect to the mysterious influences exerted by the pneumogastric and sympathetic within the penetralia of the human economy. One theory has supplanted another upon the uncertain basis of hypothetical speculation, until absolute and uncompromising experimentation has finally led to facts permanent and incontrovertible. Not more than ten years have elapsed since experiment began in this direction, and already we have seen opening before us a vast field of investigation, in which nervous influences more multifarious and potential than the most prurient imagination could conceive have become fixed and unchangeable facts. The time has now arrived when a co-ordination and a precise separation of these results, the one from the other, should be made, and the objects of even the minutest of these results should be plainly indicated to the observer.

1st. *Vascular Nerves—Cervical Cord of the Great Sympathetic.*—The first experiments upon the cervical portion of the great sympathetic are due to Dupuy, and reach as far back as 1816. Having extirpated the superior cervical ganglion in four horses successively, with a portion of the cord itself, Dupuy determined that the operation was always followed by an elevation of temperature and the production of sweating in the frontal region, nucha, ears, and the anterior part of the face. He attached no other value to the experiment. In 1831, Pommer declared that a section of the sympathetic of the two sides, between the first and second cervical ganglia, could be made without producing any appreciable effect at the end of seven or eight weeks. To Claude Bernard was reserved the honor of laying the foundation of this branch of our knowledge. In 1849, this distinguished physiologist made his first successful experiments upon the cervical portion of the great sympathetic—experiments which proved that, independently of the well known action of this nerve upon the

pupil, it had another, no less evident, upon the temperature of the head. Dilatation of the arteries of this region, redness and augmentation of the temperature of the parts, were the effects immediately following the section of the cervical portion of the nerve. Brown-Sequard made a counter-experiment, which revealed the fact that galvanic excitation of this nerve produced results diametrically opposite to those attending upon its section, viz: diminution of the calibre of the arteries, pallor of the tissues, and an abatement of the proper warmth. The arterial dilatation which succeeds the section of the great sympathetic becomes evident to the touch by the energetic pulsation of the larger vessels, and to the sight by the inspection of diaphanous parts, such as the ear of a rabbit, in which one can be satisfied that the dilatation extends to the remotest arterial ramifications. But this effect disappears when the peripheric extremity of the nerve is excited. Side by side with this physiological proof of the influence of nerves upon arteries may be placed the anatomical demonstration, given by Henle and Kœlliker, of the existence of the muscular fibres of organic life in the parietes of the vessels. This muscular apparatus increases in an inverse ratio with the calibre of the artery: while in the carotid it composes not more than one-tenth the total mass of the vessel, in the digital it occupies nearly one-third. As the force and power of the capillary current especially depend upon the energy with which the arterial circulation is accomplished, it follows that the peripheric circulation of corresponding organs is subjected to certain determined nervous influences, which, being beyond the reach of undue or deficient cardiac action, or mechanical obstacle to the sanguineous current, may occasion of themselves, and by virtue of their own inherent properties, either a local anemia, ischæmia, or hyperæmia. The redness succeeding the above cited experiments does not differ in intensity or color from that characterizing acute inflammation, while there is a marked contrast with that produced by nervous hyperæmia. It is a necessary consequence of the passive extension of the capillaries, which have been invaded by a more energetic arterial current, whilst the pallor provoked by a counter-experiment results from conditions diametrically opposite. As regards the augmentation of temperature, which may be elevated four or five degrees in peripheral portions, and continue for a length of time, it is due, like all the preceding phenomena, to the paralysis of the sympathetic. But it is not certain that the temperature of the affected parts is raised above the normal degree of the blood (temperature of local inflammations), and much less that there is any elevation of the proper temperature of this liquid itself (febrile temperature). To explain the production of heat, Claude Bernard resorted to the hypothesis of direct nervous influence. According to him, there exists an antagonism between the cerebro-spinal and sympathetic nerves, by virtue of which an elevation of temperature would constitute one of the symptoms of the paralysis of the last nerve, in opposition to the coldness of the parts supplied by the cerebro-spinal nerves super-

vening upon their division. Kussmaul and Tenner have proved, indubitably, that this phenomenon is a necessity of the paralysis of the arterial vessels. Their experiments are as follows :

" After the ligation of the two subclavians, and compression of one of the carotids, the temperature of the corresponding ear was immediately lowered upon a section of the sympathetic of the same side, and elevated in that of the opposite side. The heat and congestion induced by the augmentation of sanguineous pressure did not differ, in any visible or thermometric respect, from those resulting from the interruption of nervous action. The results observed after the ligation of the subclavians and compression of one of the carotids remained the same, whether the sympathetic of the same side had been previously divided or left intact. In recapitulating the three phenomena we have been analyzing, viz., dilatation of the vessels, and redness and heat of the parts to which they are distributed, we observe that we should not confound their identity with the collection of symptoms denominated by science active hyperæmia or arterial congestion, as distinguished from passive or venous hyperæmia, and we should not be misled by the fact that they may be provoked by the cessation of nervous action or paralysis. Active congestion will always preserve this character, even when it is due to paralysis of the sympathetic. Its essential characters, as well as those which are purely secondary, remain entirely identical. Thus it is that a slight hyperæsthesia and an augmentation of muscular action exhibit themselves as consequences of active hyperæmia; and these symptoms resemble each other, inasmuch as they may precede inflammation and determine its acute forms, without being necessarily followed by its pathological conditions. The observation of Bernard that paralysis of the great sympathetic does not determine any apparent difficulty in the nutrition of organs, nor any notable augmentation in the secretions, nor in mucous catarrh, has been confirmed by observers in all essential respects. He declares that it produces a more marked predisposition to inflammation; and Snellen says, too, that he has repeatedly seen this experiment expedite an inflammation which had been artificially produced, and hasten sanguineous absorption and the cicatrization of wounds. As regards the duration of the phenomena produced, the observations of Bernard, and also of his successors, have led to the following results: In the normal condition of the animal, the difference of temperature between the sound side and the unsound speedily disappears; but it may persist for some time in all its primitive intensity, under the influence of energetic movements, whether of the whole body or of the affected parts. This difference is especially marked under the effects of cold and of copious hæmorrhage, in the agony and under all the circumstances that induce an enfeebled condition of the animal operated upon. Again, this duration depends particularly upon the length of the nervous portion removed and the time required for its reconstitution; but the extirpation of the ganglia is never followed by the complete and normal re-establishment of the

primary condition. In the numerous experiments of Snellen, there was never any difference in the intensity of the effects produced, accordingly as he did or did not resect, with a portion of the cord, the ganglion attached to it."

Vascular Nerves of the Brain.—We shall simply mention the earlier contributions of Dupuy and Bernard upon this subject; for, in reality, it was by the ingenious experiments of Donders that the action of the great sympathetic upon the vessels of the pia mater was established. Upon removing a fragment of bone from the cranium and replacing it by a bit of glass, he saw these vessels dilate and contract accordingly as he cut or irritated the cervical portion of the nerve. By adding to this result the observation of Marshall Hall, which has been more fully amplified by Kussmaul and Tenner, viz., that tonic contraction and loss of consciousness were often consequent upon the rude interruption of the nutrition of the brain, these two last authors have been induced to establish the fact, that certain forms of epilepsy were probably caused by a condition of contraction of the muscular apparatus of the cerebral arteries.

Vascular Nerves of the Thoracic Organs.—By reason of the great difficulties attendant upon experimentation in this region, no satisfactory results have been reached respecting the vascular nerves of the heart and lungs.

Again, we are in doubt, up to the present time, whether it is the pneumo-gastric—the great avenue for the transmission of primitive nervous fibres which, passing in various directions, unite the three great cavities of the body—we say we are in doubt whether it supplies the vaso-motor elements of the lung either directly or by reason of its mysterious connections with the cervical portion of the great sympathetic, or if it be by the intermediation of the thoracic filaments of the latter that these elements are transmitted from their origin in the medulla to the respiratory organs. It is possible that they arise from this double source; but as respects the system of bronchial arteries, it is probably animated by nervous conductors derived elsewhere. By reason of the numerous and extremely delicate capillary anastomoses occurring here, an active congestion, supervening simultaneously in one and the other, would produce the most pernicious consequences to the integrity of the organ. But, happily, this complication rarely occurs. Since Traube proved that the alterations, otherwise inexplicable, which supervened in the lungs after the section of the nervus vagus were principally the result of the anæsthesia of the glottis, no experiments have been published which propose to determine the difficulties which, apart from the above effect, are produced in the functions of circulation and the nutrition of the pulmonary tissue. With the exception of some experiments, consisting in the extirpation of the first thoracic ganglion of the great sympathetic, and resulting in nothing complete and satisfactory, this nerve remains in its course in the thoracic cavity a veritable *noli me tangere*. The well known influence which the vagus exercises upon the cardiac movements is

attributed by Brown-Sequard to its connections with the coronary arteries. According to this physiologist, its excitation produces anæmia of the muscular apparatus of the heart, a diminution of its action, and finally complete arrest of its movements; whilst, on the other hand, its paralysis, by determining a more copious sanguineous afflux to the heart, will produce active excitement and more energetic contractile power. Panum confirms the fact of contraction of the coronary arteries under the influence of pneumogastric irritation, and their dilatation in consequence of the section of this nervous trunk; but the complete arrestation of the heart always manifested itself in his experiments before the diminution of the calibre of the arteries had attained its minimum. This last phenomenon seems, then, to be rather the passive result of sanguineous pressure, the more the contraction of the heart continues without any change in its rhythm, even during an injection of tallow into its arteries, or filling the capillaries and veins with oil. In the state of absolute vacuity of the coronary arteries, the different compartments of the heart continue to move for a certain time—the left ventricle for more than an hour; the right, an hour and a half; the right auricle, about seven hours. The views of Brown-Sequard concerning the movements of the heart would appear, then, to be refuted by these experiments; and as regards the property of the vagi as vaso-motor nerves of the coronary arteries, it is as difficult to deny as to demonstrate it satisfactorily.

The Vascular Nerves of the Organs of the Abdominal Cavity.—The knowledge we possess of the influence of the vagus upon the stomach wants uniformity and accuracy. Bernard, on examining the fluids of the stomach of a dog by means of a gastric fistula, saw the pale rose tint, which was present during the absence of food in the organ, change to deep red, under the influence of mechanical irritation, and this last give place to complete discoloration of the mucous membrane. After section of the great sympathetic in the neck, the discoloration persisted, even when the membrane was irritated. In experimenting with similar conditions, Panum observed the membrane return to its original color, 4, 6 and 22 hours after the operation. In order to avoid the errors resulting from the disturbance to the circulation and respiration produced by sections of the vagus in the cervical region, Pincus divided it below the foramen œsophageum, and produced an intense hyperæmia of the stomach and duodenum—more marked in the rabbit than in the dog or cat; but, unfortunately, all the animals died of peritonitis, after thirty-six hours or more. These experiments, as we perceive, leave the question still unsettled; one fact, however, it confirms, viz. the marked difference in the hyperæmic tint of the stomach when the nerve is divided in the neck, and at the œsophageal foramen, compelling the admission that the pneumogastric receives sympathetic filaments in its passage through the thoracic cavity. Researches upon the action exercised by the great sympathetic upon the vessels of the intestinal canal have led to more uniform results.

By the extirpation of the cœliac plexus, we have witnessed the production of a hyperæmia of the mucous membrane of the stomach and intestinal canal in the dog, so intense that it became of a deep purple hue in its whole extent; and from comparative experiments, we feel assured that it did not depend upon peritonitis, provoked by the operation. We have not observed any appreciable increase of the intestinal secretion—the only circumstance upon which we differ with Pincus, who has extended his experiments to the sympathetic plexuses. Budge also offers corroborative testimony. Hyperæmia of the liver was observed by Haffte after section of the great splanchnic nerve; by us, after extirpation of the cœliac plexus; by Frerichs, consequent upon resection of the splanchnic nerve, and the extirpation of the greater portion of the same plexus. All these nerves, then, seem to furnish to the liver its vaso-motor element. Bernard has declared that electric excitation of the central extremity of the vagi, which had been previously divided, also produced hyperæmia of the hepatic organ: hence results, if this observation be confirmed, a reflex action of the vagus upon the medulla spinalis. Jaschkowitz has demonstrated that, after extirpation of the splenic plexus, the spleen becomes engorged with a superabundant quantity of red globules and pigmentary granulations, of various forms; in some cases, the altered substance of the gland presents an unusual wealth of white globules, surpassing that of the red.

As regards the kidneys, we possess nothing beyond the old experiments of J. Müller and Pipers, upon the dog and sheep. Having cut off, by a strong ligature, all access of the nutritive elements to these organs, including the nerves, as far as the fear of sphacelation would permit, and afterwards removing it, so as to re-establish the circulation in these glands, they concluded that the urinary secretion had completely ceased. Softening of the renal substance, was one of the most remarkable effects of these experiments. In order to avoid the numerous sources of error attaching to them, Pincus simply destroyed the renal plexus. He not only did not observe the effects mentioned by Müller and Pipers, but could not establish, in all animals, an identical influence of the nerves upon the renal secretions. Hence, these observations have scarcely any positive value, and the question awaits a definite solution.

Vascular Nerves of other parts of the body.—As regards the vaso-motor nerves of the inferior extremities, Pflüger observed in the frog, the influence of the sciatic nerve upon the dilatation and contraction of the capillaries of the web, and Schiff, in the mammiferæ, pursued these nerves in their course through the crural nerves. The latter, after facts observed by him in the anterior extremities, attempted to establish the general fact, that there existed nervo-vascular elements as much in the cerebro-spinal nerves as in the ganglia of the great sympathetic. Hence he considers the trigeminus as the vaso-motor nerve of the eye, rather than the great sympathetic; the auricular nerve of the ear, and of the brain, numerous nerves of different origin; again, the same organ may receive nerves having no

fixed course in different animals. But all these assertions need confirmation.

The Origin of Vascular Nerves.—Budge and Waller locate the origin of these nerves in the dorsal medulla, and more particularly, for all the cervical region of the great sympathetic, in the space comprised between the sixth cervical and fourth thoracic vertebrae. Schiff, for those of the posterior extremities, from the fifth thoracic to the termination of the medulla. As a proof, the destruction of the medulla, in the regions indicated, is followed by the same effects as paralysis of the great sympathetic. Pflüger more clearly indicates the origin of the vaso-motor nerves of the posterior limbs and of the mesentery in the anterior portion of the dorsal medulla—a generalization which, as yet, has encountered no plausible physiological objection.

Relations of Vascular with other Nerves.—The same relations which, as respects reflex action, exist between motor and sensitive nerves, equally exist between these and the vaso-motor nerves. These relations have been critically examined by Snellen. According to him, an irritation of short duration of the central extremity of the auricular nerve, provokes contraction of the arteries of the ear for about nine seconds, succeeded by gradual dilatation, attaining its maximum at the end of twenty seconds, and accompanied with a congestive and calorific effect surpassing that observed upon sections of the great sympathetic. Pinching the side of the ear had the same effect as direct irritation of the sensitive nerve, provided, be it understood, that this last was not divided, in which case no similar result manifested itself. It is evidently by a reflected action of the brain upon certain groups of nerves that are to be explained the redness and pallor of the face under the influence of moral emotions; the reactions produced by erotic ideas are due to the same cause. Other facts of similar character will be discussed hereafter.

Pathological and Therapeutic Reflections.—As the essential and well established result of the preceding facts, we are led to the conviction that the cause of all active congestion resides in a condition of evanescent or enduring paralysis of the blood vessels, since we cannot discover, in any mechanical obstacle occurring at any point of the circle of circulation, adequate cause for the determination to another point of a greater sanguineous afflux. All local hyperæmia may with propriety be referred to the supervising regulation of the peripheral circulation—that is to say, the vascular nerves. It is no less true that ischæmia or local anæmia may equally result from irritation of these same nerves; but as their action is transitory, their excitation must be sustained in order that the effects produced shall maintain an equal degree of intensity. As a prototype of such active congestion, we would cite the redness and pallor of the face, inasmuch as, by their rapid appearance and disappearance, they show themselves as consequences of nervous influence; but we should not conclude, from what we observe of these phenomena here, that their manifestations in other organs are always devoid of danger. There

are viscera, enveloped in thin, inextensible membranes, the congestion of which would involve very different results. Such, for example, are the brain, the medulla, the lungs, liver, spleen, kidneys, etc. It is only sufficient to recall their structure and functions to be satisfied that such phenomena, simple and inoffensive though they may be elsewhere, may here involve grave consequences—so grave, indeed, as to mark their identity of origin. Despite the numerous and various objections urged by pathology and therapeutics against the hypothesis of Kussmaul and Termer respecting epileptiform convulsions, it is no less true that the path these observers have entered upon, in the solution of pathological problems, is really good, and one from which fruitful results may be confidently expected. Under these circumstances, there is cheering promise of the creation of a truly rational and scientific therapeia, inasmuch as we know that the vaso-motor nerves are subjected to the influence of certain well-known agents. Cold causes their contraction, heat their dilatation. We moreover possess, in electricity, the most valuable of all the means of excitation that can be applied to the nervous system generally.

But here we do not require, as in the nerves of the salivary glands, a prolonged excitation of three or four hours duration. The vascular nerves do not obey, for any length of time, the same current. In order to obtain results similar to their own, the current should be maintained with increasing energy and intensity; at the same time, it is not improbable that too rude or intense excitation might induce a paralyzing effect. This, however, is not yet clearly demonstrated.

Finally, there is, in the old and much abused therapeutic arsenal, a series of agents known as astringents, which exercise an exciting effect upon the vascular nerves, as proved by various experiments. The substances of this class, mineral and vegetable, are principally, *nit. argent., acet. plumb., sulph., cup. acet. zinc., tannin, colombo, cascarilla, ergot, &c.* Applied to open wounds and mucous surfaces, they produce so visible a contraction of the vessels, and so evident a diminution of the secretions, that we are compelled to admit that these effects are produced by excitation of the vaso-motor nerves. May we not hope that some day will reveal the powerful action of certain agents upon the nervous relations?

We terminate this paragraph by the following conclusions, which we deem sufficiently established: 1st, active congestion is of itself a well-defined pathological condition, and may be followed by inflammation without there being any necessary result: 2d, this congestion may be produced in different organs, in an isolated manner, by paralysis of the nerves corresponding to the organs, the excitation of these nerves, on the contrary, producing local anaemia: 3d, after a more or less prolonged duration, the active congestion does not necessarily give rise to alterations in the secretion or nutrition of the tissues: 4th, there exists a series of agents which exercise a special exciting or paralyzing effect upon the vaso-motor nerves.

[To be continued.]

Iodized Injections in the Treatment of Cysts, &c.—Four Cases of Hydrocele. By DR. HELOT, of Rouen.—Followed by Remarks by DR. JAUPET.

Condensed from L'Art Medical.

CASE 1. Prudent Toutain, aged thirty-two, resident at Rouen, entered the general hospital on the 1st of May, 1857. For several months, an indolent tumor had been developing in the scrotum; the transparence is manifest. From summit to base, it is from fifteen to twenty centimetres.

May 11th.—Puncture is made with an exploring trochar. A small quantity of liquid is withdrawn; the rest is left in the tumor. The liquid withdrawn is replaced by an injection of iodized water (thirty grammes); after which, without having suffered the least pain, the patient rises and walks about as usual.

May 13th.—The scrotum is slightly reddened in the neighborhood of the puncture; there is a little serous infiltration; no pain to the touch.

May 17th.—The tumor has diminished, by three centimetres in girth, and three from summit to base.

May 20th.—The liquid contents of the tumor are transparent. A new puncture is made, more liquid withdrawn than at first, then fifty grammes of iodized water injected. The liquid is albuminous; it contains no iodine.

May 27th.—The skin is red, the tumor slightly painful.

May 29th.—The cord and deferent canal are rather larger than normal, and painful; the tumor is more renitent; the testicle itself seems to have participated in the inflammation.

June 2d.—The inflammation has diminished, and the volume of the tumor is less.

June 5th.—The tumor is reduced by one-third in all its dimensions, and the patient demands his exit. One month afterwards, I enquired concerning the hydrocele, and was informed that no trace of it remained.

CASE 2. M. Grouard, aged forty-nine years, May 20th, 1827, entered the general hospital of Rouen. For two years, this man had been affected with a voluminous hydrocele; the tumor, translucent, rounded, oblong, was twenty-six centimetres in girth, and fifteen centimetres from summit to base.

May 22d.—A puncture is made in the anterior and middle part with a very fine trochar, called exploritor; about fifty grammes of liquid are withdrawn, the rest of the liquid is left; thirty grammes of iodized water are injected, and all the injection left in the tumor, which, after the operation, presented nearly the same volume as before. The patient experienced no pain at the moment of injection; he rose and walked about in the course of the day.

May 23d.—The scrotum presents a slight serous infiltration; the skin is a little red, especially near the puncture; palpation causes a little pain, which is not, however, severe enough to keep the patient in bed.

May 26th.—The tumor seems to have diminished a little in volume.

May 30th.—We ascertain a notable diminution in the tumor.

June 5th.—The volume of the tumor is but half what it was before the operation. It is impossible to retain the patient; he goes off to work, promising to return should the cure not prove complete. He has never returned.

CASE 3. Leconte, aged sixty-two, resident at Rouen, has a hydrocele as large as an ostrich egg, and translucent.

May 20, 1857.—We punctured with the exploring trochar; about fifty grammes of liquid withdrawn, and thirty grammes of iodized water injected. The patient experienced not the least pain; he rises and walks about. In fifteen days, the tumor had diminished by a third; no inflammation had supervened; the diminution continued; and two months later, the cure was complete. Since then, the hydrocele has not been reproduced.

CASE 4. P. C., aged sixty-three, resident at the general hospital of Rouen for five years, is affected with a voluminous hydrocele, for which he has already, four or five times, claimed the palliative puncture.

April 28th, 1858.—A new puncture was made with the exploring trochar; fifty grammes of liquid withdrawn, and replaced with the same quantity of iodized water. The patient experienced not the least pain, but on the days following, a lively inflammation supervened; the cord of the testicle, and in particular the deferent canal, were larger, and slightly painful to the touch. The skin of the scrotum is red; the patient keeps his bed; the inflammation disappears rapidly; the tumor diminishes slowly.

June 12th.—The patient leaves the infirmary, the tumor being reduced by two-thirds. In the beginning of July, the cure was complete, and has since been sustained.

J. HELOT,

Surgeon of the General Hospital of Rouen.

Our friend, Mr. H., has obliged us by thus verifying in his hospital the new theory which we had advanced concerning iodine injections in dropsies and serous cysts. These observations prove, first, that iodized water suffices, in certain cases, for the cure of hydrocele; they prove that the small quantity of $\frac{1}{1000}$ of iodine in this iodized water sometimes determines appreciable inflammation, and without this inflammation ever being comparable with that which follows an injection of the ordinary strength.

A recent case in Mr. Velpeau's practice comes to swell the list, already too numerous, of deaths occasioned by the strong injections. Observation was taken with the greatest care, by Mr. A. Binet, of Geneva (Interne des Hop.), and published in No. XIII of the *Gazette Medicale*, of 1859, article "Sanguine Cysts of the Thyroid Body; Puncture with the Hydrocele Trochar; Iodized Injection of one-third strength; death on the sixth day."

Our limits oblige us to suppress details. We only observe that the general health of the patient was excellent until the operation, the tumor only rendering the voice somewhat hoarse, and the swallowing of solid food rather difficult. After the operation, the tumefaction augmented, with heat and pain; agitation, then delirium, supervened; asphyxia imminent, was only averted by large incisions and evacuations of the cysts; but the pulse never rose afterwards, and the patient died within twelve hours. The autopsy revealed purulent infiltration of the cellular tissue and muscles of the neck, and venous engorgement of the lungs and of the brain. Mr. Velpeau himself now considers that "irritant injections, without being constantly fatal, expose to risks serious enough to render circumspect the least timorous surgeon." (Binet, loc. cit., p. 203.)

MM. Bonnet of Lyons, and Fleury of Clermont, have abandoned them, returning to the excision of the cyst, or to opening it with the bistoury or by caustic.

Instead of abandoning iodine, the efficacy of which is incontestable in these affections, we consider that we ought only to be pre-occupied with so modifying the procedure of injection as to preserve its efficacy while averting the dangers that often attend it.

Now, the only serious danger that can compromise the success of iodized injections is the development of too violent an inflammation. A procedure must then be employed which shall avoid this inflammation.

We believe that puncture with the capillary trochar, and injection of iodized water in the strength above indicated, offer all possible guarantees against the development of too violent an inflammation.

Persistence of the Foramen Ovale in the Heart of Adult Man in Health. By J. W. OGLE, F.R.C.P., *Assistant Surgeon to St. George's Hospital, London.*

EVERY practitioner of medicine knows how much care we must take of certain murmurs not natural to the region of the heart, in rheumatism or in other acute affections, and how significant is the presence of these sounds. Thence the desire, so often experienced in doubtful cases to assure one's self if such or such a murmur be the result of some alteration or of preceding attacks, or whether it be caused by some abnormal disposition.

It is evident that the physiological facts which can in any degree serve to diminish the probabilities that a murmur has its origin in an anomaly or in the nonclosure of certain parts of the heart, will be useful in simplifying our opinion concerning these sounds. Many authors of authority have thought that, among the anomalies or arrests of development, the persistence in different degrees of the foramen ovale has sufficed to originate these sounds. This is what has led me to present the following observations, to show that the foramen ovale remains open normally in a certain number of cases during the whole course of a long life; and that, in many instances, the existence of this communication between the two auricles has been manifested by no sound during the passage of the blood from one of these cavities to another. Out of sixty-two hearts, taken at random from as many human corpses, I have found thirteen having the foramen ovale more or less open; that is to say, once in five times. The clinical history of most of the individuals from whom the hearts examined were taken is written on the registers of St. George's Hospital. The opening of the inter-auricular septum has varied in dimensions. It was, in some cases, a narrow fissure or an oblique cleft, probably due to a want of adhesion between the edges of the opening, after their approach to each other. These oblique clefts were directed variously: in some cases, opening more above, in others, below, and appearing capable of letting the blood pass more easily from the left auricle into the right; in some cases, but more frequently, from the right into the left.

In several cases, there was not a simple fissure or cleft, but a round or oval orifice; and in two cases, this was large enough to pass the end of the little finger through. In one or two cases, the orifice presented a sort of lattice, composed of bands passing from one edge to the other.

I have sought with care to ascertain if there were any appearances of ulceration or of rupture that might account for the existence of this opening; but there was no trace of such.

In none of these cases was there either cyanosis during life, or any other anomaly in the heart or in its vessels. Moreover, there was nothing in the condition of the valves or of the orifices of the heart capable of tending in any degree whatever to prevent the issue of the blood from the auricles, and to produce an excess of pressure upon the septum or other auricular walls, so as to occasion a mixture of arterial and venous blood by the foramen ovale. There had been, however, in many cases an evident disease of the lungs, especially inflammation or a scrofulous deposit—circumstances that could have acted upon the right auricle to produce this mixture. This morbid state of the lungs in no case dated from infancy.

As to murmurs that might be connected with the existence of the oval hole, I can say that, out of the thirteen mentioned, there are seven the history of which shows directly or indirectly that there was no murmur synchronous with the diastole of the auricles, and that only in one case there was a murmur noted accompanying the systole of

the auricles. Consequently, except this latter case, in which the valves of the heart were diseased, in six cases in which the persistence of the foramen ovale has been observed, there has been no abnormal sound of the heart.

Dr. Sanderson has recently shown, before the Pathological Society of London, a heart in which there was a large communication between the two auricles, without abnormal sounds having existed during life.

Many details of the thirteen cases recited, in which the foramen ovale was found open, have been published in the *British Medical Journal*, p. 500 (1857).

Croup treated with Bromine. By Dr. PATIN.

From L'Art Medical.

WE were called to see Louise Penton, a child aged three years and a half. She had been attended by two physicians of high standing, who, despairing of her life, had proposed tracheotomy, which the family refused. Leeches, gargles, emetics, and *calomel* had been used, without appreciable benefit. The child had, some days before, shown lassitude; had repeated chills and febrile excitement at the same time, with a dry and shaking cough. We found her sitting up in bed; her eyes injected, her face swollen and violet, lips bluish, cold sweat bathing the face and chest; features gripped, expressing painful anxiety; breathing painful, broken, hissing in the inspiration, with metallic timbre. She lifted her little hands to her throat, now and then, as if to tear away something. The cough was repeated, hoarse, dry, broken by suffocated spells, with aphonia, febrile heat of the skin, and painful enlargement of the glands of the neck. The tonsils were red and swollen, and the surrounding mucous membrane wore the same aspect. Some greyish pellicles were remarked upon the tonsils, and seemed to extend to the superior orifice of the larynx.

The case, being well nigh desperate, seemed to authorize the employment of a new remedy, and we fixed upon *bromine*, in consequence of the high opinion expressed of its efficiency by our friend Dr. Tessier, of the Hospital Beaujon.

We prescribed *bromine* 3 O , two drops in 130 grammes of distilled water, a spoonful every two hours; infusion of *mallows* for drink; the most absolute repose and quiet.

June 13.—The child has coughed up a tubular shred of false membrane; the night has been painful, yet a general amendment of the symptoms encourages hope. Gradually, through this and the following days, the improvement gains ground; the face returns to its natural color; the cough is less dry; she seems less anxious, and likes to drink. She has slept several times. After the 16th, she took food; the aphonia persisted, the voice remaining almost inaudible for more than a month after the entire cure of the little patient, for which no other medicine than *bromine* was employed.

Secale Cornutum: its range of Utility in the variously localized Affections of the Unstripped Muscular Fibre.

IN GRÆFE'S *Archives of Ophthalmology*, Professor Willebrand, of Helsingfors, has published many successes with *secale* in relieving that partial paralysis of the ciliary muscle which renders it difficult or impossible to read or sew for any length of time, or to "*accommodate*" the visual foci to small objects at short distances. This the normal eye does, by so compressing the lens at its border, by the traction of the ciliary muscle, as to increase its convexity.

Children at school often suffer in this way, especially girls between thirteen and twenty, the tide of whose compressed vitality exposes them to certain physiological dangers, and whose love of reading or exigencies of poverty lead them to overtax the eyes on small objects with insufficient light. As little or nothing is usually done for these cases at the ophthalmic clinics and dispensaries, Mr. Willebrand's discovery, if verified, will prove of inestimable value. He reports the *secale* as a prompt and reliable remedy. He first experimented with the *secale* in an exophthalmos accompanied, as I have repeatedly observed it, in the great clinics of Europe, with enlargement of the thyroid gland and hypertrophy of the heart—a remarkable group of symptoms, which diminished quite appreciably under the *secale*, but returned when it was discontinued. This is Professor Willebrand's general experience in hypertrophy of the heart. The vaso-motoric nerves are regarded by him as furnishing *secale's* sphere of action. The cases in which he has found it most beneficial are : 1. The enlarged spleen, from ague, after failure of *quinine*, and in preventing relapses. 2. In galactorrhœa. 3. For indurations, tumefactions and catarrhal affections of the uterus. 4. In the blepharitis and pustular conjunctiva of children, preventing relapses.

Researches on one of the Causes of Death in cases of Poisoning.

CHOSSAT and Prevost had ascertained, by experiments, the perfect exactitude with which M. Brown-Sequard had recognized that death supervenes in mammals when their temperature is lowered a certain number of degrees. In one case, the simple fall of the temperature to 26° c. has sufficed to cause death; in another, death has occurred after the fall of the temperature to 17° c.

M. Brown-Sequard, experimenting on adult Guinea pigs, and on rabbits aged about two months, has found—1st, that the fall of the temperature took place more slowly in the Guinea pig than in the rabbit. 2d, that the temperature may fall lower in rabbits than in Guinea pigs before causing death. It occurred in the Guinea pigs

several times at the temperature of 23° or 22° , and once at $24^{\circ} 5'$; while, with rabbits, it took place only once at 22° . 3d, with other animals, death comes sooner in proportion to the rapidity of the fall of temperature, as Chossat had already observed with dogs.

These facts established, it becomes very probable, if not certain, that in all cases where, as the consequence of a malady, of a wound, or of poisoning, the temperature of man shall fall by a certain number of degrees, there will be danger of death by the single fact of this falling; and this is precisely what happens in the cholera, in certain paralyzes, in cases where the respiratory functions are deeply altered, in fractures or luxations of the spine, with crushing or tearing of the spinal cord, in considerable hæmorrhages, and finally, in most cases of poisoning, provided they allow the patient to survive several hours.

It has very long been known that the animal heat falls in those who are poisoned. In almost every observation, we read that the patient was cold. M. Chossat has seen the temperature of a dog, into whose veins opium had been injected, fall from 40° c. to 17° , twenty-two hours after the injection.

MM. Demarquay and Dumeril have seen a fall of temperature of many degrees in dogs poisoned by divers toxic agents.

M. Brown-Sequard has recognized that all poisons hitherto tested, whether by injecting them into the veins, or by their absorption from the stomach and rectum, are capable of reducing the temperature of Guinea pigs and of rabbits sufficiently to cause death, whenever the dose permits the animal to survive more than four or five hours the introduction of the poison. So act *opium*, *cyanhydric acid*, *hyoscyamus*, *digitalis*, *belladonna*, *tobacco*, *euphorbia*, *camphor*, *alcohol*; the acids—*acetic*, *oxalic*, *sulphuric*, *azotic*, *chlorhydric*, very dilute; and some oxalates.

A dose of poison sufficient to kill, when the temperature of the animal falls continuously, may not kill when the temperature is maintained artificially at about the normal point. This, M. Brown-Sequard has ascertained by experiments thus conducted: The same dose of poison being given to two animals of the same kind and size, one was kept in an atmosphere at 8° or 10° c.; the other in air at 20° or 30° . In these circumstances, the first died at the end of a period varying between four and forty-eight hours, and the other, whose heat was not permitted to fall, survived. It follows that the loss of heat is not merely a coincident phenomenon of receding vitality, but an efficient cause of death; and that, in the cases of human poisoning, equal attention should be paid to the maintenance of the temperature as to the expulsion of the poison, or the administration of antidotes.

It is known, adds M. Brown-Sequard, that it suffices to spread two or three layers of oil or varnish over the whole surface of an animal, in order to kill it. It is probably poisoned by a toxic substance which, in the normal state, is eliminated from the blood with the sweat, and which, when no longer able to escape by the skin, in cases

where this membrane is thus obstructed, accumulates in the system and causes the symptoms so well studied by M. Fourcôult, MM. Breschet, Becquerel, and Magendie. M. Brown Sequard found that animals thus oiled or varnished could survive the experiment, provided the temperature where they were kept stood at 26° or 28° c. In these conditions, their heat does not fall. While, at a lower temperature, it sinks appreciably, it is then especially from the diminished evolution of heat that animals perish, if the skin has been coated with oil or varnish.

Experimentation of Medicines on the Body of Man in Health.

It is not sufficient in therapeutics to know the lessons which constitute, or which accompany, diseases. We must besides study the characteristics of their remedies. It is the physiological action of these remedies, the immediate effects which their administration determines, which ought chiefly to occupy the therapist. Whether the means he employs be hygienic, or come from the materia medica, or from physics, matters little. We must always examine in them one thing, viz. the power which they exert over the organs or organic apparatus—the action which they exert over the living body. It is this action which renders them proper to combat the state of disease, to destroy the causes which maintain it. The therapist ought then to know it well. He ought to estimate its force, study its character, appreciate its range, its duration, be familiar with all the modifications, with all the mutations, which it is capable of effecting. Remedies are the instruments of the healing art: the artist must know, then, all that they can effect. The study of the physiological power of remedies was neglected, in the first instance, from a belief in the occult virtues of medicines. Medicine will have fulfilled a great part of its object, it will deserve the homage of all men, from the day when it can clearly demonstrate what lesions are caused by, as well as what result from, diseases, and always justify the employment of remedies by their primary action, by the organic changes they tend to effect. The practice of medicine stands on solid bases, on consecutive reasoning, and ceases to be conjectural, when it offers these two data: 1, a lesion, or disease, well diagnosed; 2, *remedies whose operation is foreseen.*—Barbier of Amiens, *App. du Dict. des Sci. Med., t. ix., p. 234*; 1822.

Ambrose Paré on Movement.

In the works of Ambrose Paré (last edition, by J. F. Malgaigne, Paris, 1840, ch. xv), we find the following precepts on "*movement*," by which, says he, is to be understood all varieties of exercise, as dancing, running, riding, playing at the game of pounce, carrying weights, &c., and also friction, the use of which was in great esteem among the ancients, and still is measurably so among their descendants. They made certain practical distinctions. *Hard friction* is when the whole body, or some part of it, is rubbed with strength, and roughly, either with the hand or coarse linen sponges, or other things. Its virtue and quality is to condense and harden the flesh; and when it is frequent and long continued, it resolves, extenuates, and rarifies the tissues, besides effecting revulsion, and diverting the fluxion of humors from one part to another. The *soft friction* is by gentle rubbing, which relaxes and renders the skin smooth and polished, if long and often practised. Moderate frictions, between these two extremes, increase the appetite and digestion, because they retain the blood and spirits which they have drawn towards the surface, without evaporating and resolving them, even as Galen testifies, ch. 3, book 3, "*De sanitate tuenda*." Great likewise are the advantages of exercise. This also increases the heat, whence better digestion, and consequently better nutrition and expulsion of the excrements, and the spirits more prompt to their office, because their conduits are in this manner purged, while, moreover, the said exercise leaves the habit of the body and the respiration and other functions stronger and more efficient, by means of the mutual attrition of tissues. Such are the advantages of exercise, provided it be taken at opportune times, and with due observance of the kind, duration, repetition, and expenditure of forces, without excess or waste, for each individual.

The opportune time will be before meals, so as to excite the natural heat, and after having evacuated the excrements, lest famished nature, desiring aliment, should draw through the mesenteric veins, to carry a vitiated juice to the liver, and, in so doing, pervert the habit of the body. It is not then suitable to exercise soon after meals, or with the stomach filled, lest it should cause the absorption of viands yet unprepared.

The legitimate measure of exercise is attained when the body glows and fills out to the skin, and a gentle perspiration appears upon its rosy surface—when the breathing begins to be changed, to be fuller and more frequent—when the limbs freely move, without lassitude. At this point, we should desist, avoiding weariness and resolution of the substance of our bodies; because, with profuse sweats, the good substantific sap and the spirits are resolved and consumed, whence it occurs that the body becomes lean and cold.

The competent quality is placed in the moderation of the excessive qualities of corporeal agitation. Such is exercise: neither too light,

nor too languid and slow ; nor too robust, nor too feeble, nor too vehement, nor careless and lax ; not too boisterous and sudden, nor yet half asleep ; and which exercises proportionally all parts of the body. One exercise is proper for sound and well-balanced organisms ; but if they are unbalanced, we must choose such as are proper by their quality to correct the quality of their distemperature. For such bodies as are filled with cold and thick humors, the discipline chosen should be more vehement, more robust, and of longer duration ; yet, ever under this reservation, that the second as well as the first coction of their food be completed, which they will recognise by the yellower tint of their urine. If they be of bilious constitution, let them choose exercises rather light and gay, than abrupt and contentious, and without waiting till the second coction be finished in their liver and veins, since the heat of their solids, which is fierce, requires a less elaborated chyle.

As to the repetition of exercises, we should return to labor as often as we desire to take food ; for if it so be that exercise reanimates the natural heat, without which the true coction of viands cannot be made, it follows that we cannot make our profit of aliment, if exercise have not preceded it.

Now, the last part of a perfect and suitable exercise is moderate frictions, such as the players of the game of panure are wont to use, who, after they have been heated, rub and dry themselves. The said friction expurgates, cleanses, and dries the sweat and excremental matters which were remaining betwixt the skin and flesh, and prevents lassitude. And as from exercise duly performed, great uses proceed, so from stagnating indolence, great detriment : for this engenders crudities, gross humors, obstructions, stones, as well in the kidneys as in the bladder ; gout, apoplexy, and a thousand other evils.

In the surgical methods of Paré, we find the true science of movement, shown in its relations with the physiological anatomy of his age, which his own genius enriched with new observations.

Chronic Herpetic Glossitis. By DR. E. ESCALLIER.

[Condensed from *L'Art Medical*, for the U. S. Journal of Homœopathy]

THE affections of which the tongue may be the seat have not been hitherto studied with the attention they deserve. After simple and mercurial glossitis, and the American epidemic called the "*black tongue*," authors seem hardly to have recognized any other lesions than those due to syphilis or to cancer. Now, there is another which has been generally passed in silence or misunderstood, as most of the affections of mucous membranes of the same nature. I mean, chronic glossitis of herpetic character. The chronic pharyngitis, called granular, has attracted some notice of late years, and observers have sought to discover its nature in demonstrating its correlation with the herpetic

diathesis. The tongue undergoes, nearly as much as the throat, the influence of the same herpetic diathesis, and often becomes, whether by the effect of the malady itself, or in consequence of the means used to cure it, the seat of alterations that may lead to the most serious errors of diagnosis.

The elements of a regular pathological study of this affection of the tongue are deficient. I shall only say that, characterized first by redness of the mucous membrane and development of the papillæ (an epidermic exfoliation, more or less extensive), it presents, at a late period, alterations the most varied, such as partial induration, fissures, ulcerations, and transformations of the epidermic tissue. There are smarting and shooting pains, but chiefly caused by the contact of food and drink, while the sensation of dryness is permanent. This lesion is most frequently connected with a *dyspeptic state, either with or without hæmorrhoids, and follows, in a very remarkable manner, the modifications which this state itself undergoes.* When of light degree, it is generally neglected and misunderstood; when more extended, and accompanied with induration, and fissures more or less deep, it is often taken for a syphilitic affection, and even for a cancer, and treated in consequence—with what result, we may infer. If only external measures be employed, it is generally to cauterizations that recourse is had; and if, under their influence, we obtain the cicatrization of a fissure, we at first remark that the cicatrix is not long in breaking, and afterward that every fresh cauterization determines, at the base of the fissure, an increase of inflammation, whence results an induration more and more decided, and more capable of misleading another observer concerning the nature of the evil.

When, on the contrary, the attentive examination of the lesions of which the tongue is the seat, and that of the symptoms presented either by the skin or by the digestive tube, have permitted the true diagnosis of the malady to be established, the indications state themselves, and in their legitimate order, drawn at once from the lesion of the visible organ, and from that of the digestive tube, which generally attends it; finally, and above all, from the primitive vice which dominates the apparent lesion. As to the medication, I believe and I hope to show that the method of Hahnemann, completed, if circumstances permit, by a thermal treatment, is that which alone, in the actual state of science, can fulfil these indications. Its action is even very prompt with regard to the palliation of the most disagreeable and the most apparent symptoms; but the radical cure is slowly obtained. I have had occasion to observe a great many chronic affections of the lingual mucous membrane, of the order which I have indicated; but they occurred, for the most part, as accessory lesions, and could not then lead to the errors of diagnosis precited. In the two cases which follow, on the contrary, the affection of the tongue was the principal lesion.

CASE I.—*Chronic Glossitis, with Fissures and Indurations—Flatulent Dyspepsia—Treatment with Mercury and Iodine—Varied Depuratives—Cauterization—Permanent Aggravation—Homœopathic Treatment—Cure.*

M. E., aged fifty-one, native of Yucatan, is affected with a disease of the tongue; and the desire of being cured is the principal cause of his voyage to Europe. His malady commenced ten years ago, in 1846, with slight cracks, which have disappeared, for some time back, under the influence of cauterization. The relapses have been frequent, and the action of cauterizations less and less efficient and durable.

In August, 1852, a marked aggravation occurred, and since this epoch, with the exception of a few months, the evil has continued to gain ground. The tongue presents an increase of about one-third of its volume, especially in its left half. Here is an induration which the patient declares has increased in proportion as the cauterizations were repeated against fissures. These are five in number, of which one (median) constitutes a large and deep antero-posterior furrow; two others, less extended and less deep, are parallel to it; and several small ones intercross, in different directions, towards the point of the organ and its base. The entire surface of the tongue is of a bright red. In several parts, small elevations of a rosier hue are detached and assembled, especially at the point. This whole surface of the tongue is extremely sensitive to the touch and to the reaction of any bit of food or liquid, either acid or aromatic, while the general deglutition is embarrassed. The organ is not the seat of acute pains, properly so called; there is merely a smarting, on occasions to be afterwards designated.

Treated in Mexico constantly by local means. The patient has also there taken mercurial preparations, in 1854, during two months only; and, during a longer period, the *iodide of potassium*. Since he has been at Paris, he has consulted several distinguished surgeons, whose prescriptions lie before me. Some have diagnosed syphilis; others, a doubtful affection—syphilis or cancer. And all their prescriptions have been the divers mercurial preparations: *iodide of potassium*, varied gargles, cauterizations, more or less energetic, and syrup of sarsaparilla. But few mercurial pills have been given, on account of the intestinal troubles which almost immediately follow their use. He has continued the *iodide of potassium*. No modification has occurred in his state.

I find, on examination, that no eruption nor spots exist upon the skin, and that the throat and mucous membranes, other than the mouth, are the seat of no apparent lesion. The patient affirms that he has had no other venereal affections than a blennorrhagia at the age of thirty. I learn that the digestive functions have always been very much impaired. Dyspepsia is habitual; it is characterized by a weight, often constrictive, at the epigastrium; a good deal of wind

in the stomach, with belching; an inability to digest fat, spiced, or pickled food, or dishes made with milk. Flatulence and habitual constipation exist below, but no hæmorrhoids are apparent. The state of the tongue has kept pace with that of the digestive tube, so that whenever, on any account, he had been obliged to diet himself properly for some time together, the tongue returned nearly to its normal aspect.

After this examination, the idea of syphilis seeming to be groundless, I regarded the affection of the tongue as comparable to granular pharyngeal angina, and as only a feature of the chronic disease of the whole digestive tube, subordinate to the *same morbid principle—probably herpetic in its nature*; although the patient, however, denied having ever had any affection of the skin. I commenced my treatment, October 31st, by *nux vomica* 3^o, in water, a spoonful twice a day, with appropriate diet.

November 2.—Digestion much easier; less sense of weight and belching; the tongue looks better. *Sulph.* 10^o, two grains, in water (twenty-five grains), two spoonful every day.

November 9th.—The general amelioration has continued; the tongue is reduced in all its dimensions; its fissures less deep, and less vividly red. *Sacch. lact.*

November 14th, A. M.—Continues R. *Staph.* 6^o, in water, a spoonful every day.

November 22d to December 9th, A. M.—Progressive; stools regular; digestion easy; tongue is moved easily and is nearly healed. Another portion of *staph.* 12^o and *sulph.* 30^o.

December 9th.—After an indiscretion in diet, occasioning some dyspepsia with aphthæ in the mouth, I prescribed *nux. vom.* 30^o, in water, a spoonful every evening.

December 17th.—Digestion better, but aphthæ still appearing. *Borax* 30^o, in water.

December 31st.—*Kali chloricum* 12^o.

January 6th.—*Iodine* 6^o.

January 20th.—Some aphthæ. *Borax.*

January 31st.—Influenza until March 8th. Coryza and bronchitis, with intermittent fever, during the treatment of which the former affection remains stationary.

March 13th to July.—*Orpiment* and *sulphur* 12^o, alternated. He goes to Rome, and returns in a state quite satisfactory. Through the summer, he takes occasionally *sulphur, ars., orp.* and *lach.* 6^o to 12^o. He visits and uses moderately the waters of Engheim and of Biarritz, and sea baths. He returns to Yucatan quite well. The tongue retains a deeper median furrow, but naturally covered by epithelium, and normal in all its functions. To prevent relapse, he is advised to continue taking, alternately, *sulph. ac., staphys., kali chlor.* 12^o; and for any acute disturbance of the digestive tube, *nux vomica* and *merc. solubilis*.

CASE II.—*Chronic Glossitis—Indurations, Fissures, Transformation of the Epithelium—Syphilitic Antecedents—Succession of Mercurial and other Anti-syphilitic Treatment, with mere Palliation of the Symptoms—Very prompt Cure by Homœopathic Medication.*

M. D., a dentist, aged forty-two, in 1838, had an indurated chancre, which, during ninety days, was treated by Van Swieten's liquor (of which corrosive sublimate forms the basis).

In 1842, ulcerations of the tongue, which yielded in five weeks to the *protiodide of mercury*, but reappeared some months later, and were but partially healed under the tisane of Feltz and the *iodide of potassium*.

In 1843, a relapse yielded again to the *protiodide of mercury*; but not until after a copious salivation.

The continual repetition of these troubles, and the difficulty of supporting mercurial preparations, caused recourse to be had again several times, between 1844 and 1846, to the *iodide of potassium*, but without very sensible results.

In 1849, cauterization with the *acid nitrate of mercury* only exasperated the evil.

In 1850, he used *Rob Boyveau l'Effecteur*, with amelioration of the state of the tongue; but after ten bottles, the patient had to cease, on account of the colics and diarrhœa which it caused.

In 1851 and 1852, M. D. took about 150 of Ollivier's biscuits. After a month of this treatment, the amelioration was sensible, but he had to stop again on account of diarrhœa. The tongue gave no great trouble again until 1854, when he resumed the *protiodide*, but was quickly salivated; and at the end of this year, he ate more of Ollivier's biscuits. The tongue healed up, but at the cost of an exhaustive diarrhœa.

A month or two after stopping this treatment, the patient observed upon the upper surface of the tongue, the development of a hardish and whitish tissue, like a cicatrix, insensible; whereas previously this organ, partially denuded of its epithelium, had presented a surface of vivid redness, highly sensitive to the touch. From that time, the patient discontinued all treatment.

Early in 1855, without known cause, diarrhœa supervened, and, towards the end of April, had become very severe. *China* and *arsenic*, prescribed by a homœopath, induced some amendment; but, at the same time, the tongue became tender, the whitish tissue was raised at two points, two elongated ulcerations soon were formed there, very painful, preventing speech and the act of chewing. Besides the affection of the tongue, M. D. has occasionally experienced wandering pains in his limbs; has had several slight blennorrhœas; and in 1854, a small vegetation on the glans, which was excised and did not return.

Actual state: May 12th, 1856.—On coming under my treatment, I find this patient pale, wasted, nearly bald, and with much pytriasis of the scalp. On examining the mouth, I am struck with the fetid, mercurial-like scent, although no mercury has been taken for the last two years. The tongue is enlarged, besprinkled with ulcerations, among which we distinguish, towards the middle, two deep fissures of rosy hue, occupying the two posterior thirds of the organ, as they reach from behind forwards. The rest of the surface is occupied, especially in the anterior half, by a tissue whitish, hard and insensible to the touch, with red spots, deprived of epithelium and very sensible to all contact as well as the fissures. Thus, the patient complains of a smarting, especially felt in speaking, and in swallowing even the mildest liquids. No pains at night. Besides this state of the tongue, it is noted that the stool is loose and mucous, attended with cutting pains; that the strength declines sensibly from day to day; the appetite is very poor, with much thirst; the patient can only take broth and soft eggs.

My first prescription, May 12th, was *merc. corros.* 12^o, four times a day, in water.

May 15th.—The improvement in every way is immense; the ulceration on the the right side is nearly cicatrized, and the left is healing; the patient speaks and eats almost without suffering; yesterday, he ate a cutlet; the stool is corrected. Continue the mercury three times a day.

May 19th.—A mere line shows the trace of the ulceration on the right; that on the left side is reduced to one-fourth its former size, and the patient eats the crust of bread without suffering; he is in ecstasies at this result, so different from all his previous experiences. The stools are regular and normal. Continue the mercury twice a day for one week; afterwards, once a day.

June 7th.—A return of diarrhœa led me prescribe *Phosphorus* 12^o, twice a day, in water. The diarrhœa immediately ceased; and a few days after, I ascertained the perfect cure of the ulcerations of the tongue; the whitish tissue itself was less thick and less hard.

June 25th.—After an error in diet, the tongue became sensitive and reddened. From this time to the end of July, the patient took twice every day *mercurius corros.* 2^o. The evil gradually diminished, without yielding altogether.

August 1st.—Near the point of the tongue appeared a small ulceration, very sensitive, for which I prescribed *cinnabaris* 12^o, one drop in 150 grammes of water, a spoonful twice every day, and then the same potion once a day.

During the month of August, the ulceration disappeared. It began to re-appear on the 1st of October. I returned to *mercurius corros.* Slight ulcerations came and vanished; but, with the first cold weather, appeared one more decided. *Merc. corros.* was then alternated with *staphysagria* 6^o.

November 7th.—Cure almost complete. Continue the medicine, one globule of each every day for a fortnight. Two months afterwards (Jan. 12), the greyish tissue was replaced in part upon the left side by a sort of epithelium, rosy and painful, which generally precedes an ulceration. The patient complained of smarting piles. *Muriatis acidum* 12^o, a globule morning and evening for a fortnight. No ulceration was formed, and I did not see the patient again before March 18th. He was then doing very well; the greyish tissue covered less surface, was less salient and more transparent. *Mur. acid.* 12^o, for a fortnight, as before.

May 4th.—The improvement continues. Repeat the last prescription.

November 23d.—M. D. comes to declare the persistence of his cure; says he no longer suffers in any way, and shows me that the greyish tissue, which before had always increased after each palliation of the tongue-symptoms, is now growing continually thinner, smoother, and more transparent. He has gained much in flesh, and enjoys such health as had for many years been a stranger to him. He remains cured, April, 1859.

On the first perusal of this observation, physicians may attribute the symptoms to a pure syphilitic affection. They will allege, in support of this view, the existence of an indurated chancre four years previous to the first appearance of a disease of the tongue, its disappearance several times in succession by the use, first, of the *iodide of mercury*, and afterwards, of *Ollivier's biscuits*. They may add, also—those, at least, who believe in the potency of infinitesimal doses—that it was *mercury* which, under my own treatment, induced the rapid dissipation of the symptoms, and was mainly influential upon the cure. Such has been the opinion of the different physicians in charge of this case; and it was first my own. But a more attentive observation has modified my views; and my readers will perhaps coincide with me when we consider that, although the patient had at first an indurated chancre, yet he was subjected at that time to a regular treatment with the *liquor of Van Swieten*.

The patient had no kind of secondary or tertiary symptoms at the same time with his tongue affection; for we cannot class in the syphilitic category that little negation exercised from the glands, and consecutive, as we generally observe it, on a blennorrhœa.

The patient has always had that excessive intestinal susceptibility remarkable in hæmorrhoidal subjects.

Please to notice, most distinctly, that the mercurial treatment, under the varied forms of its administration, has never been more than palliative for a limited period; while the *iodide of potassium*, *tisane of Feltz* and *Rob. Laffecteur*, have but revived the intestinal disorders. *Mercury*, in infinitesimal doses, has dissipated the symp-

toms much sooner than *mercury* in massive dose had done, which is contrary to what is observed as usual in syphilis. The attenuations correspond to cases in which *mercury* is more perfectly homœopathic than in syphilis.

Notwithstanding its close approximation to homœopathic integrity in the case pre-cited, *mercury*, alone, proved insufficient to its complete cure. Its action, which seemed to remain only palliative in the attenuated as in the massive dose, had to be sustained by several other remedies, which would have had little influence over a true syphilitic affection.

Anæmic State of the Optic Nerve and Retina. By Dr. BUDER.

JANE BUFFAN, aged 29 years, has long suffered from debilitating causes, such as frequent pregnancies, attacks of epilepsy, pneumonia, etc. She has now several cavities in the summit of the right lung. She suddenly lost the sight of her right eye (not during a paroxysm of epilepsy); since which, she has been unable to distinguish light from darkness. The vision of the left eye commenced troubling her a short time after the loss of the right eye. This difficulty remained stationary. She can recognize large letters at a distance of five inches, but only one at a time. She recognizes objects at a moderate distance. Every room appears to her as if filled with smoke.

Ophthalmoscopic Examination.—Right eye: the ocular centres and the retina transparent. The retina is of a yellow tinge, and presenting on its surface a uniform redness (the chorio-capillary membrane filled with blood); much deeper, the pigment and large vessels of the choroid are seen. The optic pupilla is white in the centre, and of a bluish-white at its circumference. It is flattened and much contracted. The vessels which traverse it are extremely small and few in number, so that their ramifications upon the retina are with difficulty seen. The arteries are distinguished from the veins by their direct course, and the brilliant red color of the blood. A slight white spot is seen in the chorio-capillary membrane, on a level with the pupilla.

The left eye presents an appearance similar to that of the right, except that the retinian vessels are less thin and rather more numerous.—*Annales d'Oculistique, of March, 1860.*

Reviews and Bibliographical Notices.

Sanitary Reform.

Proceedings and Debates of the Fourth National Quarantine and Sanitary Convention, held in the city of Boston, June 14th, 15th, and 16th, 1860. Boston, 1860.

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Reports on the Results of Examinations made in relation to Sewerage in several European Cities. By E. S. CHEESEBOROUGH. Chicago, 1855.

Draft of a Sanitary Code for Cities, reported to the National Sanitary Convention. By HENRY CLARKE, M. D., of Boston. 1859.

Progress of Preventive Medicine and Sanitary Measures. By A. W. BARCLAY, M. D. Cambridge, 1856.

Reports on the Sanitary Condition of the City of London. By HENRY LETHEBY, M. B., Health Officer, &c. London, 1856.

Report on the Sanitary Commission of New Orleans on the Epidemic Yellow Fever of 1853.

Yellow Fever considered in its Historical, Pathological, Etiological, and Therapeutical Relations. By R. LA ROCHE, M. D., Philadelphia.

Report on the Incorporation of Cities and Villages on the bill entitled "An Act concerning the Public Health of the Counties of New-York, Kings, and Richmond, and the waters thereof." Albany, February 7, 1861.

Annual Report of the Board of Health to the Legislature of the State of Louisiana, January, 1861.

In the year 1844, the "Commissioners for inquiring into the state of Large Towns and Populous Districts" made to the British Parliament their first report, comprised in a massive folio volume. In less than one year, six other important works on the same subject were presented to the British public. From that time to the present, we have had an annual contribution to medical literature of about as many, or twice as many, volumes; and the importance of the subject of public health justifies a glance over the pages that may reveal some instructive lessons in the mental and physical condition of the human family in the

latter half of the nineteenth century, "the heir of all the ages in the foremost files of time." The list of recent publications of highest importance bearing directly on our subject which we have placed at the head of this article, though it might be largely extended, is sufficient to show that, if humanity does not hereafter advance more rapidly on the high road to health and happiness, it will not be because no improvement is talked of. If the stagnant air of impure dwellings does not immediately give way to the pure "breath of heaven," it will not be because the subject of ventilation is not being "ventilated" in the orations, reports, and discussions of State legislatures, city councils, and sanatory conventions. When the first report of the British commissioners was read, it was thought that the disease was already understood; the remedy would follow, as a matter of course. It was said that "the curtain which has so long screened from the public eye the almost inconceivable afflictions of the manufacturing poor, has at length been raised. And what is presented, not only to the gaze of this country, but to the contemplation of the civilized world? A population sunk alike in physical suffering and moral debasement, deteriorated in stature, enfeebled by sickness, and fearfully curtailed of the allotted years of human existence. Hundreds of thousands, in the midst of civilized and Christian England, are doomed to live a life compared with which the existence of savage and heathen tribes may, as to material comforts, be termed happy." We will now look through some of the volumes before us, and endeavor to discover how much improvement has been effected by seventeen years of hard talking.

From the extensive series of sanitary researches, conducted by the British government during the last twenty years, it may be clearly stated that the wretched state of poverty, filth, and moral degradation in which the poor of the large cities live, is the real cause of the increasing prevalence of disease and crime among them. As towns grow larger, there is increasing filth in the streets, the poor are crowded still more closely together, fevers become more common, and assume a low typhoid character, becoming less manageable than they are in better localities. At one time, the number of cases of fever in Liverpool among the poor who lived in cellars exceeded by 25 per cent. those among similar people living above ground. When these cellars were damp, the proportion of fatal cases was largely increased.

Typhus and typhoid fevers follow density of population. In the most sickly neighborhoods, the people were found crowded together in close, ill-ventilated apartments. In one street in Liverpool, where there was only a space of four square yards to each person, there was one case of fever to every ten persons. In another street, with seven square yards to one inhabitant, there were no privies to one fourth of the houses, and the fever patients were one in seven of the population. One of the courts had only one and three-fourth yards of space to a person, and nearly one half of these were sick with fever. In a part of the city of York, which was low and damp, it was found that a

high per cent. of the people were sick on an average for fifteen weeks out of the year. Scrofula was declared to be rapidly increasing, until improvement in drainage and the ventilation of a large school-house checked its progress. We still find, in all crowded shops, dwellings, and schools, an increase of "glandular swellings, scrofulous ophthalmia," and other diseases of this character, more common than elsewhere. Respiration of impure air is one of the most effectual causes of tuberculous disease. No person living in a district in which the *city malaria* exists in condensed form will ever have perfect health. Indigestion and disorder of the nutritive organs, in various forms, enfeeble the body and render it incapable of bearing the atmospheric changes, or of resisting other causes of disease. The person who is thus poisoned by impure city air has not only a lower degree of vitality, and less power to labor and resist the causes of disease, but his life is shortened; his family, living, like their neighbors, in small rooms in crowded dwellings, breathing bad air, eating bad food, and suffering from insufficient clothing, are depressed in physical power by deadly influences that prey upon them from the beginning of their lives. The poor in large cities enter upon their earthly existence blighted and cursed by the inheritance of frail and unhealthy constitutions, in which are accumulated the hereditary evils of successive generations. At one time, society offers them employment for which they have no strength, and at another grants them closely measured charity, in forms which chill the pride of those who have been accustomed to support themselves. To the children of the city, who inherit only poverty and diseased constitutions, life itself is but a "heritage of woe," involving a dreary existence among cheerless homes and groaning hospitals, and terminating with the city's last and best gift of inhospitable graves in the "Potter's field."

The moral influence of an unhealthy, offensive and unhappy home has never been truly estimated. "There is a natural and uniform connection between filth and moral pollution, between outward neatness and inward purity." The man who has done but little to make his home a happy one, is repelled by the sphere of coarseness, discomfort, ill-health and consequent ill-humor that assail him at every return to the hovel which he calls "home." He finds it an uninviting spot, and he is easily tempted to seek elsewhere for a place of rest. The ale house or saloon with all its attractions is at hand. The wife flies from her place to the same perilous remedy to drown for the hour the troubles of a wretched life. The children of such parents inherit gross physical frames; they learn nothing but insolence, deception, and coarse sensuality from the scenes amid which they live; they become indifferent to all the claims of order and cleanliness, to outward and inward refinement. "In the most wretched hovels," says a London physician, "not only the thieves, the pickpockets, the degraded and profligate begin their lives, but there also, in general, great criminals, violent and reckless men, grow up among scenes which can only poison their hearts with false views of human life, and edu-

cate them for deeds of desperate crime." Popular education in the principal cities of Britain and America has done something to improve the health, intelligence, and mental power of thousands among the lower classes who were not utterly depressed; but there is still a "lower deep" in the great ocean of modern society, which the wisest legislation has never provided for, and which no philanthropy has ever yet explored.

As London is the greatest of cities, so has the condition of the poor within it been more carefully studied than anywhere else. Among its two millions and a half of people, equal to near one four-hundred-and-fiftieth part of all the inhabitants of the earth, the influence of poverty is displayed on the largest scale. Mr. Mayhew has embodied in a volume of 1,200 pages the results of the observations of many years. He says that "the dwellings of the poor and low in London are perhaps more wretched, miserable, and contagious than those of any other people in the world." Every season, "cholera and typhus make lanes among" their effluvia-poisoned inhabitants. "In many a court and alley, two or three families occupy the same room." "It is a dreadful task," says a correspondent, "a task to make the heart ache and the head to fail, to revolve in powerless silence the manifold miseries of the London poor." In that city alone, there are 20,000 persons annually "carried to miserable graves," all of whom are "killed by overwork, bad pay, adulterated food, impure lodgings, starvation, and other causes that operate on low life." In the same districts where the average length of life among tradesmen and gentlemen is forty-five years, with the lowest class, the average length of life is only sixteen! Better education would not only prepare the unfortunate pauper for that *other life* upon which he is so soon to enter, but would enlarge his powers for contending with the troubles and privations of this. One writer says he has found some persons "battling nobly with the tremendous difficulties of extreme poverty, and maintaining a degree of order, neatness, and endeavor after spiritual life, only to be secured by incessant exertion." And "in nearly every instance, these persons had in youth attended some national or other charity school." Such advantages are not within the reach of the lowest poor. A system of education wide and good enough to eradicate the follies, vices, and miseries of the lowest of the London populace has never yet been devised. And for many a year of the future, it must still be true, as asserted by Vanderkiste, that "heathenism is the religion of the metropolis."

New York is the metropolis of the western hemisphere, as London is of the eastern. These two great cities represent, respectively, the two grand divisions of the advancing Teutonic race, and may yet divide between them the commercial empire of the world. The progress of Anglo-Saxon civilization and physical development furnishes a perpetual theme for expressions of admiration in every distant land; but who can assure us that pauperism, with all its blighting influences, is not advancing towards a fearful future with equally rapid

steps? With each succeeding year, the terrors of extreme poverty are contemplated by thousands with increasing horror; and helpless, as well as reckless and ambitious men, women, and children seek for new and untried measures to avert them.

Sanitary Condition of New York City.—More than one half of the entire population of New York reside in crowded tenement houses, and there is no statute or municipal law regulating their reconstruction or ventilation, or the space allowed to specified numbers of residents therein. Hence, crowding such structures to their utmost capacity has become the rule rather than the exception; and the city has an underground population of more than twenty-five thousand persons.

In the seventeenth Ward, there are 1,257 tenement houses, having 20,917 rooms, which are occupied by 10,123 families, embracing a total number of 51,172 persons. This gives an average of about four persons to each suite of two apartments, of which only one is usually occupied as a dormitory, and that one is often a dark, close room, of a capacity only of from 500 to 800 cubic feet.

It has been shown that "in a close apartment of only 600 cubic feet, a single person cannot spend six consecutive hours, in an air of ordinary temperature, without impairment of health. The air in such an apartment would become too much vitiated for healthy respiration at the end of sixty minutes. It has been observed that the condensed air of crowded rooms gives a deposit of animal substance which, if allowed to remain a few days in a moderate temperature, forms a solid, thick glutinous mass, having a strong odor of putrified animal matter. If this mass be examined by the microscope, it is seen to undergo a remarkable change: first, it becomes the prey of a cryptogamic vegetable growth; and, soon after, the whole mass appears crowded with multitudes of minute animalculæ. Thus the organic effete materials thrown off from the human lungs and skin is seen to consist of organic matter, capable of becoming food for the nourishment of new organic creations.

In some of the lower wards of the city, the tenement houses are much more densely crowded than in those just mentioned. In one of them, containing from 120 to 150 families of from three to ten persons each, there are but about forty feet of frontage and sunlight. In two of the smallest of those apartments, eight cases of malignant typhus have been seen at one time; and at the last visitation of cholera, the first cases of that malady occurred in that pent up and overcrowded locality."

"It is a settled law that the number of persons on a given *area of soil* cannot be increased beyond a certain limit without endangering health. If a one story building, twenty-five by forty feet, may safely accommodate ten persons, another ten cannot occupy a second story over the same ground with impunity, nor without risk to the health of those in the first story; and, as the air vitiated by respiration ascends, if a third, a fourth or fifth story is added, and occupied, as is common, especially in new tenant houses, the danger to all is

increased in a fearful ratio." "It is not, therefore, the number of cubic feet of air which determines the healthfulness of a residence for a given number of persons: the superficial feet of earth they may cover is an important item of consideration."

The effect of crowding large numbers of people into buildings occupying but a limited superficial space, and rising in successive stories above each other, is well illustrated by the following statistics:

In a group of ten districts in which there is only thirty-five square yards to each person, and embracing a population which furnished 3,428 deaths in one year, it was found that 349 of the deaths resulted from *typhus alone*. In a second group of districts, the whole number of deaths was 2,786, the deaths from typhus were only 181. In a third group, the whole number of deaths was 2,289, from typhus 131. Deficiency of space is then shown to be destructive to health: "first, by shutting out light; secondly, by lessening the amount of pure fresh air; and, thirdly, by the accumulation of offensive exhalations from the human body, long confined in the same apartment. These three causes will generate pestilence anywhere, whether in a house, or on shipboard, in jail, or in any human habitation." In some houses in New York, one or more families are said to reside in every room, "often numbering 200, and even 300, men, women, and children;" all of them "eat, sleep, and cook in their respective apartments of twelve or fifteen feet square, including garrets and cellars."

"The first Napoleon," says Dickens, "caused more deaths than all the earthquakes since the days of Noah; the cupidity of ship-owners and the supineness of sailors have lost more ships and lives than all the storms that ever blew; *the filthy state of our towns sends more souls to Hades than all put together*. Plague, pestilence, war, and famine yield to dirt."

Modern science has long been toiling to discover the amount of pure air required by the human organism in the process of healthy respiration. Some of the results of its researches are thus given:

"The average number of pulsations of the heart is seventy-two per minute. There is, on the average, one respiration to about four pulsations of the heart, making the average number of respirations eighteen per minute, or 1,080 per hour, and in twenty-four hours 25,920. There are, consequently, in one hour 4,320 pulsations; and in the twenty-four hours, the number is 103,680."

"The amount of blood sent to the lungs at each pulsation of the heart is calculated to be about two ounces;" this, multiplied by the number of pulsations per minute, gives about nine pints of blood sent to the lungs every minute, or sixty-seven and a half gallons per hour.

At each inspiration, forty cubic inches, or about one pint of air, is inhaled; making eighteen pints of air inhaled every minute, or 1,080 pints per hour. When these sums, respectively, are multiplied by twenty-four, we reach the surprising conclusion that, in every twenty-four hours, there flow to the lungs sixty hogsheads of air, and thirty hogsheads of blood.

"The human body," says Charles Reade, "besides its wants of food and covering, has its more delicate needs, robbed of which, it perishes, more slowly, *but as surely*, as when frozen or starved. One of these subtle, but absolute, conditions of health is *light*. Without light, the body of a blind man pines, as pines a tree without light. Without light, the human body perishes—with insufficient light, it droops. Against this law of nature, it is not only impious, but idiotic, to struggle." It was thus that man was created, and this will continue to be the law of universe; human wisdom and human folly are alike without power to resist it.

An author once published a book with the singular title of "Rome Subterranean," or *Rome under ground*. We have the materials for a much larger work on the catacombs and mysterious regions that lie beneath the pavements of the imperial mistress of the American continent. "It is astonishing," says a good authority, "to see how diseases are superinduced by living under the ground. This underground tenantry is a great source of the increase and extension of typhoid forms of disease. It is wonderful that the people of New York are not satisfied to be in the ground after they are dead, but they want to be in it before they are half born, by living underneath it."

The absence of direct sunlight contributes in a remarkable degree to the deterioration of health and vital power. When it co-operates with insufficient exercise and want of fresh air, it favors deformity and morbid development, both of body and mind. "As, without direct light, the vegetable world would no longer purify the air breathed by animals, so neither would the oxygen received by the lungs effect the healthful changes of the blood; the blood cells would remain imperfect, and the whole body would degenerate, like a blanched plant. "It is not wonderful," says Dr. Moore (*On Health, Disease, and the Remedy*), "that barbarians that walk freely in the light should seldom see deformity; nor is it surprising that among the inhabitants of cellars and dark alleys, beauty disappears, while distortion takes its place. Beauty and health are nearly related; and both are so far dependent upon light, that every living thing formed to move under the guidance of sight becomes diseased and deformed when precluded from the full enjoyment of the day."

The dimly-lighted and ill-ventilated homes of the poor in large cities are not only the abodes of scrofula, typhus, and ophthalmia, but it is there that misery, discontent, and gloomy recklessness prompt to *crime*. "The supply of light and air go together; where one is supplied, the other is sure to exist." "Fevvers and crime spring up and flourish in the same localities," and are "indigenous productions of the same soil. Let moralists account for it how they may, the experience of all observers confirms the fact that deeds of darkness and crime occur almost spontaneously among the inhabitants of unlighted human abodes. The depressing effect of the continued absence of sunlight is so great that the free use of artificial and alcoholic stimuli is almost inevitable among the tenants of unlighted habitations."—*Senate Document, No. 49, 1859.*

It is from such families, and from such dwellings, that the vast numbers of diseased, deformed, and idiotic children are sent forth to beg for charity in the streets of the metropolis, or to swell the number of the degraded inmates of her public institutions. Of the eight hundred idiotic children maintained by the city on Randall's Island, a visitor says, "In a single room, perhaps eighteen by twenty-eight feet in area, I found thirty-seven imbecile children, seated closely together on benches and chairs arranged around the room, some rocking themselves incessantly to and fro, some screaming at the top of their voices, some yelling out a laugh, itself the token of a vacant mind; others moaned and muttered, or emitted an unearthly noise, intended for music. Here they chattered and quarreled, and grinned their ghastly smiles, seemingly under little restraint, other than might be needed to keep them glued to one spot." It is further stated that "this room also is unclean and noisome, the floor reeks with a nauseating stench, the air is loathsomely putrid, poisoning 'the breath of life,' which the inmates take impure only to give back impurer, and scrofulous sores saturate their clothing by their purulent issues. What a horrible picture is this! What a fearful condition these helpless and miserable children are now in!"

We cannot believe that civilization is a failure, or that the influence of Christianity is entirely obliterated from the world; but, certainly, the perversions of the former are strangely counteracting the best efforts of the philanthropist, and humanity waits impatiently for higher manifestations of the regenerating, elevating, and purifying power of the latter. Medicine, such as the world has had, has done something to ameliorate what ought to have been prevented.

"Though in the field that death has won
 She saves some stragglers in retreat,
 These single acts of mercy done
 Are but confessions of defeat.
 What though our tempered poisons save
 Some wrecks of life from aches and ills?
 Those grand specifics nature gave
 Were never weighed by weights or scales!
 God lent his creatures light and air,
 And waters open to the skies:
 Man locks him in a stifling lair
 And wonders why his brother dies."—DR. O. W. HOLMES.

The Annual Report of the City Inspector of New-York shows that the aggregate number of deaths for the year 1860 was 22,710, being an increase of 1,065 over the year 1859, or, according to the recent census, 1 in 36 of the whole population. "This is the highest death-rate of any civilized city in the world, and equals that of many cities during the prevalence of such epidemics as cholera, yellow fever, &c."

It seems, from official reports, that New-York now so far surpasses London in its rate of mortality that 2,000 of its citizens are now in their graves who would have been living if they had happened to

reside in the British metropolis; and 52,000 cases of sickness have occurred which the medical police of any other city would have prevented. In Philadelphia, the mortality for the year 1859 was only 1 in 64. It is said "the death-rate of London, 200 years ago, was as 1 to 20 of its population." In 1860, "with a population more than four times as great, its death-rate is reduced more than one-half, being 1 in 46." So late as 1854, London was "more fatal to life than the country generally;" but "it has since been so improved that its mortality in the last three years has been less than that of the country in the two previous years, being nearly equal with the average of all England and Wales."

The city of Brooklyn is less densely inhabited than New York, but "the baleful *tenement house system* already shelters no less than 76,000 of its inhabitants" out of a population of 266,674. From a recent report of Dr. Jones, health officer of the city, we learn that its annual mortality is nearly as large, in proportion to population, as that of New York. The number of deaths for the year 1860 was 6,629, or one to forty of the population. In the effort to account for this large mortality, we have the following statistics: Of the deaths for 1859, eighteen out of every thousand were caused by small pox. This is a much larger proportion of deaths than is observed in foreign countries. In Sweden, parts of Germany, and Italy, vaccination is compulsory; and the mortality is from two to six in every thousand deaths. In Great Britain and Ireland, vaccination is not compulsory, and the number of deaths from small pox is larger. Of unvaccinated persons who take it, fifteen to sixty of every hundred cases die; of the vaccinated who are attacked by it, about one to seven per hundred die. Where vaccination has been perfectly performed, and the cicatrices show it to have taken well, the mortality is reduced to one in every two hundred cases. Other causes of the great mortality of Brooklyn are the same as are seen in operation in New York and other great cities of the Atlantic coast. The great number of immigrants from abroad who arrive in conditions of disease, vice, or poverty, bad residences, defective air and sunlight, subterranean dwellings, intentional neglect of parents, the giving of opiates or quack medicines to infants, or exposing them as foundlings—these are only a few of the causes which render the "city of churches," next to New York, one of the least healthy of American cities.

SMALL POX.—In Philadelphia, where this disease recently appeared and threatened to become serious, the Board of Health immediately appointed twenty-four vaccine physicians. In the six months ending January 19th last, they vaccinated near 5000 persons, in addition to those vaccinated at the dispensaries and elsewhere.

In Baltimore, the Board of Health report that "although it made its appearance in 1858, becoming epidemic and very fatal, the active exertions of the corps of vaccine physicians so completely arrested its progress that, the following year, but a single death is reported,

and in the year 1860, *not one*. These vaccine physicians made in 1860 20,258 calls, and vaccinated 2,277 persons.

In New York, twelve deaths from small pox were recently reported in one week, to 624 per year. In another week, fifteen deaths occurred. But the chief health officer has no power to do anything, but "to sit calmly in his office and receive the weekly returns from the grave yards." When Catlin, the artist, visited the Mandan Indians on the upper Missouri, he found them in a flourishing condition; on returning afterwards by the same route, "he found that the whole tribe had been swept off by the small pox." Vaccination would, if tried, have saved that whole community of thousands. In the city of Providence, R. I., it has so far succeeded that "the only cases of small pox known, are those immediately from New York."

In the city of New York and its suburbs, including Brooklyn, reside more than one fourth of the population of the Empire State; and this million and a quarter of people occupy the most advantageous position for commercial prosperity, as well as possess the means of guarding against all reasonable causes of disease; but we have found, on examination, that their sanitary condition, instead of being better, is really worse than that of the people of any other city with which we have the means of instituting a comparison. And, in addition to all the domestic sources of disease, there is still another in the importation of pestilence from abroad. Our only defence against epidemic and contagious maladies consists in a cumbrous and ill-executed system of quarantine laws, which encumber commerce with many restrictions, but never fail to admit contagions and epidemics whenever they knock at the door,—the gate-way of commerce that opens from the bay of New York to the Atlantic.

Of *quarantine laws* we have said something in a former number of this journal (see vol. I, page 564). At present, we will only call attention to the subject in the aspect in which it is presented by the report of the Board of Health of the State of Louisiana, January, 1861.

"Although yellow fever in its *epidemic* form has not reigned during the summer of 1860, it must be admitted that certain *sporadic* cases have occurred which cannot be attributed to importation." The strict enforcement of quarantine law would have excluded the disease from the city of New Orleans—and there was not a single case of it on board a vessel in port or in the vicinity thereof; but, nevertheless, several cases of yellow fever, displaying its strongest features, and some of them terminating fatally, occurred in different parts of the city. The records of the Board of Health show nineteen deaths during the season, and also that *these "few sporadic cases originated spontaneously on the soil without the help of importation."* In the report for 1859, Dr. A. F. Axon gives ninety-two cases that terminated fatally, and says the yellow fever of that season was "*incontestibly of domestic origin, the product of the soil, season, and susceptible subjects, existing concurrently together.*" The first of these cases, in both seasons, occurred in persons "who came directly from the west, and had not been exposed to

any centre of infection, and had in no manner communicated with individuals suffering from the disease."

"It remains shown, therefore," says the report for 1860, "that the typhus icterode may spring up spontaneously in New Orleans, independently of any communication with an infected port. Let us note, however, that the mortality in 1859 was ninety-two, which would suppose, admitting a grave morbid genius, a total of near 500 patients—a small figure when compared with that of the years 1839, 1847, 1853, and 1858, when the number of patients exhibited formidable proportions. It is, therefore, permitted to maintain that the disease has not been epidemic in 1859, and much less in 1860, when only nineteen victims fell a prey to the disease. A very interesting question arises therefrom, which the Board of Health is not prepared to decide at present, on account of the research and investigation its importance requires."

"The data which precede are, we believe, amply sufficient to convince the most skeptical of the spontaneous occurrence of *sporadic* yellow fever in New Orleans. We hope they will prove sufficient to men of the profession, as the medical history of the year 1860. The logical conclusion we may draw from the facts which we have cited is, that it is of the utmost importance to protect the city from the *importation* of yellow fever, since the *imported* fever tends evidently to become *epidemic*, whilst indigenous yellow fever appears, on the contrary, to assume a *sporadic* character."

We have now seen enough of the sanatory condition of the great cities of the civilized world to know something of the DISEASE with which civilized human society is afflicted. Of REMEDIES, we are not permitted to speak. Legislators and municipal authorities have the subject in their hands. Of their newest measures proposed, we will speak when they shall have been tried. We shall hereafter observe them closely, and speak approvingly, *when we can*. At present, we can only say, as Lord Chatham said to Rockingham and his colleagues when they succeeded Lord Grenville in the cabinet of George III: "Pardon us, gentlemen: *confidence is a plant of slow growth*."

Valedictory Address delivered at the First Annual Commencement of the Homœopathic Medical College of New York. By Prof. J. BEAKLEY, M.D.

THE "introductory" lecture with which medical colleges usually commence an annual session, and the "valedictory" which some member of the faculty pronounces in behalf of his colleagues—their "farewell" to the graduates who are about to emerge from the halls of their *alma mater* to engage in the battle of professional life—present us with a peculiar style of medical literature. Their authors would desire to bring forward something important and true—something

that shall be worth hearing, worth remembering, and not already *remembered* as old. Of a good lecture for either of these occasions, it is expected that, like a good story, it

"Should at least *seem* true,
Be *apropos*, well told, concise, and new."

The frequency with which these occasions occur makes large drafts on the originality and resources of their authors; but it is not claimed by the medical public that the lecturer shall, in every instance, furnish a feast of new truths never before revealed. If he fairly and clearly enunciates "*something that students taking their first step in a new career ought to hear, and which they may perhaps hear for the first time,*" we must acknowledge that the purpose of the orator has been satisfactorily accomplished. It will not then be considered a defect in a production of this character, if something be found in it that has been seen elsewhere; and if, among the many that may reach us, *some degree of sameness* may be discovered. They may all have bravely met the occasions that called them forth.

In noticing the addresses that reach us, we do not pretend to give *analyses* of their contents, nor yet to publish them at length. Any abridgment of an elaborate production can only do injustice to its author; and publication in full is rendered unnecessary by the publication in a separate form, and extensive circulation among the members of our school in every quarter.

The valedictory address of Professor Boakley is a scholarly and finished production of near thirty pages, devoted mainly to the exposition of the advantages to be derived by the physician from the cultivation of physical and metaphysical science, profound learning, and general literature. The young physician is reminded that he has "embraced a new gospel of medicine which demands other and more elevated considerations than those which belong to a utilitarian and unintelligible philosophy." "You are to be educated as psychological physicians, who regard the human organism not in its material aspect alone, but as subordinate to, and regulated and controlled by, vital and physical forces."

The claims of the higher branches of mental philosophy and polite learning are thus earnestly presented:

"Are the hallowed emotions, the majestic imagery, the sublime aspirations, the melodies that have entranced the ear, quickened the pulsations of the heart, refined our manners, purified and elevated our thoughts, and thrown a ray of sunshine over the cheerless and dreary pathway of life, to be disregarded and contemned because they have no direct practical application to the daily avocations of life? No; let us not sustain the popular prejudices against these ennobling pursuits, as having no direct relationship with the science of medicine — pursuits which constitute the charm and poetry of life, and exert a powerful, though indirect, influence over the moral and intellectual advancement of nations, and the welfare and happiness of man.

Their wonderful power to harmonize and soften the disposition is manifest whenever a due attention has been paid to their true inculcation. As it refines and elevates the mental faculties, and heightens the charms of social intercourse, so, also, does it ameliorate and expand the heart, expel the poisonous influences of pernicious vices, and fit it for the reception of every good and generous virtue. From its rich and exhaustless storehouse, we are enabled to draw materials for solid use, private instruction, and eternal embellishment! Composed of blessings both useful and ornamental, they can be made subservient to our interest or pleasure in this life, and furnish us with a passport to the most honorable and respectable stations in society.

"In a state like this, where pleasure and pain are inseparably connected—where happiness cannot be found without alloy—where disappointments follow each other in quick succession—where impending calamities, which our limited capacities can neither foresee nor prevent, rush on and threaten the demolition of our earthly happiness—how essential it is for us to be prepared with resources to repel their force, and counteract, in a degree, their baleful effects!

"————— Desolator! who shall say
Of what thy rashness may have 'reft mankind?
Take the sweet poetry of life away,
And what remains behind?"

"It has been eloquently and truly observed by Goëthe, when referring to the healthful influences of imaginative literature upon the heart and intellect, 'When the man of the world is devoting his days to wasting melancholy for some deep disappointment, or, in the ebullience of joy, goes out to meet his happy destiny, the lightly-moved and all-conceiving spirit of the poet steps forth to be the *sun* from night to day, and, with soft transitions, tunes his harp to joy or woe. From his heart, its native soil, springs up the lovely flower of wisdom; and if others, while waking, dream, and are pained with fantastic delusions, from their very sense, he passes the dream of life like one awake, and the strangest incidents are to him a part both of the past and of the future. And thus the poet is at once a teacher, a prophet, and a friend of gods and men. At the courts of kings, at the tables of the great, beneath the windows of the fair, the sound of the poet was heard, when the ear and the soul were shut to all beside; and men felt as we do when delight comes over us, and we stop with rapture if, among dingles we are crossing, the voice of the nightingale starts out, touching and strong. The poets found a home in every habitation of the world; and the lowliness of their position exalted them the more. The hero listened to their songs, and the conqueror of the earth did reverence to the poet, for he felt that, without poets, his own wild and vast existence would pass away and be forgotten forever.'

" Would it were in my power to communicate to others the healthful influences I have myself experienced, and the conceptions I have formed of the value, the practical importance, to the physician of a more general and intimate acquaintance with those branches of polite literature which tend to discipline the mind, elevate and refine the taste, awaken holy aspirations after truth, and keep in abeyance those poisonous and destructive influences that embitter existence, engender disease, and abridge the duration of human life.

" The science of life has been truly designated the *science of ourselves*—of everything which we enjoy or suffer, or hope or fear. So truly is it the science of our very being, that we cannot cast a retrospective glance over a single thought or act that has not some relation to phenomena that have been, in a greater or less degree, the subject of our analysis or contemplation.

" The thoughts and faculties of our intellectual frame, and all which we admire as wonderful in the genius of others; the moral obligations which, as obeyed or violated, are felt with delight or remorse; the virtues of which we think as often as we think of those we love, and the vices we ever view with abhorrence or with pity; the traces of divine goodness, which can never be absent from our view, because there is no object in nature which does not exhibit them; the feelings of dependence upon the gracious power that formed us, and the anticipations of that state of existence, more lasting than that which is measured by the few beatings of our feeble pulse—these, in their perpetual recurrence, impress upon us the vast importance of a knowledge of the philosophy of the human mind.

" When referring to the influence of polite literature upon the mind, Burke justly observes, 'Whatever progress may be made towards the discovery of truth in this manner, we shall not repent the pains we have taken in it. The use of such inquiries is considerable. Whatever turns the soul inward upon itself, tends to concentrate its forces, and fit it for the greater and more exalted flights of science. If we can direct the light we derive from such lofty speculations upon the humbler fields of the imagination, while we investigate the springs and trace the sources of our passions, we may not only communicate to the taste a sort of philosophical dignity, but we may reflect back on the severer sciences some of the graces and elegancies of taste, without which the greatest proficiency in those sciences will always have the appearance of something illiberal.' "

The rewards given by the public to successful and conscientious physicians are said not to be equal to those bestowed for less important services on the members of other professions.

" Whoever shall survey the requirements demanded of the aspirants for the honors and emoluments that belong to the learned professions—whether of law, of theology, of medicine, and even of arms or of commerce—will not fail to observe that, whilst the education and mental accomplishments demanded of the physician are of the highest order, and tested most rigorously, the honors and emoluments to

which he can aspire or look forward are far below those which either of the other professions can bestow. He, therefore, who is only ambitious of obtaining wealth and worldly distinction, and would, in after life, escape the bitter though unavailing regret that he had not chosen some other profession in which the toil is less arduous and the worldly reward more flattering, should ponder well before he embraces the profession of medicine. The physician lives and dies in harness. A large share of his time and skill is a voluntary offering to public charity, particularly in the outset of his professional career—a voluntary and unrequited contribution to the public service. For those, however, who can enter upon it in a spirit of philanthropy and humility—who regard that as the noblest ambition which aspires to benefit mankind—whose faith is expressed in the maxim of Bacon, "*Efficaceter operari ad sublevanda, vitæ humani incommoda*"—such a man may fearlessly and truthfully consecrate his energies and life to the practice of medicine.

"The blanks in the medical profession are many; the prizes but few. It requires of its votaries protracted and earnest industry, active energies, and cheerful zeal. Though it affords them but little of public emolument or honor, it nevertheless rewards them with the consciousness that, if they obtain but scanty thanks for the good deeds done in behalf of their fellow men—if they meet with ingratitude where they have had reason to expect kindness, and are treated with contumely and neglect where they have had a right to look for consideration and respect—they have, at least, the great reward of an approving conscience, which is the earnest of a brighter and a better world.

"Are there, then, no exceptions to this rule of mediocrity and hard fortune for the devotees of the medical profession? I answer, Yes! There are a few oases in the desert, where, now and then, one can drink refreshing waters. But their number is small. There are a few, favored of heaven, who are commissioned to bring forth the undiscovered principles from the *arcana arcanissima*, by virtue of which new conquests are achieved over the agonies of disease, and our powers greatly enlarged for the furtherance of an euthanasia, when the passage through the Domain of Terrors can no longer be postponed. These are exceptional men, who can scarcely be viewed under the ordinary limitations of conventional privileges and opinions. Their quick and intuitive perception, their keenness of intellectual vision, their weight of judgment, demand a wider range into the daily opening fields of the collateral and formative branches of our science. Such men, guided by the light of genius and inventive ability, return with a rich argosy of gems; add fresh jewels to the crown of science, and new adornments to the literature of the profession they have chosen. But the paths they tread so grandly are not for every one. Their high endowments, their reveries of genius, their dreams of future glory—these belong to themselves alone. It is with no wish of disparagement or detersion that this distinction is drawn. The

same holds true of other avocations as with medicine. On some few has been conferred that fine gift of inventive genius which enables its possessors to develop new relations and affirm new truths in science, whilst the mass of their brethren must remain satisfied and happy in *applying* the truths discovered for them. It was thus, by *a priori* reasoning, that Goëthe enunciated the doctrine of the metamorphosis of plants; thus that Oken stumbled on a skull amongst the Hartz mountains, and exclaimed, illuminated by a sudden flash of thought, that it was vertebrated; thus that Aloyseus Galvani first laid the foundation of his great discovery, from observing the touch of his scalpel upon the leg of a frog which he was preparing for his food; thus that the astronomer, La Verrier, foreshadowed the existence of the planet Neptune, while yet it lay hidden within the depths of space from mortal eye; it was thus, also, that our own immortal Hahnemann confirmed the immutable law "*Similia Similibus Curantur*," while observing the toxicological effects of drugs upon the human organism, and thereby laid the foundation of a principle that has already become the parent of a philosophy that is embraced by many of the most enlightened and accomplished intellects of the age. Millions yet unborn will bear laurels to adorn the shrine of Hahnemann. But, as I before remarked, to a few only is this power vouchsafed. The number is but small of those privileged to extend the boundaries of knowledge, or to erect a pedestal that shall rise above the confines of the time, from which they may survey the past and future, and observe, as with the eye of intuition, the landmarks of scientific progress upheaving from the ocean of the future.

"Yet, however sublime and ennobling the attributes of such intellects as these, those of a more mediocre cast are not the less valuable and important. Without the aid of such minds to apply and enforce these laws over a wide and varied field, the labors of the former class would be of little value to mankind. It is the combined and yet diversified labors of the many that carry out and apply the formularies of our science as an art; and unless this is effected, little indeed would be accomplished of value. We might live amid philosophical abstractions, but the soul of humanity would die. There is, then, work and promise for all. Strive, therefore, to be something in your own order; but confound not your own being with the duration of an order. He who does not rise superior to the breastwork of his order is no hero within it. An order, as such, makes only puppets. Personality makes worth and merit. Necessity comes at last, and compels with an iron sceptre. He who listens to and obeys the laws of his own nature will do much to prevent necessity. Often he will need only to beckon with the lily staff of Oberon, and new flowers will spring up instead of withered ones; and if the blossom-time is past, nourishing fruits will come to maturity. This blossoming-time of intellectual vigor, young gentlemen, is yet yours. See to it that you nurture and guard it well. Attend to the cultivation of your mental faculties by attempting to think correctly, and true wisdom will be acquired.

Wisdom! so slow and difficult of attainment—so distinct from knowledge, yet dependent upon it—so God-like an attribute that it is to be early and ardently sought for, as forming the brightest element in the character of every man, in whatever degree it may exist. In the language of that high-minded but afflicted poet, Cowper, whose very sufferings lead us not improbably to regard him in a more exalted light, we would say :

——— “ Knowledge dwells
In minds replete with thoughts of other men ;
Wisdom, in minds attentive to their own.
Knowledge, a rude, unprofitable mass,
The mere materiel with which wisdom builds,
’Till smoothed and squared, and fitted to its place,
Does but encumber whom it seems to enrich.
Knowledge is proud that he has learned so much ;
Wisdom is humble that he knows no more.”

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Valedictory Address to the Graduating Class of the Homœopathic Medical College of Pennsylvania, at the Thirteenth Annual Commencement, March 1, 1861. By THOMAS MOORE, M.D., Professor of Midwifery and Diseases of Women and Children. Philadelphia, 1861 ; pp. 18.

IN taking leave of the graduates of the Phil. Homœopathic College, Professor Moore presses forcibly upon them the high responsibility they have assumed in devoting themselves to the mission of curing the sick, as well as to the diffusion of the new light of homœopathy. The principles upon which the new doctrine is based are thus set forth by Prof. Moore :

“ It is by observing and studying the effects of drugs upon the healthy that we are enabled to ascertain their natural relations to the various parts of the body. If a drug in large doses will arouse a certain combination of symptoms by its action on the healthy organism, and if such a combination corresponds to the symptoms produced in a given case of non-medicinal disease, is it unreasonable to believe that the same forces, tissues and organs are affected similarly in each instance? If the drug has not a natural affinity for the same parts as those affected by disease, it could not possibly excite similar symptoms in the healthy.

“ The drug, then, having this natural affinity for certain parts, acts thereon, both in health and in disease; and when these parts are diseased, they are, of course, more susceptible to its action. Indeed, this susceptibility is so greatly increased by disease, that it is possible then for the very smallest dose to produce an effect.

“ The small dose, therefore, becomes one of the requisite conditions for the operation of the principle of cure. But whether this action of drugs by virtue of their natural relation to parts rendered suscepti-

ble by disease is *curative* or *not*, can only be proved by experiment; and such an experiment, made under the proper conditions, is the only test of the truth of *homœopathy*. Upon this, *homœopathy* stands or falls!

"If such an experiment has been fairly made in but a single instance, and, under these circumstances, the curative action of drugs has been clearly demonstrated, it is sufficient to establish the *principle* of cure. But we venture to assert that, not only in one case, but that in millions, this fact has been fairly proved. Yea, we believe that not a single case of *dynamic disease* has ever been, or ever will be, cured with medicine except through the operation of this principle.

"Bodies fell to the ground before Newton discovered the principle of gravitation: yet it was by this law that they then were, now are, and ever will be, attracted to the earth. So it is with disease, which was undoubtedly cured with medicine before Hahneman discovered the principle of '*similia*:' yet it was by this law that drugs then were, now are, and ever will be, controlled in their curative action.

"Facts are the foundation-rocks upon which the TEMPLE of HOMŒOPATHY stands. Theory is but the artificial decoration, which may be destroyed without affecting the strength of the building. The facts are nature's: the theory under which they are arranged is man's. 'There is a wide difference,' says Bacon, 'between the *idols* of the human mind and the *ideas* of the Divine mind.'

"But this is neither the time nor place to enter upon a discussion of Hahnemann's theory or his opinions, which are adopted by many, and adhered to almost sacredly by some, of the homœopathic school, though totally rejected by others equally distinguished.

"What we have offered, we presume, is sufficient to place in a clear light this truth, that all which is really essential to the existence of *homœopathy* is its great radical principle, '*SIMILIA SIMILIBUS CURANTUR.*'"

Parasitic Vegetables on the Human Skin.—An Analytical Review.

THE work of Charles Robin, M. D., on the Natural History of the Parasitic Vegetables which grow on the skin of man and living animals, with an atlas of plates, is the most complete that we have noticed on this subject. Other authors have followed in the same general direction, and furnish us with the *materiel* for giving in a condensed form some important and interesting views of some obscure diseases of the skin. Ten varieties of cryptogamic parasites are enumerated as growing on the human skin.

1st. *Tinea Tondens* or *Tricophyton Tonsurans*—First described by Gruby, in 1844, as accompanying the disease called rhizophyte. It exists in the hairs of herpes tonsurans, and in *plica polonica*. It con-

sists of "oval transparent spores, which give rise to articulated filaments. Its anatomical seat is in the *interior of the roots of the hairs*. The hairs and fungi simultaneously increase; the former seem larger than usual, are paler in color, lose their elasticity, soften and break off when they have risen some one or two lines above the surface of the scalp; in the short cylinder then left, the fungus grows still more rapidly, so that the normal structure of the small stump of hair soon becomes indistinguishable. Sometimes the hair breaks off before emerging from the skin, the fungus, epidermis, and sebaceous matter fill the ends of the piliferous conduits, and form the little prominences which can be seen by the naked eye, and give the skin a rough, anserine appearance. The sporules and mycelium of the plants can sometimes be seen, in the form of a white powder, on the roots of broken hairs; sometimes the cutis becomes congested and thickened, and then the plant is mixed up with scales of epidermis, with fatty and albuminoid granules, with pus, &c.; and crusts are formed of greater or less thickness, in which the growth of the fungus can go on. It is believed that, though this disease is communicable by contagion, and has been communicated from the horse to man, it is dependent on some constitutional cause which is essential for the growth of the plant, as it sometimes dies without having been subjected to any treatment. Its most characteristic features consist in the baldness in circular spots arising from the brittleness of diseased hairs.

The homœopathist will never rely upon local treatment of cutaneous affections, even when he has seen such treatment *apparently* successful. The general *psoric*, *sycotic*, or other *dyscrasic* condition of the system, in every case demands internal constitutional remedies. Under the use of *sulphur* 30°, or sometimes lower, *cinnabaris* 3° or higher, continued for some weeks, *calcareæ*, sometimes alternated or followed with *hepar* or *thuja*, we place the system in such a condition that it ceases to furnish the proper soil for the propagation of these parasites in which the essence of this whole group of diseases consists. We uniformly succeed in eradicating such offensive and inveterate affections, whether connected with *psora*, *syphilis*, abuse of mercury or iodine, or if hereditary and traceable to ancestral *psoric* or *scrofulous* poisons, long remaining in a latent state. But we never do it safely and effectually, except by the aid of the anti-*psoric* remedies, and these should be long continued to render their results permanent.

2d. *Mycrosporion Circumscripta*.—This parasite differs from the preceding by "its numerous waved filaments and by the extremely small size of its sporules. It is not found in the interior of the root of the hair, but forms round each hair a small tube. The hair then becomes opaque, softens, and breaks off; the hair rapidly falls off; the dermis is not congested, and the epidermis is thin and smooth.

3d. *Mycrosporion Mentagrophyta*.—This differs from the last by possessing larger spores and filaments. Its seat is between the bulb of the hair and the follicle in which the bulb is seated, and never extends

beyond the surface of the skin. Treatment the same as already given.

4th. *Mycrosporion Furfur*.—Discovered by Eichstedt in 1846. It is the cryptogamic plant which forms, with the epidermic scales, the yellowish brown scurf seen in pityriasis.

5th. *Achorion Schænlinii*.—This is the mycrodermatous fungus which constitutes the characteristic of *Tinea Favosa* (*porrigo favosa*).—(Analytical Review of an article by Dr. Pirrie, of Aberdeen, in the London Lancet, February, 1861.) This is an affection of the skin usually confined to the scalp, but occasionally found on the trunk, limbs, or face; almost invariably occurring before the seventeenth year, and peculiar, in old countries and cities, to the poorer classes. *Symptoms*.—"Favus is an affection characterized by the presence of more or fewer crusts, which, at first, are of a uniform sulphur-yellow color, having their superior surfaces slightly concave and pierced in the centre by a hair, and their edges slightly depressed beneath the level of the cuticle, and are surrounded by skin which, previous to their appearance, presents a glazed red and vascular look, and is more or less covered with desquamated epidermic scales. The crusts, when isolated, have a more or less distinctly round or oval figure, and have in their upper surfaces a depression, in form like that of a lupus seed (*porrigo lupinosa*); but where numerous and confluent, they acquire, from contact with one another, a hexagonal or honey comb appearance, and hence the term *porrigo favosa*. In progress of development, the edges of the crusts become prominent, and marked by several concentric rings, whilst their upper surfaces gradually lose the concave, and assume the convex, form. In course of time, there is observed in the centre of each capsule a whitish spot, which slowly extends into the surrounding deeper yellow portion, and ultimately reaches the edges of the crusts, which gradually sink to the level of the skin, and frequently present numerous cracks and splits. There speedily commences in this central white portion a loss of coherency, or a process of crumbling down into a coarse gritty powder; and when this, in the progress of the disease, has extended to the edges, the capsules lose all definite form, and become broken or split up into numerous pieces, presenting the appearance of one continuous crust irregularly fissured on the surface. The diseased mass crumbles down, and communicates to the fingers, on trituration, a feeling compared by some to that caused by the crushing of dried putty; becomes a favorite site for vermin and their eggs, and exhales a peculiar odor, which has been likened to that of mice. For some time, the disease occasions little uneasiness; but ere long the part affected becomes the seat of a disagreeable itching, which, gradually increasing, at length becomes so intolerable that the patient cannot resist incessantly scratching and tearing at the diseased mass—the consequence of all which is that, in cases of some standing, we usually meet with more or less sanguineous or serous effusion, with secondary pustular eruptions, and at times with violent inflammation, which in a few cases

terminates in suppuration, and in other instances in unhealthy ulceration."

Pathology.—When a recently formed favus crust is carefully examined, it is found to consist of a capsule of epidermic scales, coated in the interior with a granular matter, constituting a soil on which arise multitudes of a peculiar fungus, named by Gruby, in 1841, *achorion schænleinii*, in honor of Schænlein of Berlin, its discoverer. From the granular mass sprout numerous cylindrical tubes (*thalli*), which extend themselves towards the centre of the crust, and, branching dichotomously, contain at their extremities (*mycelia*) numerous spherical or oval bodies, termed sporidia. The thalli frequently contain numerous molecules or granules, and are most numerous near the exterior of the crust; whilst the mycelia and sporules, mingled with more or less granular matter, abound at the centre, the whitish color of which has been ascribed to the aggregation of the sporules. In course of time, the thalli and sporules enter the hair follicles, cause atrophy of the hair-bulbs, and consequently the baldness observed in the subjects of favus, and, as may be witnessed under the microscope, at times extend into the body of the hair. The sporules are the bodies from which the plant is developed; and from the observations of Remak and others, it appears that, in the process of elimination, their investing membrane gives off shoots or prolongations which ultimately become tubes, enclosing at their extremities sporules, which in time are pressed out and become free."

Dr. Pirrie says that, from the observations he has made on this disease, he has reached the conclusion "that the peculiar matter of favus is an exudation on the surface of the derma; that this exudation becomes the seat of peculiar phytaceous growths, which, in the progress of development, penetrate the epidermis and become encysted by its scales; and the hair follicles are not the seat of disease, but only become secondarily affected."

Chemical Composition.—In analyzing the matter of favus, Thenard found (in 100 parts) albumen 70, gelatine 17, phosphate of lime 5, water 3, and loss, 5 parts.

Cause.—Extensive examinations of the works of authors who have written on this disease, reveal only the extent of the discrepancies of opinion that exist among medical men on its nature and origin. While it is shown to be contagious in many cases, it does not appear to be always so. The opinion given by Dr. Pirrie is most nearly in accordance with the philosophy of our school, and is thus given: "The impression produced in my mind by the histories and symptoms of the cases that have come under my notice is, that the *fungus*, although it occasions a certain amount of irritation, is not the sole or the original cause of the eruption, but a mere accidental growth upon a congenial soil, formed of an exudation which is itself a mere local manifestation of a *peculiar constitutional state*: in short, that the disease is owing to a *blood dyscrasia*; that from the blood is formed an exudation which is essential to the existence of the fungus; and that,

until this peculiar matter is exuded, sporules of the plant, applied to the integument, must remain inert and undeveloped. Among all the experiments to produce the disease by inoculation, in no instance yet reported was the attempt successful, till, from irritation caused by prolonged close application of the favus matter, either redness, pain, suppuration, or some other sign of inflammatory process, had manifested itself." Erichsen says the essential nature of the disease consists in the deposition of the matter of tubercle. Erasmus Wilson thinks that "defective nutrition is the real cause of the disease." Bennet considers favus to be "essentially a form of abnormal nutrition, with exudation of a matter analogous to, if not identical with, that of tubercle, which constitutes a soil for the germination of cryptogamous plants, the presence of which is pathognomonic of the disease. Hence is explained the frequency of its occurrence in scrofulous persons, and amongst cachectic and ill-fed children."

Dr. Pirrie gives the following summary of his views of favus:

1. That it is essentially characterized by the presence of a fungus, which is easily discovered by the microscope.
2. That it is peculiar to the young, and confined chiefly to the poor.
3. That it is most commonly met with on the scalp, but occasionally on other parts of the body.
4. That the hair follicles are only secondarily affected.
5. That it is, by no means, a rare disease in Scotland, being exceedingly common in Edinburgh, and having been more so, for several years past, in Aberdeen than in Glasgow.
6. That it is generally considered more common in Ireland than in England.
7. That it is a blood disorder, and that the fungus is not the sole, nor the original, cause of the eruption. It is believed to be always connected with the strumous diathesis.
8. That many are insusceptible to it, and that it is feebly contagious, and very often arises independently of contagion.
9. That the previous state of health has an important bearing on its outbreak.
10. That it is intimately connected with the strumous diathesis.
11. That want of cleanliness strongly predisposes to it.
12. That, for its removal, general as well as local treatment is necessary.

To all of these propositions we may safely assent; though we must choose our own "general treatment," which will, of course, be such as we have already indicated. The local treatment recommended by Robin, Bazin, &c., might be, to some extent, useful, if our common treatment, after a reasonable trial, shall be found to need auxiliaries, which they will perhaps never do when they are intelligently used.

Homœopathy amongst the Allopaths; being a Collection of the Evidence favorable to the Tenets of Hahnemann and his Followers. Extracted from Standard Works of the Old School. By JOHN DRUMMOND, Licentiate of the Royal College of Physicians, Edinburgh, &c. London: Henry Turner & Co. pp. 72, 12mo.

THE work of Dr. Drummond is a small one in bulk, but it opens the door to a large field of scientific truth. The author thus states his object: "I have felt more desirous to prevail upon our opponents to ask themselves individually, is homœopathy true or false? and to induce the profession, if possible, to examine, without prejudice, the success of our practice by carefully conducted experiments with homœopathic remedies, than to prove the truth and universal applicability of our system, by recording the favorable results of my own experience or of that furnished by other practitioners. I have been sanguine enough to hope that the evidence which the allopaths have themselves inadvertently given, favorable to the law expressed in the short axiom, '*similia similibus curantur*,' if carefully collected and brought together, would give the system a more important, if not an irresistible, claim; or, failing to do this, would at least demonstrate that we possess so much in common with our opponents as to render the present estrangement as unnecessary as it is unnatural." The author now appeals to the candid and liberal-minded men of the old school, and claims that the success of homœopathy, in maintaining its place among the systems of practice for more than half a century, is a strong argument in its favor. But, "as the dominant school refuse to listen to this appeal, the attack must be pushed still further. This may be prosecuted in several ways. The one which I shall select is, to criticise the writings of our opponents, and to show that the 'old school' prescriptions virtually admit the truth of the fundamental law of healing. The testimony which I shall adduce to prove this has resulted from casual observations, and is diffused widely through the pages of medical literature."

In collecting facts and authorities bearing upon the theme he has undertaken, our author displays industry, a general acquaintance with medical literature, and the skill of an experienced compiler and thinker. We notice a single admission, which we regret to see made by a defender of homœopathy. On page 15, in speaking of the size of doses, he says: "The impression amongst the homœopathists of the present day is, that the attenuation of medicines has been carried too high, and many practitioners, amongst whom I must enroll myself, prefer and invariably use the lower potencies." We are not aware that "the homœopaths of the present day" desire to make any such compromise with their enemies. We know that many individuals confine their experiments to "the lower potencies," but we also know that a large class of very successful practitioners use the higher dilutions so constantly and so efficiently that they can

never be induced to abandon them. We do not consent that any one of the strong towers of the homœopathic castle shall be surrendered merely because some of our officers do not feel able to defend it. In general, we can commend Dr. Drummond's work, and hope it will be extensively read.

Valedictory Address to the Graduating Class of the Homœopathic Medical College of Missouri. By WM. TOD HELMUTH, M.D., Professor of Anatomy.

PROF. HELMUTH'S lecture claims only to be "a plain straightforward one," in which the effort is made "to first ascertain what feelings are really uppermost in the minds of both professor and pupil upon commencement day, and afterwards point out a few of the trials and disappointments which are encountered by the physician in the first few months of his professional life." The superiority of homœopathic practice is tested by contrasting it and its grand law of cure with the confusion that prevails among allopathic authors; and their gradual recognition of its supremacy in their practice, is shown by a few extracts from late writers, &c.

"It is not necessary to detain you with the rehearsal of quotations to establish the truth of this assertion, for, from the time when the Sage of Cos handed to his followers the precept, '*Morbi plerique his ipsis curantur, a quibus etiam nascuntur—Per similia adhibita ex morbo sanatur.*'" (the most part of diseases are cured by agents capable of producing them), through the different ages of medicine, eminent medical men in their respective periods have spoken and reiterated the same sentiments. With most of these, many are no doubt familiar, from their frequent repetition in lectures, and periodicals, and controversial writings; but, for a moment, your time shall be occupied by the words, not of the ancient fathers, or of those who flourished in the middle periods of medical history, but with sentiments that must grate harshly upon the ears of those who are pleased to style themselves the august body of regular physicians of the nineteenth century. Dr. Louis Saurel, editor of the *Revue Therapeutique du Midi*, thus writes: 'Our incredulity has less to do with the *principle of similars*, which we consider rational, and frequently practicable, than with infinitesimal doses. We can easily believe that certain diseases may be cured (perhaps even *the most part*) by remedies acting *homœopathically*, provided that their dose is one agreeable to the senses.'

"Here, gentlemen, you perceive that the *principle of similars* is admitted as being applicable to the *most part of diseases*, by the editor of a largely circulated periodical. Let us now introduce for your consideration the sentiments of allopathic professors, in reference to their own system of practice. Dr. Munaret says: 'If we multiply the years from the first to the eightieth Olympiad, only up

to 1840, by that of medical men who have succeeded each other from Hippocrates to the present day, we obtain a total of several millions of years: now, what have these millions of years of study, trial and discussion given to medicine? One truth, at the very uttermost, for every thousand errors. Time lost in dreaming about senseless and foolish systems; time lost in disseminating, believing, testing them; time lost in opposing them, and bringing them to life again under new names.' Mons. Fodera, one of the greatest master allopaths of the Academy of Paris, tells us, 'we are surprised at the difference in the manner of considering disease, and the divers modes of treatment. The bold ones administer most heroic doses of medicine (doses of which the vulgar very irreverently say, it's a kill or cure); others, more timid and afraid to act, wait patiently for critical periods; one orders purgatives, another an emetic, a third bleeds, and a fourth expects to find *calomel* play the part of a universal remedy. Every thing called practice is, in fact, a whimsical mixture of the superannuated remains of all systems—of facts imperfectly observed, and of routines left us by our ancestors. Now, *if science be intended to direct us in our practice, what is that science that drives each of its disciples into different and often opposite paths?* Happily for the self-love of some and the safety of others, each physician thinks he has got hold of the right doctrine, and every patient fancies he has a good doctor.'

"In a discussion upon revulsion, in the Academy of Medicine at Paris, Mons. Marchal (de Calvi) read an essay, in which the following passage occurs: 'In medicine, there is not, nor has there been for some time, either *principle, faith, or law*. We build a tower of Babel, or rather, we are not so far advanced, for we build *nothing*; we are in a vast plain, where a multitude of people pass backwards and forwards; some carry bricks, others pebbles, others grains of sand, but no one dreams of the *cement*; the foundations of the edifice are not yet laid; and as to the general plan of the work, it is not even sketched. In other words, medical literature swarms with facts, of which the most part are periodically produced with the most tiresome monotony; these are called observations and clinical facts; a number of laborers consider and re-consider particular questions of pathology or therapeutics—that is called *original labor*. The mass of such labors and facts is enormous—no reader can wade through them; *but no one has any general doctrine*. THE MOST GENERAL DOCTRINE THAT EXISTS IS THE DOCTRINE OF HOMŒOPATHY. THIS IS STRANGE AND LAMENTABLE—A DISGRACE TO MEDICINE. BUT SUCH IS THE FACT."

The partial success of an ignorant pretender to homœopathy in getting into practice, and his subsequent failure on meeting with a case which baffles his powers of diagnosis, is well set forth in the following. Simple cases have been treated, and some of them recover.

"Recover, I say, gentlemen, and the quack receives the credit of the cure; everybody in the vicinity is made aware of the success of

the treatment; and the mock doctor, ignorant of the law, ignorant of the nature of the disease, ignorant of its sequelæ, ignorant of the medicines he has employed, acquires reputation for skill in the treatment of disease. But stop! Suppose him to have gained a position, suppose him moving in more fashionable circles, suppose him sitting in his office, and privately and triumphantly laughing at the success his boldness has achieved for him. A ring is heard at the bell, a knock at the door, and a servant hurriedly announces that the doctor is wanted immediately. He arrives at the designated mansion—a princely one, perhaps. A servant replies to his summons, and a lady meets him on the stairs and exclaims, 'Oh, doctor, my mother has been afflicted so singularly, and so suddenly! We were all laughing and talking, when her jaw dropped down. She cannot speak; she is in great distress; we are afraid she will die!' Our doctor enters the room, and finds it all too true. Nonplussed he is; but upon his ignorance, his boldness, and his impudence he relies. He looks very grave, runs over his medicines, calls for his tumblers and spoons, and finds nothing so applicable as *nux vomica* and *sulphur*; they are administered for an hour or two without effect; he returns to his office, and from thence to the house of his patient; still the jaw is rigid as ever, and every moment the pain is becoming more aggravated in character. The family, alarmed, and perceiving no benefit from the treatment, send for an educated physician, who walks complacently to the patient, examines the case, and, in a moment, remarks to the bystanders: 'a simple dislocation.' He places his thumb within the mouth, his fingers on the body of the bone, and in an instant he brings it to its position. Then, then, the invective and abuse and ridicule and contempt that are poured out, not upon the man who could not recognize a simple luxation, but against the homœopathic law of cure, against that law which you profess, and according to which you intend to practice. But, mark me, gentlemen, if any of you, at any time in your professional career, mistake a dislocation of the inferior maxillary bone for a dynamic disease of the organs, and prescribe your pills or your powders, your tinctures, triturations, or dilutions, to effect its reduction, your alma mater forthwith disowns you, and you deserve no better fate than that your own jaws be dislocated, and held so forever by permanent ankylosis."

Among the disappointments the physician may expect, the selfishness and ingratitude of the people will be found prominent.

"The graven image of the almighty dollar is the idol to which a great portion of mankind do homage. It is, in the estimation of many, the scale by which everything is weighed—the test to which all things are subjected. By its power, position is gained in society, and vice is beautified and elevated above virtue; by the wonderful influence of gold, deceit is mantled with a cloak, and judgment averted from the criminal. Many exhaust both their powers of mind, body and soul in the acquirement of riches, and sacrifice both virtue and honesty

and principle for the same end. The man of law, who rescues by his sophistries the felon from the gallows, is paid by the dollar; the minister of God, who saves an eternal soul, receives his earthly reward in the dollar; and you, gentlemen, when your half-yearly account is settled by him whose child, or whose wife, or whose mother you have rescued from suffering, whose pain you have mitigated, whose agony you have relieved, will consider his debt liquidated forever, and will laugh in your face at the mere allusion to further obligations on his part.

"This is a fact—a stern one; and I place it before you in its sternness, that you may realize its power and its truth. It is not denied that there are certain feelings of attachment that are sometimes entertained by patients for their old, well-tryed, and trusty medical adviser; nor do I mean to assert that there are not some who would unhesitatingly place themselves, and all connected with them by the nearest ties of consanguinity and affection, in the hands of their physician, believing that his learning and judgment are sufficient for any emergency wherein mortal man can be of any avail; but I do mean to tell you that, if you expect feelings of affection from the majority of your patients, or those who employ you, the disappointment will be grievous. When your accounts are settled, your patient considers himself no longer your debtor. You are, as the phrase runs, "*square*." And I might also suggest that you may find some among your patrons who *consider* themselves *square* from the first visit—so square that the idea of remuneration to a physician is as foreign to their thoughts as principle to their manhood, and who never have, or never had, any intention of returning you anything (excepting, perhaps, the most scurrilous abuse) when you recall to their minds the services you have rendered them, and which you have endeavored to estimate at a fair valuation."

The Monthly Homœopathic Review. Edited by JOHN RYAN, M.D. March, 1861. London: H. Turner & Co., 77 Fleet street.

THE present is the third number of the fifth volume. It is an octavo magazine of eighty pages, well filled with interesting articles of scientific character, and fully homœopathic in spirit.

Contents.—A Chapter on Beards; Cases from Practice, by Dr. Baikie; Pathology and Treatment of Diphtheria, by Dr. William Morgan; The Thermal Baths of the Ancients, by Dr. R. Tuthill Massey; A Review of the Annals of the British Homœopathic Society, and of the London Homœopathic Hospital; Guy's Hospital and Homœopathy. Obituary: William Baly, M.D. Correspondence: Letter from Dr. Epps; Letter from W. H. Watts, Esq.; Leamington Homœopathic Dispensary; Exeter Homœopathic Dispensary.

The editorial "Chapter on Beards" considers that subject in its historical, theological, and medical aspects, and brings us to the wise conclusion to leave the wearing or non-wearing of the beard "an open question, like the dose of homœopathsists, or the settlement of VENETIA, or that still more important question, the disruption of the *stripes and stars* in the North American confederation." Therefore, the future of the *beard*, and of the *stripes*, and of the *stars*, is modestly left "to the course of events." We must object to the introduction of the letter of Publius Lentulus into any historical discussion as a true description of the person of the founder of Christianity. This apocryphal letter was certainly fabricated by the Spanish medical philosopher, JUAN HUARTE, who died after A.D. 1580. His curious work, "An Examination of such Geniuses as are born fit for acquiring the Sciences," had gained him a high reputation, when his publication of this spurious letter as genuine was exposed by BAYLE. See his great "Dictionary, Historical and Critical," 4 vols. folio.

Electro-Physiology: Showing the Best Methods for the Medical Uses of Electricity. By ALFRED C. GARRETT, M. D., Fellow of the Mass. Medical Society. Second Edition. Boston: Ticknor & Fields. 1861.

An agent of such power as electricity is quite likely to be carried too far in the treatment of disease; and we think this is generally done by those who make it a chief reliance. From the time of Thales, of Miletus, who first mentioned electricity as a remedial agent about 548 B. C., it has been known to be capable of both causing and curing disease. A German physician employed it in curing palsied fingers in 1744, depending only on "sparks drawn from the then common electrical machine." In 1748 was published a treatise on the effects of electricity upon the living body, by M. Jollabert. The more recent works on the same subject are too numerous to be mentioned. In 1861, Dr. Garrett sends forth, in a large octavo of 716 pages, one of the most full and satisfactory works that has yet appeared. After an elaborate discussion of the principles of electricity in general, he proceeds to show its relations to the human body in health; and directions are given for its application to the treatment of a large number of diseases. He claims that, when skillfully employed, "electric remedies will quicken the action and heighten the effects of internal remedies."

On the subject of lightning (page 44), he says: "There are actual thunderbolts found in several parts of our own country, and in other parts of the globe—ponderable, tangible bodies; and one of the most marvellous specimens of these, I think, is to be seen in the cabinet of Yale College in New Haven." Webster defines thunderbolt—"a shaft of lightning; a brilliant stream of the electrical fluid passing

from one part of the heavens to another, and particularly from the clouds to the earth." Dr. Garrett seems to apply the term to a mass of "meteoric iron."

We suspect that these "ponderable, tangible" thunderbolts would be scarcely found in these days with less search than would discover one of the original "bolts" forged by Vulcan for Jupiter; and that *meteoric stones* and the veritable *electric shock* have but little to do with each other. The ancients seem to have believed that the bolts hurled by their Supreme divinity from the storm-cloud was a real physical substance, that *might* be found, though it never was. The American Indians always believed the same thing. Mr. Tanner, an intelligent resident among the Chippeways of Lake Superior, made many fruitless efforts to find the bolts that had split the forest trees before his eyes. The same thing has been sought for by many others. But, if the thunderbolt cannot be found, a curious trace may be seen, which shows where it has been. When the lightning, unable to find a taller conductor on a wide Western prairie, strikes and runs down the stake of a fence, the place where it leaves the stake can be seen. In some instances, by digging carefully through the black loam into the white sand below, a singular product will be found. The electric current, in passing, repels the sand from the centre of its path, and vitrifies enough of it at a small distance to form a *thin tube of sand, three to six-eighths of an inch in diameter and several inches in length*. The thunderbolt itself will not be found, but we may see the narrow passage through which it has escaped to the realms below. A good specimen of these lightning-made sand-tubes was deposited, a few years ago, in the museum of the Indiana Medical College.

Miscellaneous.

PROCEEDINGS OF MEDICAL SOCIETIES.

Proceedings of the St. Louis Medical Society, on the occasion of the Trial and Expulsion of G. S. WALKER, M.D., for the Sin of Homœopathy.

WE do not undertake to report in our JOURNAL the ordinary proceedings of *allopathic medical societies*; but some of the proceedings of these societies are important to the votaries of every school, and much that is of special interest to the homœopathist is elicited, in which new facts are presented, or the claims of new and old doctrines investigated. The importance of the proceedings of the St. Louis Medical Society, on the recent occasion of the trial and expulsion of Dr. G. S. Walker, will be at once understood by every homœopathist. But we fear that they will be so little understood by men of other schools, that they will hardly find a place in a single allopathic journal. We shall endeavor, then, to furnish a summary of Dr. Walker's trial to the only men who will appreciate it; and, not finding the materials supplied by the medical press, we turn to the more liberal messengers of progress, the daily and weekly newspapers of St. Louis, prefacing their report by that of "our own correspondent."

TRUTH PROPAGATED BY OPPRESSION—OLD PHYSIC IN TROUBLE—CONVENTION OF THE SANHEDRIM—EXCITED AND INSTRUCTIVE DISCUSSION. By JOHN T. TEMPLE, M.D., Professor of Materia Medica and Therapeutics in the Homœopathic Medical College of Missouri.

Shakspeare has said that

"There is a history in all men's lives
Figuring the nature of the times deceased,
The which observed, a man may prophecy,
With a near aim, of the main chance of things
As yet not come to life, which in their seeds
And weak beginnings, lie untreaured."

The month of February, 1861, has recorded one of the most important epochs in the history of the "St. Louis Medical Society." On the last day of the week, and in the closing hours of Saturday night, after the heaving and agitation of this great body for three hours, the agony of the scene was closed by an eruption of burning lava so potent, so desolating, as to sweep at once into annihilation the great law of "similia" and every one who believed in it, from Hahnemann to

Geo. S. Walker, the victim then and there to be offered, to soothe the mental agony and the physical decay of "Old Physic."

The recent sacrifice of the King of Dahomey is the only occurrence of the present age approaching it in magnitude or malignity. And certainly the chief actors in this grand drama should be appointed pall-bearers and chief mourners at the death of poor "Old Physic," which will soon happen, in obedience to the inexorable mandate of the law governing cause and effect.

The occasion being one when, from the *courtesy* of the society or the requirements of their charter, the hall was opened to all, we availed ourselves of the opportunity of witnessing so interesting a scene, and will endeavor to give a few sketches.

The committee appointed to investigate the charge of heresy against Dr. Walker nobly performed their task, and, we doubt not, felt the dignity of their office and the overwhelming responsibility of their position. We cannot too much admire the preamble and resolution, on account of the brilliant display of the *very rare power* of concentrating a great deal in a few words.

REPORT.

"Whereas, Homœopathy is not a science, but a system of quackery, originating in the brain of a charlatan and impostor, and that no regular physician can have any fellowship with a homœopath: therefore,

"Resolved, That Dr. Walker be, and he is hereby, expelled from this society."

In a few moments after the reading of this imperishable document, the victim to be offered up had not his feet and hands bound with fetters, nor his brow with a wreath, as in ancient heathen sacrifices—neither was he led forward to the altar; but, in the proud manhood of liberty, truth, and science, he stood forth before his accusers like the apostle Paul before Agrippa, and with similar results.

When this noble martyr had closed his defence, an interesting discussion followed on the adoption of the resolution, "that Dr. Walker be, and he is hereby, expelled from this society."

Dr. Hammer, professor in the Humboldt Medical Institute, made the speech of the evening. His remarks were those of a liberal-minded man, who dared to think and boldly express his thoughts before the august Medical Society of St. Louis.

He said that Dr. Walker had done no more than every physician was bound to do who had the desire to advance the science of medicine; that if the doctor should be expelled from the society for giving the 1,000th of a grain of *ipœcac.* when he found that the little dose answered better than a big one, "then," said he, "I warn you, Mr. President, that you will give this society the hardest blow that it ever received. Why, sir, I have given homœopathic medicine myself, and cured a case of neuralgia of the face with a homœopathic dose of *strychnine*, after large doses of *quinine* and other remedies had failed me. You know, Mr. President, and I know, and we all know, that our *materia medica* has no science in it, and the less we know about it the better. This would not do to say *out of doors*, although we can say it *in here*. Can we then blame Dr. Walker for seeking some better mode of curing his patients? He has told you the drugs he used, and the doses and the effects, but he has not said how it was or why it was. Sir, you call the man a *regular physician* who has a *sheepskin* and gives twenty, or thirty, or fifty grains of *calomel*, and two, three, or five grains of *opium*; and you call the man a quack who gives the thousandth part of a grain. Let me tell you, Mr. President, that if I was sick, I would take the quack who gave the thousandth of a grain to treat me, and you might take the man with his sheepskin, who gives twenty, thirty, or fifty grains of *calomel* to treat you. No, sir, I warn you to beware what you do! We have had evidence this night, in the bold, manly, and learned defence of Dr. Walker, that there are few, if any, members of this society so well posted and conversant with the medical history and literature of his profession as he."

I am happy to inform you that there were five other members of the society who opposed the expulsion of Dr. Walker. In this number of *six*, I am proud to

name Drs. Hodgkins and Stevens, professors of allopathy in our city. Their noble example of moral courage, in saying "no" to an act of tyranny (which, in a free country, has no parallel, except in medicine or religion, and we rejoice that even in these it is rare), deserves all praise from every lover of truth and humanity.

Alas! alas! "poor old Physic"—his sufferings are great, and his friends are deserting him in the very hour of need.

But hear the defence:

DR. WALKER'S DEFENCE.

The doctor commenced by giving a glimpse of his early struggles to acquire a primary education; he referred to his academic advantages, his graduation with honor in the classical college where he had entered in the junior class; also, removing to the south, where he was placed in charge of an academy at Augusta, Georgia, and Camden, South Carolina. Here he first acquired the taste for the medical profession, though, at that time, not calculating to pursue the profession of medicine. Afterwards, however, he determined to acquire a medical diploma; and having earned means enough to enable him to do so, he entered Jefferson Medical College, at Philadelphia, and in due course of time was considered worthy of the degree of Doctor of Medicine.

The doctor then appealed to the members of the Medical Society to attest to his daily walk and conversation during the nine years he had been associated with them; he referred to his devoted attendance on the meetings of the society, &c. &c. He then detailed his progress in skepticism as to the dogmas and practical value of the doctrines he had learned from his teachers and books—how he had cast about for a better way—his determination to put to the test of experiment the pretensions of the homœopathic method, which he had uniformly held in detestation and contempt. He related the result of his first application of a homœopathic remedy—his unexpected success; and in this manner the doctor led his audience on, step by step, as he carefully and doubtfully pursued his path of experimentation, until at length a full conviction dawned upon his mind that at last he had found, in reality, a genuine law of cure—a law which must ultimately bring medicine out of its present position of uncertainty and doubt, until it shall assume the proportions of a science governed by laws unvarying and certain as those which govern other departments of scientific research. The doctor denied that the gist of homœopathy consists in the infinitesimal dose, as is so commonly thought; but, on the other hand, the principle on which the remedy is administered, which principle is embraced in the maxim *similia similibus curantur*, is the whole foundation of the homœopathic system of practice. He showed that the physician who gave *mercury* to cure syphilis, or *sulphur* for the itch, or a cathartic for a diarrhoea, or applied *lunar caustic* to an inflamed eye, or *turpentine* for a burn—no matter what the prescriber proposed to himself to do—was really practising homœopathy.

Dr. Walker's early experience, in seeking light in homœopathic books, corresponds completely with that of many an honest inquirer.

"About four or five years ago, the conviction began to force itself upon me that the medical system of so-called regulars was much of a *humbug*. The traces of regular medical practice chafed me. I could not compel myself to work kindly in the harness. At this time, I concluded to look around me, and see if I could not find something better outside of medical orthodoxy. I failed. Previous to about one year ago, the amount of medicine I gave had grown "small by degrees and beautifully less," until it had dwindled down to almost nothing. My success, and the amount of confidence my patients still reposed in me, amazed me. The conviction grew gradually upon me that the less medicine was given my patients, the quicker and more certainly they recovered. As yet, the idea that there was any truth in the system of Homœopathy was not for one moment harbored. The thought never entered my mind. In 1847, I believe it was, I first saw and read the *Organon* of Hahnemann. It made little or no impression upon my mind, because I only scanned it over carelessly. Not as yet being posted up in theoretical therapeutics, my mind was not prepared to appreciate it. Some time after,

I fell in with Hahnemann's *Materia Medica Pura*, and stuck completely at the commencement of the first article, "Aconite." Hahnemann there says: "I would speak of fevers purely inflammatory, in which the smallest dose of aconite, without recourse to any of the remedies acting in an antipathic manner, causes a prompt removal of the inflammatory action, and leaves no consecutive effects behind. In measles, in purpura miliaris, in inflammatory fevers with pleurisy, &c. the efficacy of this plant amounts almost to a miracle—provided the patient observes a regimen somewhat cooling, and abstains from all other medicinal substances, as well as vegetable acids, takes it alone, and in the dose of a *thousandth part of a drop of the thirtieth dilution*. It seldom happens that a second dose appears necessary at the end of thirty-six or forty-eight hours." This was drawing a little too largely upon my credulity; and thus ended my first lesson in Homœopathy."

After curing one perplexing case with *nux vomica*, he attributed the result to Nature's unaided powers. But—

"The incident did not escape my memory. It revolved in my mind, and led me to ponder upon the law of *Similia Similibus Curantur*. In my practice, I could recall many unexpected cures I had made, which certainly seemed to agree with it. I remembered that while in California in 1849 and 1850, scurvy prevailed, and many succumbed to it. Lime juice, potatoes, fresh meat, &c., was the treatment. These, however, whenever diarrhœa came on, did no good, but rather harm. In the spring of 1850, I fell in with a quack, who had only been a dentist in the States, who had quite a reputation for the cure of the scurvy. He frankly told me his treatment was to commence with one grain of blue pill, given at bedtime, and in twenty-four or forty-eight hours to follow it with lime juice or cream of tartar. If the patient did not improve, in a day or two he repeated the blue pill. I never saw him fail to cure his scurvy patients in a week or two. In my own practice afterwards, I followed the same treatment empirically, and was more successful far than with any other. I even acquired quite a local reputation upon it. This treatment, so contrary to all authorities upon the subject, I stated to this society in 1853. The scurvy of California, during the first years of the "gold fever," was so similar in almost every respect to the effects of mercury, that it was a favorite theory of many up in the mountains that the water everywhere contained it in solution, and that the various symptoms characterizing scurvy were the real effects of mercury."

He now ventures cautiously to experiment with *aconite* in the treatment of fevers, &c., first using the tincture and then the dilutions.

"After feeling my way in this manner for a month or so, and becoming still more convinced of there being truth at the bottom somewhere, I commenced to dilute a little more, and got up to the second and then to the third dilution, above which I have never experimented. In the action of these several dilutions, I could see very little difference. I believe, if there was a difference, it was more favorable for the second or third than the first. I do not pretend that every case in which I tried the *aconite* proved favorable; yet I now believe, if I had possessed sufficient confidence to have continued it, and not resorted to allopathic remedies, many of my patients would have been relieved sooner. The conviction grew upon me that there was truth in the law of *Similia Similibus Curantur*, and divesting myself of prejudice, I bought a few books and a few medicines, and determined to give it a fair and a thorough trial."

The Doctor, having given this interesting synopsis of his own experience of Homœopathy, and expressed his faith in its truth, fortified his own observations by extensive quotations from the best authorities, both ancient and modern, all showing that the Homœopathic principle of application of curatives has always been recognized as constituting an important principle in the cure of disease, and also that the more recent leaders of medical opinion have fully endorsed it, and that really a great amount of all successful treatment pursued by the dominant school can only be defended or understood, except by the aid afforded by the knowledge of the law of cure embraced in the maxim, *Similia Similibus Curantur*. He thus quoted from Watson, Wood, Liston, Forbes, Symonds, and others.

Dr. Walker finally closed the medical part of his defence by most firmly announcing to his medical brethren that, whatever they might do—whether they

expelled him or not—he should continue his course, which had yielded such brilliant and satisfactory results to his imperfect experiments, being determined to leave no effort unattempted in order to acquire a more minute and thorough knowledge of a system of practice which had so unexpectedly yielded to his anxious mind such happy confirmation of its truth. The Doctor then examined, very briefly, the Constitution and By-Laws of the Medical Society; showing that no creed or articles of faith are required for membership; that none had been presented for his acceptance or his admission, and that none had been added; hence, as there can manifestly be no standard of orthodoxy presumed, so there can be no expulsion on the ground of heterodoxy. It is utterly impossible to convey, in so imperfect a synopsis, an idea of the Doctor's masterly defence. Suffice it to say, that while it was sharp and cutting in many points, yet a high and courteous bearing was manifest throughout.

Drs. Stevens and Scott then took strong grounds against the expulsion of Dr. Walker, and made remarks which were both liberal and sensible.

Dr. Coons then addressed the society, holding Dr. Walker to account for entertaining views favorable to Homœopathy.

After which, Dr. Hammer arose and gave his views in the following strain:

"He had been," he said, "totally unaware, till he came into the hall, of the special order of the evening. He wished the society to remember that he had never been a defender of quackery, and that he had been repeatedly and especially severe against that form of it exhibited among Homœopaths. Aware of his views, the society could have no occasion to misapprehend his forthcoming remarks." He then exposed the many shortcomings of the science of medicine, and demonstrated how inconsistent it would be to punish others for crimes they themselves commit.

"It demanded," he said, "infallibility on their part to justify sentence of excommunication for fallibility of judgment in others. The society did not prescribe, nor could it with any justice prescribe, a set form of practice. Perfect freedom of thought and of investigation was the very essential of a scientific man; and it was not in accordance with the spirit of science to reduce the operation of the mind to the mechanical exactitude of a machine. The right of judgment remained unimpeachable. As well might we justify proscription for this or that form of religious worship or belief, as proscribe a man for the exercise of his judgment in a question of science. He had listened attentively, with admiration, to Dr. Walker's manly and learned defence of himself, and was happy to tender him his most hearty sympathy. It would be a lasting disgrace to the society to expel a man who had shown himself to be so well informed in his profession, so fervent and true in endeavor. He had become convinced of one thing from the exercises of the evening—that Dr. Walker was a ripe scholar, and an ornament to the profession—a man of whom they ought to be proud. To expel him would be a loss to the society, and an act they would bitterly and deservedly repent. Dr. Walker had been guilty of no offence, recognized as such by the By-Laws of the Association; but, on the contrary, had conducted himself as a worthy member and scientific man. He denied that the accused was a homœopathist, in any sense meriting their censure. The distinction that it behooves them to make between the regular practice and Homœopathy was quackery, and therefore reprehensible, because it encouraged the dispensing of remedies at the hands of the ignorant, who, armed with a little manual and a box of pellets, assumed all the dignity and importance of the learned; but when a practitioner, educated in all the departments of medicine, saw fit, in his mature judgment, to administer minute doses, or to practice in accordance with the assumed law—*Similia Similibus Curantur*—he was in no reprehensible sense a Homœopathist. He (Dr. Hammer) had been guilty of the same offence, if offence it were." The Doctor concluded his remarks by conjuring the society not to bring discredit upon themselves, which they would do by expelling Dr. Walker.

Then Dr. Johnson, the mover of the resolution, took the floor.

"He knew, though not directly attacked, allusion was made to him in that part of Dr. Walker's defence reflecting upon members of the society engaged in the vending of patent medicines." He maintained the purity of his motives and

the rectitude of his character by saying, when engaged in the *traffic* of medicine, he had not yet embarked in the *profession* of it. Thus successful in his defence, he argued at considerable length the question at issue.

Again Dr. Hammer arose, and solemnly reiterated his warning to the society not to expel the accused.

The resolution, however, passed, and Dr. Walker was expelled.

Hahnemann Academy.

Wednesday Evening, April 2d.—President Dr. D. D. SMITH in the Chair.

Present—Drs. Hunt, Ball, M. Freligh, E. G. Freligh, Petherbridge, Hallock, Lilienthal, and Leach.

Dr. Leach was appointed Secretary *pro tem.*, in the absence of the Secretary. The reading of the minutes of the previous meeting was dispensed with.

Henry E. Mills, M. D., presented his diploma and degree of Doctor of Medicine, which were approved, and he signified his intention of subscribing to the constitution and becoming a member of the Academy.

Dr. M. Freligh reported a case of puerperal peritonitis, which proved fatal on the fourth day after delivery. The case presented many peculiarities, as there were no premonitory symptoms or apparent assignable cause. The lady's health had been good, and she made but few minor complaints during her pregnancy; had taken quite active exercise up to a short period previous to her confinement; her labor was comparatively easy and expeditious, occupying but about one and a half hours; her infant (a male) ordinarily strong and healthy. After the application of the ordinary appliances, bandages, &c., she was placed in an easy position and appeared comfortable. Three-quarters of an hour after, she was seized with a severe convulsion. The reaction developed very general peritoneal inflammation, which rapidly increased; the breathing became almost entirely thoracic; urine highly albuminous; and, notwithstanding the most prompt treatment and constant attention by physicians, nurse, and friends, she gradually sank and died, as stated above, on the fourth day. The peculiarity of the case is, that the *post-partem* puerperal convulsion, occurring so soon after delivery, in the absence of every other symptom that might indicate a threatening condition, should develop a disease so rapid and malignant in its character.

Dr. Hallock cited two analogous cases, which occurred in his practice within a few years past.

Dr. Lilienthal mentioned two or three cases in which *post-partem* convulsions developed the disease, one of which he had treated successfully with *morphine*, *quinine*, and brandy, after she had been given up by her medical attendants.

Dr. Freligh stated that "puerperal peritonitis" was quite prevalent in the city at the present time, and epidemic in some localities.

Dr. Hunt enquired whether it had been noticed that the disease under consideration was associated with or influenced by any of the prevailing diseases, such as the ulcerated throat, the muco-catarrrhal fevers, or erysipelas, and cited several interesting cases where puerperal peritonitis appeared to be associated with a peculiar form of erysipelas, which prevailed as an epidemic about 1844, and both depending upon a similar malignant principle.

Dr. Ball reported a case of fatal, well-marked diphtheria, characterized by the buffy formation on the palate and tonsils, aphonia, and impeded respiration.

Dr. D. D. Smith cited several cases of croup, in which he had experienced the most happy effects from the use of *iodine*, as recommended by Dr. Hallock at a former meeting of the Academy. Dr. Smith considers it particularly applicable in membranous croup, and more particularly in those of a strumous habit, but not reliable in nervo-bilious or sanguine temperaments.

Dr. Ball thought it important to closely discriminate between the different forms of croup, particularly the ordinary catarrhal and spasmodic forms, which generally terminate favorably, whatever treatment may be adopted, and the mem-

branous; and he considered it necessary for certain premonitory symptoms to exist previous to a development of membranous croup.

Dr. D. D. Smith cited several cases where the disease was very sudden in development, and terminated fatally in a few hours.

Dr. Petherbridge thought that the reason why *iodine, bromine, bichromate of potas., iodide of mercury,* and other specific remedies have failed, is that sufficient attention has not been paid to the reducing of inflammatory symptoms previous to their administration; and if there existed a degree of coldness and want of action, the system should be brought up to an equitable standard.

Another Convert.—The Homœopathic Medical College of Missouri—Its Degree.

ST. LOUIS appears to be at present the theatre of great commotion among the schools; and we may safely say that the establishment of its college is, perhaps, the means by which many who had not particularly inquired into the homœopathic law of cure have been led to investigate the doctrine, and to renounce former errors.

The reputation of the St. Louis College is almost unparalleled, when we consider the age of the institution. It has received applications for its degree from England, France, and from Asia; and also from allopathic physicians of our own country, who have seen fit to change their method of practice. It may not be uninteresting to the uninitiated to ascertain the method by which the faculty of the college assure themselves that those whose position does not allow them to visit the city of St. Louis are entirely worthy of the degree. They appear very well acquainted with the fact that many would, under false pretences and with false credentials, endeavor to receive from a chartered institution the rights and privileges of Doctor of Medicine; and they know the great discredit which has attached itself generally to our school from the deficient knowledge of many who style themselves homœopathic practitioners. Suppose the applicant to be a foreigner, who corresponds with the Registrar and the Dean of the Faculty, requesting the honors of the college. He receives reply, that it is necessary that he should appear before the American consul of the country, and have a written certificate from him, under seal, as to his diplomas, both literary and scientific. After this proceeding, he is summoned to appear before other homœopathic physicians of good standing, who, acting as censors, conduct an examination, and by letter inform the faculty as to qualifications, &c. Upon the receipt of these, with the requisite amount of fees, the college confers the special degree of Doctor of Homœopathic Medicine upon the applicant.

In the city of New Orleans, during the month of March, an allopathic physician (Dr. Alexander Le Mat) publicly renounced his belief in the system to which he had been educated, and desired from the St. Louis College its degree. We have been favored by that institution with the correspondence, which will illustrate the method of procedure. It is as follows:

(Copy.)

No. 1.

NEW ORLEANS, Feb. 24th, 1861.

Gentlemen of the Homœopathic College, St. Louis, Mo. :

Dear Sirs—After twenty years of a laborious practice in allopathy, convinced and happily enlightened by the merits of the humanitarian doctrine of Hahnemann, I come and ask you to confer on me the diploma of your faculty.

I abjure and renounce into the hands of the masters of your school, all the errors of the past, in order to join the only true apostles in the healing art.

Please receive, gentlemen and esteemed colleagues, the expression of my high consideration.

A. LE MAT, D.M.

Member of the National Institute in Washington, &c. &c.,

No. 2.

[State Seal.]

*State of Louisiana: Mayoralty of New Orleans, }
City Hall, 28th day of February, 1861. }*

This is to certify, that Dr. A. Le Mat is a resident physician of the city of New Orleans, and the recipient of several diplomas from European and American medical and scientific societies.

JOHN T. MONROE, *Mayor*.

No. 3.

*Cabinet du Docteur Pazil,
du College Homœopathique de l'Ouest,
Cleveland, Ohio.*

(Translation.)

I, undersigned, Doctor of the Western College, Cleveland, Ohio, attest, upon the homœopathic faith, that Dr. Alexander Le Mat, late allopathist physician in New Orleans, enlightened by experience upon the truth of our doctrine, has broken absolutely with all the superannuated proceedings of the old schools; that he wants to abjure into your hands, and ask you, for seal of his abjuration, the diploma of your college, which, without adding to his convictions, will confirm them, give them regularity, and make them authentic.

He is worthy of it; and under the profound persuasion that you will satisfy his demand,
I truly remain, yours, &c., PAXIL.

No. 4.

*Cabinet du Docteur Dupaquier,
du College Homœopathique,
St. Louis, Mo.*

NEW ORLEANS, February 25th, 1861.

R. E. W. ADAMS, *Registrar* :

Dear Sir—The welfare of homœopathy, and its progress, being our sincere and ardent wish, we can but feel gratified at the idea that a new convert, truly convinced, will strive to become a worthy champion of our doctrine.

I will, on the present occasion, warmly support Dr. Le Mat, as I consider him able and worthy of bearing the title of homœopathic physician, certain that he will help, by all his efforts, the advancement of our cause

Yours respectfully,
A. DUPAQUIER, M.D.

This careful method of procedure in dispensing its favors, although for a time it may prevent certain unworthy individuals from enrolling themselves as students of the St. Louis College, will certainly in the end enhance the reputation of the institution, and give importance to its certificates of approval.

The St. Louis men are busy in the cause. An hospital, a dispensary and a college have been established within a short period of time, and the allopathic fraternity must feel the growing impetus of that science which is already in the halls of its own chosen societies. Elsewhere in this number will be found an account of Dr. Walker's expulsion from the St. Louis Medical Society, for the sin of Homœopathy. The work goes bravely on!

HOMŒOPATHIC MEDICAL COLLEGES.

In noticing the progress of Medical Education in the United States, we desire to communicate such intelligence as we are able to obtain. When we fail to report the condition of any one School, it will only be when we have failed to obtain from it the information we have sought for through our correspondents. We proceed to notice the Colleges from which reports have been received. Our

Journal, it will be remembered, is the organ of Homœopathy; not of a sect, a clique, or a single institution.

Let students select their own places of learning, and when they have chosen the locality and have travelled miles to be instructed in those principles which we believe to be the only true ones in the treatment of disease, let each professor work—work hard and earnestly, to impart that knowledge *which will elevate the standard of homœopathic medical education in this country.* Let all bitterness, and wrath, and evil speaking be done away. The cause is a great one. Let liberality of sentiment and generous good fellowship prevail among those who assume the responsible office of teachers. Let the emulation be, not for mean pecuniary resources (which *never*, in young institutions, can amount to anything)—not for a jealous rivalry of personal advancement, but for a high-toned system of medical education, and respect for those principles of ethics which shall elevate the whole body of our profession.

Homœopathic Medical College of Missouri.

The Homœopathic Medical College of Missouri appears to be in good condition, as appears from the list of matriculants and graduates appended to the published valedictory address elsewhere noticed in this number. We are informed that a most full and satisfactory course of instruction in all the branches was given, and that the professors were often gratified by the presence of students from the allopathic schools. The dissecting room, during the recent session, was abundantly supplied with material; and regular demonstrations on the *cadaver*, ample illustrations by means of numerous casts, and operations on the dead or living body, presented every possible facility for the acquisition of surgical knowledge. Professor Harris, who had acquired high reputation in the Russian service during the Crimean war, and in acknowledgment of which he was decorated by the Emperor of Russia, performed before the class every operation required in the most extensive practice, including amputations, lithotomy, the ligature of arteries, &c. In obstetrics, manipulation with the phantome was practiced by each applicant for graduation, &c. In *Materia Medica*, specimens of all the plants, minerals, and metallic substances were exhibited; and their modes of preparation, symptomatology, and clinical effects in the treatment of disease were presented. In *Anatomy*, the demonstrations were full and complete, involving, in the most minute manner, every organ, tissue, and system of the body. The College is amply supplied with casts, plates, and wax preparations of great perfection and beauty. In the *Practice of Medicine*, the course involves all the essentials of the theory and treatment of disease, in addition to those minutia which are only acquired by long experience. The theory and practice of Homœopathy, the elements of *Physiology*, and all the collateral branches, are lucidly and fully taught.

A Homœopathic Dispensary is in operation within the College building. The College Museum contains about 100 anatomical and surgical casts, taken from recent dissections, illustrating the surgical anatomy of various important regions; models; plates; instruments and specimens, illustrating every branch, are numerous and complete. The College building is large, commodious, convenient, and free from the incumbrance of debt.

Western Homœopathic Medical College.

The Cleveland College was never in a more prosperous condition than at present, and the prospects for the future are good. From a circular received, we learn that the whole number of students for the session of 1860-61 was sixty-eight.

The graduating class numbered thirty, showing, therefore, that the class in attendance was larger than ever before; and they are stated to present an unusually high order of character and scholarship. "The abolition of the thesis system, and the substitution of written answers by candidates for graduation, has proved so satisfactory that the regulation has been made permanent. An effort was made, during the recent session, to render instruction in medical jurisprudence more practically useful by the institution of mock trials, in which students should be subjected to critical examination as professional witnesses. The result was so gratifying that it will hereafter be put into full operation. The facilities for the prosecution of practical anatomy are hereafter to be secured by furnishing the necessary material for dissection at the opening of the session. This School is now safely and permanently established. It has an able and harmonious Faculty, of whom six reside in Cleveland permanently; and the financial condition of the institution is much better than it has heretofore been."

New York Homœopathic Medical College.

This institution closed its first course of lectures on the 27th of February last, and on the ensuing day conferred the degree of Doctor of Medicine on twenty-six young men, who were pronounced highly qualified and competent to practice medicine and surgery according to the laws of this State. Several of the graduating class had before received diplomas at allopathic schools, but felt themselves incompetent to assume the duties of practitioners of the healing art, without receiving further instruction, and a diploma, from a homœopathic college. They accordingly attended a full course of lectures, underwent a rigid examination, were diplomated anew, and have gone forth on their mission of mercy.

The friends of the college may well congratulate themselves on the success of this new fountain of medical knowledge. It is no disparity to kindred institutions to say, that the history of medical instruction in our country furnishes no parallel to the success of this young giant, who stands forth, in a few months after his birth, clothed with strength and maturity, and that ripened capability usually reached only after years of toil and hard labor. It may be said of the members of the faculty of the New York Homœopathic Medical College, that they labored during the last session with untiring zeal to promote the interests of the institution, and impart an amount of instruction commensurate with their wishes to place the college on a level with the best institutions of the country.

The arrangements for the future are such as must satisfy the hopes of the most sanguine friends. The lecture-room has been enlarged—a commodious laboratory constructed—new apparatus procured—choice chemicals purchased—vacant chairs filled—anatomical material engaged—a valuable herbarium secured, and every arrangement made to furnish students with the means of acquiring medical knowledge in a manner consistent with the position of the school and the wants of this community. It augurs well for the college, that the professors are engaged daily, during the vacation, in making preparations for the full term. And it is regarded as a foundation of hope, that already a large number of students from the north and south have indicated their intention to patronize the college at next fall and winter term.

New York County Homœopathic Medical Society.

(Memoranda of a former meeting.)

DR. FRELIGH also reported a case where abscesses had formed on each side of the neck, at the angles of the jaw, in a little girl, five years of age. The abscesses were alike, large and full. He opened one, and it discharged a large quantity of pus. He did not lance the other, but in a few days it entirely disap-

peared under the use of *silicea* and *hepar*. Dr. Freligh mentioned this case as showing that, contrary to the opinion of the high medical authorities, pus may be absorbed, and the largest abscesses may in this manner be entirely dispersed.

Dr. Belcher spoke of several cases of abscess in the lumbar region characterized by much swelling, florid surface, fluctuation, &c., which entirely disappeared, and health was completely restored, after the abscess had been dispersed by absorption. He also mentioned a case in which inflammation commenced in the shoulder-joint, and a phlegmon formed and suppurated on the outer part of the humerus; matter gathered in two separate points; fluctuation was distinct. He waited a considerable time, and opened one; nothing was discharged but thick creamy matter, half fibrous, and the other abscess disappeared. Soon after this, the hip enlarged, with considerable swelling and fluctuation; but this soon began to improve, and the patient recovered without opening. Dr. Belcher objects to poultices in nearly all cases—believes they encourage the secretion of an undue amount of pus. In abscesses, tumors, boils, &c., he uses *Ledum Palustre*, internally and externally—also other remedies, as indicated. He reported some cases of malignant pustule, treated principally by *Rhus*. and *Arsenicum*.

Dr. Hallock spoke of a carbuncle he had lately treated, in which the cavity was two inches in diameter. It healed quickly under the use of *Arsenicum* and *Silicea*.

On motion, the meeting adjourned.

The American Institute of Homœopathy.

The eighteenth annual meeting of this great society will be held in Cincinnati, June 5th and 6th. I write the following lines, calling especial attention to the objects of that meeting, not in place of, but in addition to the regular notices of the General Secretary:

By a reference to the list of subjects upon which special committees are expected to report on that occasion, it will be observed, matters of great importance will come up for consideration.

That each may receive the attention due, I would respectfully suggest that all the members make it a point to gather up their knowledge, their experience upon those subjects, and to present it after the reading of the regular reports. In this way, we can better accomplish the great object of the Institute, "the improvement of the science of medicine." Our journal of proceedings would then exhibit the rich fruits of mature deliberation, the results of thought, the gatherings of observation, and experience winnowed and sifted by discussion.

It is to be hoped, then, that many of our vast number will come together at Cincinnati, prepared not only for a pleasant reunion, but also for a most useful offering and interchange of views. Let us lay the cares of daily practice, of professional drudgery, aside for a few days, and meet together as those who strive to show "who best can work and who best agree."

D.

New York Homœopathic Dispensary,

West Thirty-Fourth Street, one door West of Broadway.

This Institution, incorporated in 1860, under the general Act of the Legislature, and opened May 28th of the same year, made the following report of its operations for the seven months ending Jan. 1, 1861:

The number of patients treated in the various departments was as follows:

Diseases of Women and Children.....	252
" Head and Abdomen.....	209
Surgical, Dental Department, and Diseases of Eye and Ear....	231
Diseases of Chest and Throat.....	145
" the Skin.....	42
Visiting Department.....	84
Vaccine ".....	50
Total.....	1,013
Total number of prescriptions.....	2,628

Bond Street Homœopathic Dispensary.

The sixth annual report of the flourishing institution located at No 59 Bond Street, N. Y., presents the following result of its operations during the year ending February 1, 1861. During the year, 3,018 patients have been treated, and 9,132 prescriptions given. Of the 3,018 cases treated, 2,240 were cured, 136 were relieved; the result of treatment in 402 cases is unknown; 16 died; and 224 remained under treatment at the end of the year. The tabular statement appended gives the number of cases of each disease, with the proportion cured, &c. Out of about 75 different affections treated, we select a few as specimens, which furnish a satisfactory view of the success of Homœopathic Dispensary practice:

	Cases.	Cured.	Relieved.	Result Unknown.	Died.	Remaining under Treatment.
Amenorrhœa.....	97	79	..	11	0	7
Ascariides.....	73	54	..	18	0	1
Cephalalgia.....	78	59	6	3	0	10
Cholera Infantum.....	121	99	..	18	4	..
Constipation.....	158	97	13	28	0	20
Diarrhœa.....	109	95	..	10	0	4
Dyspepsia.....	61	42	8	5	0	6
Dysentery.....	70	55	..	13	2	..
Neuralgia.....	51	26	12	8	0	5
Ophthalmia.....	45	33	2	6	0	4
Pneumonia.....	26	19	..	3	2	2
Rheumatism.....	107	71	11	16	0	9
Scarlatina.....	20	14	..	5	1	..
Scrofula.....	26	11	10	4	0	1
Syphilis.....	28	19	..	6	0	3
Surgical Cases.....	77	65	..	12	0	..
Tonsillitis.....	65	52	..	10	0	3

Through the untiring perseverance of its founder, Dr. Fulgraff, the Bond Street Dispensary presents a better financial aspect than any other Homœopathic Dispensary in this city. The whole sum received for the year, including \$16.00 on hand at its beginning, was \$925.00; expenditure, \$922.75. This liberal support by his enlightened and philanthropic patrons enabled the manager to add

largely to his former facilities for treating surgical cases. Among his recent acquisitions, we notice many surgical instruments, Day's surgical splints, electro-magnetic apparatus, a laryngoscope, and the commencement of a medical library for the use of the attending physicians and students.

Central Homœopathic Dispensary,

No. 15 East Eleventh St., N. Y.

The Trustees of this Dispensary report that "during the past year 1,053 cases of various forms of disease were treated, and 2,960 prescriptions given—making a total of 6,498 cases and 18,303 prescriptions since the foundation of this, the oldest of the homœopathic dispensaries now in existence in New-York." Expenses of the current year, \$236 63; receipts, \$234. This Dispensary was established May 1st, 1854; incorporated in April, 1858.

Homœopathic Dispensaries ought to be established and liberally supported in every town and city in which there is an increasing number of sick and suffering poor who are unable to pay for the medical attentions they need. These cheapest and best of all charities meet the first want of that out-growth of feudalism called modern civilization. The increasing burden of pauperism will never be lightened by any measures that do not involve the curing of those who are unable to work; and the disponding invalid must be cured before he sinks into incurable disease and hopeless poverty. Homœopathic Dispensaries do what they have the means of doing at the *smallest possible expense*; and, if all the money raised for benevolent purposes were as judiciously expended, pauperism, with all its attendant miseries, would be obliterated from every American city.

Michigan State Prison.

The Michigan Penitentiary has, for the last year, been under the medical supervision of Dr. J. B. Tuttle, an able practitioner of Homœopathy. Some of the results of his treatment may be seen from the following extract from the Prison Inspector's Report for the year ending November 30, 1860:

"The excellent sanitary arrangements of the prison are attested by the facts that, while the average number of convicts during the last year has been more than twenty-three per cent. greater than in the previous year, but six deaths (including one by suicide and one by accident) have occurred, against eleven in the preceding year; but 5,199 days labor have been lost by sickness, against 8,645 in the year ending November 30, 1859; and that but about one-half the amount of hospital stores have been required."

TO CORRESPONDENTS.

Several valuable communications have been received too late for this Number; they will appear in our next. Again we must request our friends to forward their communications at the earliest possible date after the present Number is received.—EDS.

Obituary.

DR. ALFRED FREEMAN.

DR. FREEMAN was born November 6, 1793, at Salem, Washington County, New-York, where he received his early education, and where he commenced the study of medicine under the instruction and guidance of Dr. Asa Fitch. During his preparatory training, he was called upon to bear arms in defence of his country, at Plattsburg. In 1827, he graduated as a physician at the New-York School of Medicine, and for the succeeding seventeen years he devoted his time and energies to practice in and around the region of his birth, where, by his assiduous attention to business, sympathy with the suffering, honorable and circumspect deportment, he gained a very strong hold upon the affections of the community. In 1834, he came to this city, and, though acquainted with few, he gradually worked his way to eminence. This was not the result of any shining qualities that brought him prominently into notice, neither was it by assuming anything that did not naturally belong to him—from all shams and pretences he instinctively recoiled; but it was from a love of his profession, a sympathy with the afflictions of others, a hand ever ready to administer to the wants of the suffering, a quick perception of their condition, and a strong self-reliance. To his calling he devoted all his powers, and soon gathered around him a host of friends, who clung to him with increasing attachment to the last. A man of few words, his acts revealed his character. For some twenty-four years, he practiced according to the old-school method; but through the earnest desire and recommendation of a brother physician, who was convinced of the truth and benefit of homœopathy, he was induced to try it, and met with such success that, after study and investigation, he adopted the law of *similia similibus curantur* as the true law of healing. On Wednesday morning, February 6, his left side was partially paralyzed. Another and more severe attack was experienced on Thursday morning. He lingered in this condition until Friday afternoon, February 8, when he passed away.

At a meeting of the Homœopathic Society of the County of New-York, held on the 13th inst., the following resolutions were adopted:

Whereas, It has pleased the Allwise Disposer of Events to remove from our midst, by the hand of death, our esteemed friend and faithful fellow-laborer in the profession, Alfred Freeman, M.D.; therefore,

Resolved, That by the death of Dr. Alfred Freeman, this Society has sustained the loss of one of its most valuable and esteemed members, the community a man of unsullied integrity and vast usefulness, the sick and afflicted a friend whose heart was ever ready to sympathize with, and whose hand was ever open to relieve, their suffering. His untiring devotion to the duties of his profession, as well as the many excellent qualities, both of head and heart, for which he was so eminently distinguished, will be ever held in most grateful remembrance by the surviving members of this Society.

Resolved, That we herewith tender to the family and friends of the deceased the assurance of our heartfelt sympathy in this, the day of their affliction, while at the same time we can but congratulate them on the support and consolation they must derive from the recollection of his many shining virtues, and the assured confidence of a reunion in that land where separations will be unknown, and where death itself will be lost in immortality.

Materia Medica and Toxicology.

PATHOGENETIC CHARACTERISTICS OF DRUGS.

BY J. S. DOUGLAS, M.D., OF MILWAUKEE.

Continued from page 232 of Vol. II.

Cimex lec.

Frequent yawning, as if she had not slept well, with a feeling of coldness on the skin, and a sensation as if the wind were blowing on the knees for several hours.

At the setting in of the chilly stage of fever, her hands became clenched; she becomes vehement, would like to tear everything to pieces, and is scarcely able to restrain her rage.

During the chilliness all the joints are painful, as if the tendons were too short, especially the knee-joints, which are entirely contracted, so that she is unable to extend them; when attempting to extend the lower limbs, she has tensive pains in the thighs. A good deal of thirst during the apyrexia, but little during the chilly stage, still less during the hot stage, and none during the sweating stage.

Musty-smelling sweat, very offensive.

Any attempt to stretch the lower limbs or arms occasions a painful tightness in those parts.

Cicuta virosa.

Acts pre-eminently upon the nervous system. He imagined he was not living in his usual condition and circumstances; everything appeared to him strange and almost terrible. He felt like a child seven or eight years old. Stupid feeling of the head, with chills; the neck felt stiff, and the muscles too short. The headache is relieved by emission of flatulence. Stares persistently at objects; when aroused from her staring, relapses into the same state, the pulse being 50. When sitting on a chair for some time, the head gradually falls forward, while the eyes continually stare at the same point, so that the pupils, in proportion as the head inclines forward, get behind the upper eye-lids; after which she feels a jerk internally, which brings her back to her senses for some time, when she relapses into a state of insensibility, from which she is roused from time to time by a sort of internal chill.

Hemorrhage from the ears. (Blood comes out of the ears. Cro-talus.)

Throbbing in the pit of the stomach, which had become raised to the size of a fist.

General convulsions, and tonic and chronic spasms in an eminent degree. The most violent tonic spasms, so that neither the curved limbs could be straightened, nor the straight ones curved.

Suppurating eruption on the face, with yellow scurfs and burning pain. Lentil-shaped, dark-red pimples on the face and on the hands, with burning pain when first coming out, and flowing into one another afterwards.

Cina.

Headache, alternating with pain in the abdomen.

The child leans the head on one side. The child bores its fingers into its nose until it bleeds.

Anguish about the heart, as though he had committed some evil deed, *when walking in the open air.* (This abnormal conscientiousness is not, in itself, peculiar. *Ars., Cyclam., Digit., Merc., Nux., Ruta., Verat., Zinc, &c.*, cause a similar condition, and *Coffea* is said to cure it.)

Digging up pain in the epigastrium with a feeling of crawling of numberless worms.

Uterine hæmorrhage before the age of menstruation.

Previous to a coughing fit, the child raises itself suddenly and stares around, the body is rigid; it is unconscious as if it would have an epileptic fit. After coughing the child moans, is anxious, gasps for air and turns pale.

The *Cina* headache is diminished by stooping. (See *Daph. Mez.*) In the *Cina* Fever, the face is cold and the hands warm.

Clematis erecta.

Swelling of the sub-maxillary glands with hard little tubercles, throbbing, tight as if they would ulcerate, painful when touched and exciting a tooth-ache.

Swelling of the testes in common with *Kali carb. Spongia, Copaiva,* and *Plumb. acet.* Swelling of the right testicle in common with *Aurum. Arg. nit. and Nit. ac.* Swelling of the scrotum, or the right half only. (*Phos. ac.* produces swelling of the left.) Several drugs produce swelling of the whole scrotum, as *Ars. Puls. Canth. Ig. Brom. Rhus.*

Urgent desire to urinate without pain. Long lasting contraction and constriction of the urethra; the urine can only be emitted drop by drop.

Distinctly perceptible pulsations in the whole body especially about the heart.

Cocculus.

Head-ache as if the eyes would be torn out. Convulsive trembling of the head.

A sort of choking constriction of the upper part of the œsophagus oppressing the breathing and inducing cough. A sort of paralysis of the œsophagus preventing deglutition. Dryness of the œsophagus. Excessive nausea and inclination to vomit when riding in a carriage. An inclination to vomit comes on when becoming cold or taking cold. Sensation in the stomach as if one had been a long time without food till hunger was gone.

When lifting the arm after a meal, he feels an excessive drawing bone-pain in the shoulder joint and long bones of the arm; when touching the parts they feel bruised and contused. Cold sweat now of one, now of the other hand. First one hand is insensible as if gone to sleep, then the other. Both hands, first one then the other alternately hot or cold. Intolerance of both cold and warm air.

The limbs are painful when moved as if they would be broken or crushed by bending. Pain of the muscles when touched. Intensely painful, paralytic drawing, beginning with a jerk in various parts of the limbs, apparently in the bones.

*Coffea Cruda?**Colchicum.*

Brown, black urine.

Colocynthis.

Tearing and digging pain through the brain, increased intolerably by moving the eyelids; sharp cutting in the eye-ball and burning and cutting as with knives.

Tongue rough as from sand and feels scalded. Stinging in the velum palati as from a beard of grain sticking in it.—The colocynthic colic is peculiar. Each paroxysm of pain in the abdomen is attended with a general agitation and a chill over the cheeks ascending from the hypogastrium. Intense pain at a small spot below the umbilicus. Feeling at the umbilicus as after taking cold. Pain in the abdomen only when walking. Tenderness of the umbilical region with swelling. Pain as if the bowels were in a vice with cutting pain downwards, eased by pressure. Feeling in the abdomen as the bowels were squeezed between stones and would burst. Colicky pain with distension of the abdomen. Cutting in the abdomen obliging one to bend double.

Mouldy or musty odour of the evacuations from the bowels.

Small, red, hard, tough crystals in the urine, adhering firmly to the vessel. Gelatinous urine. (Also, *Phos. acid.*) Urinous odour of the perspiration, (also *Berberis* and *Nit. ac.*)

Pain of the stomach always with pain of the teeth and head.

Conium mac.

The head symptoms as a group. Head-ache with nausea and vomiting of mucus. Stupifying head-ache in the outer part of the head. Head-ache in the morning as in epidemic fevers, as if the brain were torn, especially towards the occiput. Head-ache early in the morning as if the head had been bruised by blows, or would fall to pieces. Semi-lateral, gradually increasing head-ache as if the head had been bruised and as if a load were pressing down on it; this sensation is increased by moving the eyes towards the affected side. Tightness of the head as if both temples were compressed, *after a meal.* (*Glonoine, Atarpine, Gelsem, &c.* produce this kind of head-ache, but not particularly after a meal.) Gripping and a heavy fullness alternately in various parts of the forehead; this sensation seems to come from the stomach, at the same time the brain is so sensitive, that it is painfully shaken even by a slight noise or the conversation of others. When shaking the head, one feels a pain from the brow to the occiput as if something had become detached. At every step when walking a noise is felt in the vertex as of the breaking of a finger nail.

Stiff, swollen, painful tongue. Constant inclination to swallow. (These last symptoms together with ptyalism are very similar to the effects of *merc.*)

Pain in the umbilical region as if all the bowels were bruised by blows. Painful tightness of the hypochondriæ as if a band had been drawn around very tightly. Swelling of the mesenteric glands.

(Caries of the sternum. Yellow spots on the fingers. Yellow finger nails. Panaris, with inflammation and throbbing. Inflammation of the skin all over the body; it is painful and burning. Sensation in the bones of the upper and lower limbs, as if surrounded by tight bands. General feeling as if bruised by blows.

Copaiba balsam.

Greenish turbid color, and peculiar, pungent, balsamic odor of the urine. Expectoration of a greenish gray purulent mucus of a disgusting odor. Discharge of bloody and thick purulent mucus from the uterus, with pressure. The eruptions of the skin are somewhat peculiar.

Corallia rubra.

One is too cold when uncovered, and too hot when covered. Sensation as if wind were blowing through the skull. Sensation as if the head were three times larger than before.

Food tastes insipid like sawdust. Dishes made of flour taste like straw. Beer tastes sweet.

Loam colored urine, with loam colored sediment. Small spots on the hands and fingers, first of a coral color, then dark red, and lastly copper-colored.

The heat and coldness are both relieved by artificial heat. The pain makes him scold and swear.

Sensitiveness, redness and swelling of the glans and inner side of the prepuce, with secretion of a *yellow-green* fœtid pus. Red, flat ulcers on the glans and inner surface of the prepuce, with a quantity of yellowish ichor. Violent sweat of the sexual organs. (See *sep.* and *thuja.*) Excessive secretion of mucus dripping from the nose like blood, resembling melted tallow, and leaving greasy looking spots on the linen. During a deep inspiration, feeling of icy coldness of the air-passages.

Crocus sativus.

Discharge from the nose, of a tenacious, thick, dark, black blood, with cold sweat on the forehead.

Sensation of something living hopping about in the pit of the stomach, in the abdomen, arms, and other parts of the body. In the night, when wakening, she experiences repeated kicks in the left side of the abdomen, as from a fœtus. Hæmorrhage from the uterus during the least movement. Her breath, which is generally pure, has an offensive, sickly smell.

Peculiar, jerking pain in the interior of the left breast, as if drawn towards the back by means of a thread. A sort of bounding, as of something living in the lower part of the right breast. Sudden concussion in the buttocks, as from a fall while sitting. After a simple and moderate supper, he feels extremely wearied and debilitated, as if he had been undergoing the most violent bodily exertion, with great drowsiness and oppression of the eye-lids. This lassitude was removed by literary labor. Hæmorrhage from various parts, the blood being *black* and *viscid*. The mental symptoms, as a whole, are peculiar, but the picture cannot be presented by abbreviation.

Crotalus.

Lead-colored face during one's lifetime.

Hæmorrhage from every part of the body. Bloody sweat.

Croton tig.

The cutaneous symptoms, and those of the urine.—Its action on the intestines and liver is highly characteristic, and renders it a remedy of great value in many cases of diarrhœa with corresponding symptoms.

The night urine is foaming, pale, orange-colored, with a slightly turbid appearance at the bottom of the vessel, the first part of the urine being a little flocculent. The urine looks dark and fiery, flocculent, with greasy particles floating on top; turbid sediment, which is somewhat lighter colored at the bottom of the vessel. The day urine is pale, with white sediment. The urine exhibits a little cloud

at the bottom of the vessel, which disappears gradually. After the lapse of twenty-four hours, brownish crystals form, floating about at the spot where the cloud was seen, and deposited on the walls of the vessel. Blood-red urine, exhibiting a quantity of mucus at the bottom of the vessel, which is drawn into threads by shaking the vessel.

Cuprum met.

Sensation of violent congestion of blood to the nose. When drinking, the beverage descends in the gullet with a gurgling noise. (See *lauro c.*) Fits of spasmodic asthma, alternating with spasmodic vomiting.

Cuprum acet.

Leprous eruption, without itching, over the whole body, in spots of various sizes.

Daphne Indica.

Arthritic pains, which suddenly wander from the extremities to the abdomen. The urine is thick, turbid, yellowish, like rotten eggs.

Daphne mezereum.

Headache, relieved by stooping. (See *cina.*) Bone-pains in the bones of the skull, aggravated by contact. (Bone-pains on the left side of the head, *nitric acid*; on each side of the forehead, *cham.*) Sensation as if the upper part of the head were pithy.

Digitalis.

Great despondency, increased to the highest pitch by music. When sitting or walking, the head falls backward, as if the anterior cervical muscles were paralyzed. Inflammation of the Meibomian glands. Both eyes incline to turn to the left; when turning them to the right, they feel painful, and he sees all things double or three-fold. Amaurotic blindness for three days. In the morning, on waking, all objects appear to him covered with snow; faces appear deadly pale; a sort of twinkling light, composed of red, green and yellow; things appear green or yellow. Black pores on the skin of the face. (See *sulph. graph.*) Violent foetid ptialism. (See *kali hyd*)

Stinging sore throat between the acts of deglutition. (Also *ign*) Weakness of the stomach, as if one would die. *Ash-colored* diarrhoea, as in jaundice. (White *spongia*; gray *puls.*) Pressure on the bladder, as if it were full, not disappearing after micturition. No drug produces more obstinate and deathly nausea and vomiting; none produces such great variations and irregularities of the pulse. Under its action the heart becomes irregular and weak; palpitations are excited by the slightest causes—by lying on the left side. The least muscular exertion renders the action of the heart labored and inter-

mittent. The heart is so weakened that fatal syncope has been produced by the patient changing his position, or being raised to an upright posture.

Drosera rotundifolia.

Vertigo when walking in the open air, with inclination to fall to the *left* side.

Tickling in the larynx, inducing a short, hacking cough, with a sensation as if a soft body had lodged in it, with fine stitches in the larynx, extending down to the right side of the œsophagus. Rough, scraping feeling of dryness deep in the fauces and in the region of the soft palate, producing a short, hacking cough, accompanied with an expectoration of yellow mucus, and hoarse voice, having a deep bass sound. Sensation of oppression in the chest, as if the air were retained when coughing, and as if the breath could not be expelled. Burning, rough sensation deep in the throat immediately after dinner. Pain in the hypochondrium when coughing as if forcibly constricted. Contractive pain in the hypochondria arresting the breathing; is unable to cough owing to the pain unless he presses with his hand on the pit of the stomach. Cough, the fits being so rapid that he is scarcely able to breathe. During an expiration in the evening when lying in bed, sudden contraction of the abdomen occasioning a heaving as if he would vomit and bringing on cough. The cough causes vomiting. The expectoration tastes salt, in the morning bitter. Intolerable stiches when coughing and taking a deep inspiration, in the upper part of the chest near the axilla, relieved by pressing on the affected part with the hand, with purulent expectoration mixed with blood and tinged red.

Asthma particularly *when talking*, with contraction of the throat at every word that is uttered.

Oppressive sensation in the chest as if expiration were prevented by coughing or talking.

Coldness of the *left* half of the face with stinging pains, and dry heat on the *right* half of the face.

Dulcamara.

Paralysis of the tongue. Saliva tenacious and soap-like. Violent pinching in the abdomen as if a worm were crawling up and down in it, and were gnawing and pinching the parts. Colic as is usually caused by cold and wet weather. Catarrh of the bladder. Hands covered with warts. (See *fer. mag.*)

THE
United States Journal of Homœopathy.

AUGUST, 1861.

Original and Translated Papers.

SURGERY.

BY WM. TOD HELMUTH, M.D.

Professor of Anatomy in the Homœopathic Medical College of Missouri.

CHANCRE.

RICORD, in obedience to the law that hospital physicians must resign their office at the age of sixty-five years, has withdrawn from the Midi. The great syphilograph no longer hands to the world his experience or his theories regarding the mighty contagion. Cullerier, his old associate, takes his place, and Cusco occupies the position of Cullerier. Chief among the authorities on syphilis, Ricord has long occupied a prominent position in the medical world. Latterly, he has had strong opposition to encounter from some of his own colleagues and from the German syphilographs. Yet, in his farewell work upon chancre*, he sets forth his views with that boldness and perspicuity for which he is renowned; at

* "Lectures on Chancre, delivered by M. Ricord, published with Notes and Cases, by M. Fournier, and translated from the French by C. F. Maunder, &c., &c. London: John Churchill. 1859."

the same time, however, modifying considerably some ideas which formerly he asserted in a quite positive manner. It is to these later expressions that we wish to call attention in this paper, as being necessarily interesting to homœopathic practitioners, especially in regard to the treatment of the so-called simple chancre. The majority of the profession at the present day, and for perhaps ten or twenty years back, have not classed gonorrhœa and syphilis as the same disease, or as proceeding from the same virus; and yet we find there are some who still adhere to this Hunterian doctrine, and publicly teach the same to students of medicine intrusted to their care.*

The never-ending question as to the origin of the disease has occupied the minds of many illustrious men, and been provocative of so much censure and strife in the schools that it may not be amiss to notice a few of the ideas that have been, each in turn, strenuously upheld by the advocates of the varied sources of the syphilitic virus.

The general impression which at present is held by some medical men of one school, that syphilis was brought from America by the Spaniards, was promulgated by Oveido; and many authorities have given him the credit of originating the idea. It has been discovered since, however, that Leonhard Schmauss, at Saltsberg, in the year 1518, announced the fact, which was also subsequently received by Ulric Van Hutton in 1519. Upon this subject, Ricord remarks: "To have originated an epidemic on so grand a scale, all, or nearly all, of the sailors of Christopher Columbus must have been infected with syphilis. During their long voyage, which was not then made with steamers, the primitive accidents must have remained at the period of progress, or of specific *statu quo*, susceptible of furnishing the contagious pus."—*Letters on Syphilis. Phil.*, 1854.

Van Helmont believed the disease to be a native of Europe,

* Vide "Clinical Lecture on Syphilis, by A. Henriques, M.R.C.S." B. J. H., No. LXXV.

and, supported by Howard, stated that it was generated in the army of Charles the VIII at the siege of Naples. This was partially favored by Ricord.

Its propagation from the most impure and nauseating articles of diet was set on foot by Leonardo Fiorvanti, and it is said he was supported by Lord Bacon. The words of the Italian will sufficiently explain his position: "The length of the siege of Naples having caused a famine among the French and Spanish troops, the merchants who brought food to the soldiers sold them various articles prepared from *human flesh*, and all those who made use of the horrible aliment were soon affected with syphilis, which was disseminated by contagion through Italy, France, and Spain."

Samuel Jansen, in the year 1680, supposed syphilis to be a native of Africa. Sydenham favored these views, and Boerhave preferred them with warmth in 1751.

In 1736, J. Estruc wrote a tremendous tome—"*De Morbus Veneris*"—to prove the American origin of syphilis, and was supported by Christopher Girtanner; but his arguments are, one by one, most forcibly overthrown by Jourdan, a translation of whose work* the author of this paper had the good fortune to peruse some years since. This erudite compositionⁿ of Jourdan is, as a literary production, spoken highly of by Ricord; who, however, while he acknowledges its merit, and the toil and research of the writer, appears to differ from him with reference to his ideas as to the origin of the syphilitic virus. When we say, differs from him, we mean more particularly in his (Ricord's) previous works upon his specialty. But the last production from the Midi, admitting a new doctrine in regard to the virus, leads us to the conclusion that perhaps Jourdan more nearly approximated the fact than Ricord, at the time, was prepared to allow. Jourdan says, (*Historical and Critical Observations on Syphilis*, p. 44) — "The question is generally put, did syphilis appear, for

* "*Historical and Critical Observations on Syphilis.*"

the first time, toward the end of the fifteenth century? The terms are not sufficiently explicit, since, as a preliminary matter, it is necessary to explain what is meant by syphilis. Now, this definition, which has been neglected by all writers, is the only way of duly appreciating, judging, and reconciling the different opinions successively advanced upon the subject. By the term syphilis, therefore, is to be understood—

"1st, A general affection of the system which presents itself under a most frightful aspect, with many particular modifications assuming a real epidemical character. In this sense, the word designates the disease which broke out toward the end of the fifteenth century.

"2nd, It may serve to express morbid symptoms arising from an intercourse with a disordered person, communicated in the same way to other individuals, and having with each other a more or less intimate connection. Now, if we use the word syphilis in the last sense, it can be incontestably proved that from the remotest antiquity the diseases which it designates were known."

The writer then proceeds to prove his assertions, and quotes powerful passages, bearing directly upon this point, from many antique authorities, among whom are Guy de Chauliac, Peter Argelata, Lanfranc, Salicet, and others.

He quotes also from Becket, who makes mention of the disease, and shows that, in 1162 and in 1430, regulations were rigidly carried out in London, and laws forcibly enacted, to prevent the inmates of "houses of pleasure" from propagating the disorder.

In reference to the epidemic of the fifteenth century, he is of opinion that it originated with the *Marranes*. This term (hogs) was applied to those Moors and Jews who, not embracing the doctrines of Christianity, were expelled from Spain by an edict of Ferdinand and Isabella dated 1492. The tortures inflicted upon these miserable creatures are represented as appalling, to avoid which they denied their religion while secretly practising its rites. They were finally driven

to the coasts of Africa, where a terribly contagious disorder prevailed to such an extent that, of the 170,000 families who passed over to the African shore, 30,000 perished with the pestilence. On page 99, he further says: "When we compare the testimonies of the most veridical historians and physicians, we think it impossible to doubt its being derived from the Marranes, who were expelled from Spain before the discovery of America." Then follows an array of historical facts, to collect which unremitting assiduity must have been exerted, and which it would be utterly impossible to hand to the readers of this journal. A very few must suffice, viz: Fulgosi writes, "que pestis, ita enim visa est, primo ex Hispania in Italia allatâ, et ad Hispanos ex Ethiopiâ." Infessura designates the pestilences as "pestis Marranorum," "Mortui sunt qui plurimi ex peste et contagione Marranorum."

Beniveni, Trascatorius and Trithamius tell us, "habet suæ infectiones pestiferæ in Hispanio;" and these authors refer the dates to the same period as that of the expulsion of these unfortunates from Spain. In 1493 and 1494, Germany was afflicted; and, according to Pomarus, Saxony suffered in 1493. In 1494, it was noticed in Westphalia from the shores of the Baltic to Pomerania and Prussia, and, in same year, in Bavaria and on the borders of the Rhine. In 1556, Fernel proved that the disorder originated from a specific cause which was capable of being transplanted from one individual to another, and from thence to the present period, the whole course of the disease has been better understood. This work of Jourdan, as usual, was not received with much credit by Ricord and his partizans, excepting the acknowledgment, as has already been noticed, of the labor and literary merit of the work. Indeed, Amédée Latour, the chief editor of the *Union Médicale*, would have the profession believe that the treatise was nothing more than an elaboration of ideas given to the world in 1811 by an anonymous author, in the shape

of a pamphlet denying the existence of the syphilitic disease.* How any one can read over the work from which quotations have been made, and suppose its author to be proving the *non*-existence of syphilis, it is not easy to conceive. The mite we have presented to our readers, drawn from the book in question, is well-nigh sufficient of itself to contradict such a statement.†

Ricord appears prone to believe that the first epidemic was a species of farcy or glanders. Speaking of this (Letters, p. 97), he says: "Van Helmont broached a similar opinion, which was considered perfectly ridiculous. He made the pox come from the farcy, the result of, I know not what, ignoble and beastly intercourse. Aside from the disgraceful source whence his opinion was derived, Van Helmont perhaps *was not far from the truth.*"

But we must forsake questions involved in so much obscurity, and pass forward to consider the more practical facts; and with the light of these, perhaps an approximation to the truth or error of the theories of the origin of syphilitic virus may be attained.

The different variety of appearances presented in different persons affected with syphilis has, since the time of Hunter, been ascribed to a sort of reaction of the organism upon the virulent principle—the chancre being the seed, the constitution the soil, and in proportion to different conditions of the *latter*, was the product of the *former*. In other words, the

* The title is as follows: "On the Non-existence of the Venereal Disease: a work in which the disease invented by the physicians of the fifteenth century is proved to be only the union of a great number of morbid affections of different natures, the cause of which is falsely attributed to a contagious virus which has never existed."

† Latour says: "I even believe—may God forgive me!—that Jourdan only developed and extended the various chapters of our anonymous author." —Introduction to Ricord's Letters.

doctrine of the *unity* of the virus* was that generally accepted, and acknowledged by Ricord himself in his Letters, although not without some conditions or modifications. He says (Letters, page 149), "Up to the present time, we are justified in *denying* the existence of more than *one* virus." This idea, however, appears not to have become an established truth with the syphilographer; for on one occasion, when he was reproached by M. Auzias Turenne with having abandoned the "flag of Hunter," although he defends himself, he is not positive in his assertions as to unity of the syphilitic virus.

But, in his last work, he tells us "the *chancre* is no longer a *morbid unit*, but a mixed manifestation, belonging to two *DISTINCT* pathological *species*." The one of these is the *simple chancre*, the other, the indurated or *infecting chancre*. The latter creates constitutional symptoms, the former is one (p. 34) "with soft base, an affection *purely local*, which limits its effects to the region which it attacks, which *never exercises a general influence upon the system*, which is *never accompanied by constitutional affections*. In other words, it is a *chancre which does not affect the economy—a chancre without syphilis!*"

Here is a statement which, if it be true, teaches us something in the treatment that will enable us to say to the unfortunate father that comes in trepidation and exhibits a mighty chancre, "Sir, be not alarmed; the disease will not be transmitted to your own constitution, or to those children hereafter to be begotten by you." It will also be of service to our allopathic friends, if it will cause them to desist with their mercury, and kill, only on the surface, a local ulcer. With this understanding, let us return for a moment to the question of the origin of syphilis, and recollect the views of

* "Experience," says Hunter, "teaches us that the venereal pus presents no variety of species, and that no difference can be produced in the manifestation of the disease by a difference in the malignity of the purulent matter. The same pus exercises, on various individuals, actions totally dissimilar from one another, the diverse nature of which depends on the constitution and the general state of the economy at the time of infection."—*On Syphilitic Virus*, chap. 1.

Jourdan, viz. : that the disease existed in the earliest period, and also originated, epidemically, in the fifteenth century. This theory of the *double* virus is also received and criticized by Bassereau. The simple chancre, then, is the issue, the uncleanness, mentioned in Holy Writ—the contagious ulcer of the genitals of Celsus, Galen, &c ; and the *new disease* that appeared about the fifteenth century, is the infecting chancre and its constitutional manifestations.

With such an understanding as this, it must become a matter of the utmost moment to the physician to be able readily to distinguish between these two varieties of ulceration ; and in the last work of the syphilograph, we have rather minute details as to its appearance.

He says (p. 31), "The simple chancre is a chancre whose base remains soft, or only presents an inflammatory thickening, which does not react upon the glands, or which influences them in a peculiar manner by producing almost certainly an inflammatory, adenite, acute, mono-glandular suppuration, and furnishing most generally an inoculable pus.

"Chancre with edges neatly shaped, and cut perpendicularly ; the floor irregular and worm-eaten.

"Chancre ordinarily multiple, or multiplying itself by a series of inoculations of the neighboring parts.

"Chancre with virulent pus, contagious *par excellence*, preserving, during a long period, the characters which constitute its specificity.

"Lastly, a chancre with a destructive and invading tendency ; the form of ulceration the most apt to experience *the phagedenic complication*."

These directions are explicit ; and when we come to remark the characters of the indurated variety, and the greater frequency of occurrence of simple chancre—that there are some parts of the body where simple chancres do not appear, and the infecting have been discovered, and also the relative frequency of bubo in the different varieties, &c—I believe that more light than has yet been thrown upon the diagnosis

of these venereal ulcers, and more systematic treatment, will be the inevitable result.

M. A. Fournier states that the statistics collected by himself during three months among the patients at the Midi show the following :

Number of chancres seen	341
Chancres, indurated and infecting.....	126
Chancres, simple, non-infecting.....	215

And again :

Patients affected with simple chancre.....	207
Simple chancre, with bubo.....	65
“ “ without bubo	142

The above statistics should be carefully treasured for diagnosis.

A simple chancre is not found on the head: an indurated chancre can be deposited anywhere on the surface of the body. Here, again, is a remarkable fact—a curious circumstance in the history of chancre, which cannot be explained. Ricord himself most positively states the fact of the *immunity of the cephalic region from the simple chancre*; and if we even may suppose him to err in regard to the invariability of position, it still remains an unexplained mystery that, during twenty-five or thirty years of constant daily attendance upon the number of patients presenting themselves for treatment with all varieties and forms of syphilis, he should not have been able to detect a *simple cephalic* chancre. He is very positive on this subject. He remarks, “I have shown to you in my wards numerous examples of the soft chancre, developed upon different regions of the body, upon the genital organs, upon the thighs, upon the legs, the arms, the abdomen, the back, the chest, &c. I have shown them to you *everywhere*—everywhere, except on one point, the *cephalic region*. It is a fact, gentlemen, that, during five and twenty years of practice, I have never met with a single well authenticated case of soft chancre developed upon the face or upon the head (p. 11).”

M. Fournier has drawn up a table of observation made upon 824 patients, in whom the seat of the chancre has been noticed with precision. This is so interesting that it is given in full.

Patients affected with—	Indurated.	Simple.
Chancres on glans and prepuce	314	296
Chancres on <i>integument</i> of penis	60	15
Multiple chancres on the penis: that is to say, presenting simultaneously chancres on the prepuce and integuments, the integuments and glans, &c.	11	17
Chancres on the meatus urinarius	32	9
Intra-urethral chancres, which cannot be perceived by the forced separation of the lips of the meatus; diagnosed by inoculation, by the touch, by lymphangitis	17	3
Chancres on the scrotum	7	
“ “ peno-scrotal groove	4	
“ “ anus	6	2
“ “ lips	12	
“ “ tongue	3	
“ “ nose	1	
“ “ palpebrary membrane	1	
“ “ eyelids	1	
“ “ fingers	1	1
“ “ leg	1	

The above is a curious table, and when carefully studied, will assist also to establish the diagnosis between the varieties of chancre; not, probably, with the *utmost* precision—but it may prove *indicative* of the nature of the sore when other symptoms may perhaps be obscure, or may add another confirming point to an otherwise doubtful diagnosis.

Bearing in mind the characters of the first variety of ulcer, in turn, and with care, we must observe the infecting, the indurated, or what is commonly termed the Hunterian chancre.

In the first place, the appearances presented by the indurated and the simple contagious ulcer are, at their commencement, the same—that is to say, for a very short period. But it has been observed that the presence of the former is

frequently overlooked by the patient, on account of the mildness of the symptoms; but, in general, little time elapses before an experienced eye can detect the difference in progress and characteristics. The ulceration is excessively indolent; the surface is smooth and lardaceous; the parts seem to have been taken out with a gouge; the edges of the chancre are gradually lost in the flow of the ulceration, and the induration extends above and around it. The solution of continuity is generally single, although this is not invariably the case; it has no disposition to invade the neighboring structures, but soon defines its limits, and always has an enlargement of the inguinal glands, which become in a short period indurated, although rarely proceeding by themselves to suppuration.

Among the indurated chancres treated by M. Ricord during the whole year 1856, three only were found accompanied with suppurating buboes. In these three cases, the suppuration was only produced consecutively to a strumous degeneration of the glands, the pus being twice tested by inoculation, and found negative.

Ricord says (p. 88), "There can be no infecting chancre without an indurated symptomatic bubo. This may be called, without hesitation, a pathological law." And again—"Never neglect therefore, when examining a patient affected with constitutional disease, who denies suspicious antecedents of every kind, to interrogate the glands: specific adenopathy is, for the infecting chancre, an effect which follows its cause."

These, then, are the chief points in the differential diagnosis of the two great divisions of chancre; and so far as they can be gleaned from the careful study of the last published lectures of Ricord, they have been concisely expressed. The establishment of a correct diagnosis between these two forms of venereal ulcers is of such importance to those who expect to treat chancres successfully, that the distinguishing marks have been arranged and placed side by side; and, at the same time, the peculiar nature of the adenite following each is also

embraced in the classification, to facilitate, if possible, their more ready recognition. It must be remembered that the appearance presented by the two varieties of chancre are similar in their very early stages. We then have the following

DIFFERENTIAL DIAGNOSIS OF CHANCRE.

SIMPLE NON-INFECTING CHANCRE.

1. Never noticed upon the cephalic region.

2. Develops rapidly.

3. Surface irregular; floor fretted or worm-eaten.

4. Edges neatly shaped, cut perpendicularly, as if cut out with a punch.

5. Edges undermined.

6. Border abrupt.

7. No induration.

8. No induration.

9. Suppurates profusely; the supuration being one of the most fertile sources from which the pus is derived.

10. Pus in the highest degree contagious, persisting during the entire existence of the chancre.

11. Generally multiple from its origin, or becomes so by inoculation.

12. Tendency to invade the neighboring structures.

INDURATED INFECTING CHANCRE.

1. Every part of the body liable to invasion, (therefore chancre on the head may be pronounced infecting.)

2. Develops slowly.

3. Surface smooth; floor lardaceous.

4. Edges sloping, as though made by a gouge.

5. Edges adherent.

6. Border gradually lost in the floor of the ulceration, giving to the ulcer the appearance of a cupola.

7. Induration surrounding the ulcer on all sides, forming for it a kind of bed (pathognomonic.)

8. Induration commences from the first, (if not produced in a few days, will not become so.)

9. Suppurates little, producing but a small quantity of serosity, most frequently sanious and ill-formed.

10. Pus rapidly loses its specificity, at all events for the infected subject, who in a few days becomes refractory to inoculation with his own virus.

11. Generally solitary. In most cases a single chancre giving rise to contagion.

12. Inverse disposition. Its limits are soon defined.

SIMPLE NON-INFECTING CHANCRE.

Bubo.

- 13. Not necessarily present.
- 14. Mono-glandular.
- 15. Suppurating almost certainly, and furnishing most generally an inoculable pus.
- 16. No fixed period of development.

Simple.

- 17. The simple chancre is most likely to undergo the phagedenic complication.
- 18. In virgin subjects, transmitted in its form—that is a simple chancre.
- 19. Transmitted to syphilitic subjects, either as a simple or an indurated chancre; the form which is reproduced probably depending on the nature of its origin—that is to say, the chancre which gives birth to it.

INDURATED INFECTING CHANCRE.

Bubo.

- 13. No infecting chancre without an indurated symptomatic bubo.
- 14. Affecting several or all the glands.
- 15. Extreme hardness; independent of each other; no tendency of themselves to inflammation or supuration.
- 16. Produced in course of first or second week; rarely noticed later; generally coincident with induration.

Indurated.

- 17. Rarely assumes the phagedenic deviation.
- 18. Transmitted in its species in virgin subjects; that is to say, an indurated chancre.
- 19. Transmitted to previously infected subjects under the form of a chancre with a soft base, analogous in appearance to the complication.

These are the important points of difference between the two varieties of chancre, and are so arranged that, by a little study, even the beginner can be able to detect the character of such as may be presented to his observation.

It is useless in a practical point of view to enter here upon the discussion of the questions either of the propagation of syphilis to the inferior animals, or of syphilization in man. Suffice it to say that, as usual, the advocates both for and against these theories are positive that they are certainly in the right.

M. Auzias and Sperino say yes; Ricord, Cullerier, and Puche say no; and so continues the war between the schools.

But the practical value of all these discussions consists in the light that has been thrown upon the *treatment of chancre*. I believe it was the general practice of homœopathic practitioners some years back — adhering to the doctrine of *immediate constitutional contamination*—at once to commence the internal treatment of the disorder, and the medicines most generally used were the mercurial preparations, administered both internally and externally — the latter, by sprinkling *mercurius solubilis* upon the ulcerated surface. But we are forced to believe, upon the authority of the most renowned and learned syphilographers, that the doctrine of our master, Hahnemann, in this particular is not correct. It is impossible for thinking, reading and observing men to cast aside all the teachings and experience of those who have devoted their lives to examining, testing and treating the disorder we have been considering; and we are bound to receive this accumulated evidence of large experience and unnumbered facts with that thankfulness which those ever eager in the search for truth and science should always be willing to allow. Therefore, in acknowledging the correctness of Ricord's views of the nature of chancre, no imputation of want of faith in the homœopathic doctrine should be imputed; nor, in the treatment of the *simple venereal ulcer* upon his principle, can we be charged with deviating from the theory of *similia*.

Let us examine this matter thoughtfully. Let us test it with our judgment and with our daily experience.

We are informed by a man of acknowledged reputation and talent, who has spent thirty years in investigating all the minutiae of venereal disorders, who has been placed, by governmental direction, at the head of a hospital devoted to the treatment of the disease, and who is supported by many of the most scientific and learned men of the times, that the *simple chancre is a local sore*—that it is the product of a virus, highly contagious in character—nothing more, nothing less. Thousands upon thousands of cases can be

brought forward to establish the truth of this assertion, and the records of the hospital furnish evidence of the fact, which is endorsed by successful treatment, and this treatment is, par excellence, the *abative*. "Ah!" but some will say, "where is your principle of *similia similibus*? where are your medicines given in infinitesimal doses?" In reply to which, we would say, "Recollect, in the treatment of the simple chancre, of the *local sore* (and of this only we are speaking), we have not an ordinary ulcer; we have locally *poisonous pus* to encounter." The treatment is essentially surgical in its character. What man in his senses, when called to a case of poisoning with arsenic, or corrosive sublimate, or lead, or zinc, would commence with the administration of homœopathic medicines before he had *antidoted* or *destroyed* the virulent substance in the stomach? And would he be less the homœopathic physician because he administered, to produce such effects, tablespoonful doses of the hydrated per-oxide of iron, or the sulphate of soda, at five or ten minute intervals? The treatment of the simple, or the *non-infecting*, chancre must tend to the destruction of the poison it contains and secretes, or, in the words of the syphilograph (p. 35), "to reduce the specific ulceration to the state of a common ulcer, and to transform a wound possessing a special principle for its maintenance into a wound which has no longer such a resource." With the infecting chancre, the treatment must be different; and it is not the intention of this paper to notice the agents that are recorded as producing the most beneficial effects. Every one knows that the mercurial preparations are the best in the primary infecting sore, used in the first, second, and third triturations; and that, for the secondary and tertiary forms of the disease, the homœopathic practitioner has means which, both in number and efficacy, exceed those of the older school of physic.

One word more in reference to the caustic to be employed. And let us quote the words of Ricord: "Reject at once all mild caustics, which only act more or less as anodynes. That

which is required, in this instance, is a destructive agent. To which, then, should we give preference? I have successively tried the vienna paste, potass, nitric acid, the actual cautery, &c. All these have inconveniences, which I need not point out to you, inasmuch as I have to propose to you a new agent particularly efficacious. This caustic consists of sulphuric acid mixed with powdered vegetable charcoal in the proportions necessary to form a half-solid paste." Here then is the substance to destroy a poison, to convert a chancre into a simple wound, which will proceed rapidly to cicatrization. I believe this treatment to be the correct one; and since the first perusal of these clinical lectures, in July, 1860, I have had opportunity to test its efficacy in eleven cases of simple chancre, with most surprising results. Define well the chancre, find it to be certainly *the non-contagious ulcer*, and no internal medicine is required. It is not necessary to further allude to the treatment of the indurated chancre, or of its product, constitutional syphilis. The latter can be prevented in many instances by the proper management of the former, and the periodicals of the day abound with notes of successfully treated syphilis.

CALENDULA OFFICINALIS IN SURGERY.

Of all the varieties of topical applications which are recommended in the treatment of lacerations, and of all the different medicinal substances which are supposed to possess an influence upon the process of granulation and cicatrization, there is not one that is entitled to a higher place than the *Calendula officinalis*.

The peculiar properties of this agent were some time back introduced to the homœopathic profession by Dr. Thorer, in

the *British Journal of Homœopathy* ; and since that period, several practitioners, through the periodicals, have noticed its effects.

There can be no doubt that, when homœopathists begin to devote themselves more exclusively to surgery, this plant will be as highly in vogue after operations, in the treatment of wounds where large and exhausting suppuration is to be expected, in burns, in anthrax, &c., as the *arnica* has become in the treatment of bruises.

According to the pharmacopœia, the flowers, buds, and young leaves are used, the juice expressed after maceration in alcohol, and the tincture thus obtained, when properly diluted, is used as a topical application. Dr. Thorer prefers what he terms the *aqua calendula officinalis*, and his directions for its preparation are as follows: "Fill one-third of a clean bottle with petals or leaves of the flowers, the remaining two thirds with fresh, pure, spring water. Cork the bottle well, and expose it for two or three days to the rays of the sun. The water is by this process rendered slightly aromatic. It is then poured off from the leaves into a bottle, which must be sealed, and placed in a lower temperature. While the liquid is being exposed to the rays of the sun, it must be narrowly watched, and as soon as there are signs of incipient fermentation, measures must be taken to arrest it. This preparation is rather preferable to the dilute tincture, although the latter has proved very serviceable in the hands of many practitioners."

Where there is great suppuration, as in burns that have involved a considerable portion of the integument, the action of this medicine is wonderful. The most convincing case of this kind came under the notice of Professor Temple, in this city, the details of which have already been given to the profession in the *North American Journal*. I would also mention here its usefulness in the treatment of anthrax after incisions, to assist in the separation of the slough. I have lately had under my care three severe cases of carbuncle. In

one instance, the disease extended over the whole forehead, and required crucial incisions three or four inches in length. In the second case, a large and extremely painful anthrax appeared just over the tendon of the quadriceps extensor, and involved the tissues beneath to such a degree that an abscess formed underneath, and threatened the joint. And in the third, three large and painful tumors developed themselves on the more usual site, the nape of the neck. The internal treatment was, *arsenicum* for the intense burning, and, in an early stage, free incisions, the parts being constantly covered with a thick compress, saturated with a *hot* solution of *calendula* and water. The effect of the latter in hastening the generally tardy separation of the slough, in allaying pain, and more particularly in bringing the disease to a speedy termination, was surprising. Moreover, the solution of *calendula* can be poured into deep wounds with great benefit, and with much alleviation of pain. I assisted Dr. Temple to extract a sequester from the head of a tibia, and saw him pour the *calendula* solution into a hollow large enough to admit a child's fist, and learnt afterward with surprising benefit. In the case of the abscess below the ligamentum patella, when a longitudinal incision through the tendon was required to evacuate the pus, I pressed down to the bottom of the wound compresses saturated with the solution with happy results. Recently, a young lady, suffering from contraction of a cicatrix (from a burn) which drew down the eyelids toward the angle of the mouth and partially averted the lower lid, was brought to me by a student of the college. By dividing the integument from the external canthus, toward the nose, for about an inch and a half, with the fascia and superficial fibres of the orbicularis, the deformity was to a great extent relieved. The lids were then closed, and kept in apposition by straps of isinglass plaster. The wound, from the effort of the parts to regain their normal position (although deformity was of some years' duration), opened fully an inch,

and to this raw surface compresses saturated with *calendula* were applied. Rapid granulation and cicatrization resulted, without the slightest tendency to erysipelas. I sincerely trust that more of our profession will give to this agent the trial it deserves in medicine and surgery.

DR. SIMS' TONSIL AND UVULA SCISSORS.

About the time that the late Dr. Loomis invented his forceps for retained placenta (to which none before or since that have been brought forward can bear comparison), Dr. Francis Sims, then a professor of surgery in the homœopathic medical college of Pennsylvania, invented a simple contrivance which resembled ordinary scissors, with hooks, so arranged that whatever was excised was held by the instrument. A plate of the same can be seen in *Helmuth's Practice of Surgery*, page 541. This was in 1854. At the present, these same instruments are being brought forward as *entirely new*, and as belonging to *allopathic surgeons*. They are introduced, with a modification, throughout the country, and, as an instrument maker in the city of St. Louis remarked to a purchaser in his shop, "This is a fine new contrivance for the excision of tonsils and uvula; and, as — (mentioning an eminent allopathist) says, the best and simplest he has ever seen."

The homœopaths do not invent many surgical instruments, nor do they perform many surgical operations; but let us have credit for what we do. The time perhaps will come when this neglected branch will assume a more important position.

GUN-SHOT WOUNDS.

The deplorable condition of our country cannot be more forcibly impressed upon the medical profession than by the presentation, in a once peaceful city, of the direful effects of

civil war. Many individuals have suffered death, and many more have been mutilated for life, within the last few weeks. How many or how extensive the disastrous consequences we shall be called upon to witness, no mortal can predict. God grant that the worst is over!

The gun-shot wounds that are produced by the Minie balls are so terrible that, according to the accounts of the coroner of St. Louis, all those persons who have been wounded by them have either died or been obliged to submit to amputation and its consequences.

It is well known that the rifle bullet bearing the name "Minie ball" was invented by Claude Etienne Minie, a French officer, born in Paris in 1810. For the various improvements made by him in the construction of cartridges, balls, and gun-barrels, he has been decorated with the Cross of the Legion of Honor, promoted to the retired list, with the rank of major, and appointed chief instructor in the use of fire-arms at Vincennes. No patent has been taken out for these disastrous articles of war, although the emperor, Napoleon III, has presented the inventor with 20,000 francs. "The rifle bullet invented by him consists of an elongated cylinder, conical in front and hollow behind, and fitted with a cap of thin iron, which, by filling the grooves of the barrel as the ball is forced through, gives to the latter a precision and range of flight hitherto unknown in the science of gunnery. This was the first effectual introduction of the principles of expansion in the manufacture of fire-arms."

None but those who have had occasion to witness the effects produced upon the body by these missiles, projected from the appropriate gun, can have any idea of the horrible laceration that ensues. The wound is from four to eight times as large as the diameter of the base of the ball, and the laceration so terrible, that mortification almost inevitably results.

Four men wounded in the affray that occurred at Camp Jackson were brought to the Good Samaritan Hospital for

relief. Through the kindness of the attending physicians, Drs. Fellerer and Comstock, I was allowed to examine these unfortunates, to be present, and assist in the subsequent operations, and to examine, after amputation, the dismembered limbs. In one case, the ball passed directly through the inferior maxillary bone, cutting loose the palatine and glossi muscles, fearfully smashing the bone, and forcing the tongue from the mouth. This man could neither speak nor swallow for some days, but, from the skilful treatment of the surgeons, he now appears to be doing well. A detailed account of this case will no doubt be handed to the profession from the proper source.

In another case, the ball entered about the middle of the fore-arm, coursed down on the surface of the radius, and emerged at the wrist-joint. Although every possible means was made use of to save the arm, untoward symptoms presented, and amputation at the upper third of the fore-arm was necessary, and was performed by Dr. Fellerer, surgeon to the hospital, Dr. Comstock and myself assisting. The muscles on the anterior face of the fore-arm were soft, but not much out of place or tumefied; but those (particularly the deep layer) on the postern aspect were decayed, black, and filled with extravasation; the radius was shivered into about ten or twenty pieces, the medullary matter being thrown out into the surrounding textures; the ulna was not much injured, excepting the styloid process, which was torn away; the semi-lunar bone of the carpus was broken in twain, the os pisiforme separated from the joint, and the head of the os magnum driven forward and split open. With such a wound as this, mortification was a result to be expected.

In the third case, amputation was resorted to above the knee-joint. In this instance, the extravasation was very remarkable, the fluid being extremely dark and very offensive. Here the fibula was only slightly touched, but the tibia was broken near the knee joint, and split along two-thirds its length, very many small fragments of bone being imbedded

in the tissues. The fetor from the wound was intense, and the laceration of the soft parts along the whole track of the ball severe and remarkable.

In the fourth case, a wound was inflicted immediately below the knee-joint, smashing the fibula and tearing the structures to a considerable degree. The course of the ball was under the gastrocnemius and through the soleus. Every effort was made to save the leg of this man—a captain in the service, and acknowledged to be one of the most powerful men in the army. Indeed, the attempt was made to resect the fibula. Upon cutting down, however, upon the bone, it was found that the external lateral ligament of the joint had literally been destroyed, that the head of the fibula was gone, and that, in its place, there existed a black gritty mass of decayed muscle, bone, and ligament. All hope of saving the limb was therefore abandoned, the patient still kept on the table, and under the influence of chloroform, and the limb amputated above the knee-joint, at about the middle third of the femur. Dr. Fellerer, as in the other instances, performed the operation, Dr. Comstock, surgeon to the regiment, and myself assisting. It is worthy of observation that, on the morning of the operation, pain was complained of in the popliteal space. Upon examining the limb after amputation, the tibio-fibular articulation was found to be involved; and upon inserting the scalpel through the transverse ligaments, a large amount of fetid fluid, containing flocculi of a cheesy character, issued from the joint. Upon inspection, the marks of disease were found upon the left condyle of the femur—sufficient evidence that a serious, if not fatal, disease of that most complicated joint, the knee, was about being established, and that amputation was necessarily the only resource left to preserve life.

Such is a brief account of effects produced by the Minie ball upon the organism. It is sorrowful to think that such implements for the destruction of human life are necessary in this age of boasted refinement, and that the very perfection of the bullet is thought to consist in the horrible suffering and mutilation it occasions.

CASES FROM PRACTICE.

BY GEORGE W. RICHARDS, M.D., OF ORANGE, N. J.

CASE I. Otorrhœa.—March 14, 1859.—Mary, aged nine years; light hair, blue eyes, of strumous diathesis; has been troubled since three years old with a constant discharge from the left ear. It is purulent and of unpleasant odor.

Prescribed *sulphur* 30°, *hepar sulph.* 30°, *calc. carb.* 30°, and *lycopodium* 30°, successively, and continued the use of each medicine for several weeks. The *hepar sulph.* appeared to produce a slight temporary benefit, also the *calc. carb.*, but the others had no effect.

Feb. 13, 1860.—The discharge continues about the same. *Aurum* 6°, six pellets, three times a day.

March 5.—Improving. Continue *aurum*.

March 28.—Cured.

Feb. 27, 1861.—Has had no return of the discharge since last report.

CASE II. Polypus of the Nose.—Aug. 31, 1860.—Sarah, aged 28, of bilious temperament, states that five years ago she began to be troubled with polypus of the right nostril, that three years after she had it extracted, and that she has not been affected with it since, until about one month ago.

On examination, I find it is of a soft nature and grey color, and that it obstructs the nostril so much as almost wholly to prevent breathing through it. *Calc. carb.* 6° and *staph.* 1° in alternation, a half hour before each meal, and at bedtime.

Sept. 14.—No better. *Teucrium* 1°, three times a day.

Nov. 18.—Polypus has disappeared. Patient now breathes freely through the nostril. Improvement began about one week after commencing the *teucrium*.

March 5.—Continues well.

CASE III. Cephalalgia.—Aug. 15, 1860.—Mrs. R., aged 33,

dark hair and eyes, of lymphatic temperament; has been affected with headache for eighteen months past.

The pain is of a dull character, and involves the occiput, vertex, forehead, the parts over the eyes, and the right side of the head, especially the temple. It is attended with dizziness and dimness of sight, and is greatly aggravated by stooping and shaking the head. The attacks recur periodically, twice in twenty-four hours, and last from 10 A.M. to 3 P.M. and from about midnight to three in the morning. For several months past, she has not been able to read more than a few lines at once, in consequence of the letters running together and becoming blurred.

Prescribed *belladonna* 30°, three times a day.

Aug. 23.—Very much better. Remedy discontinued.

Sept. 13.—Has been free from headache about two weeks and a half.

CASE IV. *Prurigo*.—Sept. 1, 1860.—Miss A., aged eighteen, eyes dark, hair black and rather coarse, temperament bilious lymphatic. She has an eruption on the body and lower extremities of one month's duration. It is characterized by minute slightly prominent papulæ, some of which are covered with small red scabs. It is accompanied with much itching, which is aggravated towards evening and by the heat of the bed. Patient states that, a short time before the eruption made its appearance, she slept with a person who was similarly affected.

Prescribed *mercurius sol.* 6°, a half hour before breakfast and dinner, and at bedtime.

Sept. 14.—No better, but rather worse. *Causticum* 1°, three times a day.

Sept. 28.—Patient says a decided improvement commenced a few days after beginning the last remedy, and that now she feels quite well.

Causticum has acted more efficiently in our hands in cases of prurigo than any other remedy.

CASE V. *Enteritis*.—Feb. 27, 1861.—Mrs. S., aged forty,

of good constitution and bilious-lymphatic temperament. States that she was engaged in washing in a cold room nearly the whole of yesterday, and that she felt chilly, particularly in the lower extremities, most of the time. At 6 P.M., had a decided chill, which lasted about half an hour, followed by slight fever. At 8½ P.M., had another chill about as hard as the first, and of the same duration. As soon as this ceased, she was taken with a severe pain in the epigastric region, occurring in paroxysms about every fifteen minutes, and attended with nausea and vomiting. The attacks were so severe as wholly to prevent her sleeping last night, and they continue to recur this morning with unabated severity. Her pulse is quite natural and skin cool. *Colocynth* °, one drop in half a tumbler of water, and *gummi gutta* °, one drop in the same quantity, alternating in dessert spoonful doses after each attack of pain.

Feb. 28, 9 A.M.—Patient says that she found no relief yesterday until about 5 o'clock in the afternoon, when the pain began to leave the stomach and involve the whole abdomen, and to be aggravated by pressure. Pulse 118, quite small; tongue much coated; urine scanty, highly colored, and passed with pain; bowels confined, moved freely on the 26th inst., but none since; great tenderness of the whole abdomen on pressure, especially in the right iliac region; headache; was restless and sleepless the whole of last night. *Aconite* 1° and *arsenicum* 6° in alternation, every half hour. No nourishment but toast water.

6 P.M.—Feels a little better; skin moist; began to perspire about noon. Continue treatment.

March 1, 9 A.M.—Pulse 90, small; tongue coated; abdominal tenderness less; urine very high colored and scanty—passed it only once during the last twenty-four hours; skin moist; slept but little last night, in consequence of the paroxysmal pain and wakefulness. *Aconite* 1° and *arsenicum* 6°, alternately, every half hour.

March 2, 9 A.M.—Pulse 76; tenderness of the abdomen

much less, now chiefly confined to the right iliac region; urine more abundant, but still very red—voided only once since yesterday morning; skin continues very moist; diet, toast-water and rice-water. Continue *aconite* 1° and *arsenicum* 6° every hour, alternately.

March 3.—Pulse 68, fuller; tongue less coated; no part of the abdomen tender on pressure, except a small spot in the right iliac region; urine less high-colored, and contains a very copious sediment; slept well last night; has some desire for food. Diet the same. *Aconite* 1° and *arsenicum* 6°, alternately, every three hours.

March 4.—Improving. Is now entirely free from pain or tenderness of the abdomen. *Arsenicum* 6°, every four hours.

March 6.—Feels quite well, but rather weak. Pulse 68; tongue quite clean; urine nearly natural in color, but still contains considerable sediment; bowels moved yesterday afternoon for the first time since the 26th ultimo. The evacuation was quite thin, but of natural color.

UNIFORMITY OF DRUG-PROVING.

[Read before the Semi-Annual Meeting of the Homœopathic Medical Society of Oneida County, N. Y., June 18, 1861.]

ONE of the essential principles of homœopathy is the instituting of thorough and reliable provings of drugs by healthy persons. We need not, therefore, allude to its necessity or importance, or advocate such a procedure. It is doubtless conceded by each one of us that the great work of the homœopathic profession of the present day is to obtain, as far as may be, a complete pathogenesis of every known medicinal substance, by the collection of which, in future years, there may be prepared a perfect *Materia Medica*.

With this great work in view, it is a source of encouragement to know that the morbid effects of drugs upon the human

system are essentially the same in all places and in all ages. The comparatively recent provings of the *helleborus niger* by Hahnemann reveal precisely the same symptomatic aberrations that resulted in its administration by Hippocrates and his disciples. It follows, therefore, that a perfect and useful *Materia Medica* must be based upon complete and exhaustive provings. Each remedy must be proved and re-proved, until no new symptoms are produced. Then, and not till then, can the work, as far as performed, be considered finished and complete.

What a mass of unimportant symptoms have been incorporated into the works in use at the present day! So unsatisfactory is the study of the pathogenesis of many remedies now in frequent use that probably many of us are obliged to depend upon our own experience, rather than on the published record, though this, imperfect as it is, forms a basis of our experience. Is this multitude of symptoms to be transmitted, without change or improvement, to posterity? Having received, almost from Hahnemann's own hands, the best *Materia Medica* that has ever been given to the world (though necessarily imperfect and incomplete), are we to deliver it to succeeding generations without alteration or amendment? Obviously, improvements can and ought to be made. Let us, as homoeopaths, consider well the most direct and speedy methods of accomplishing them.

We believe a great improvement would be made could a combination of effort be secured upon *one drug at a time*.

The proving of a drug by a single person is insufficient to establish its character. In order to ascertain its true therapeutic powers, the observations of many individuals must be compared. Only when the results are contrasted, verified, and reduced to a system can its worth and power as a remedy be determined or affirmed. Provings only become valuable by confirmation; hence the necessity of repeating them many times and in every variety of condition and circumstance in order finally to separate the essential

from the accidental symptoms. On this point, we quote a few sentences from an address delivered at the late meeting of the New York State Homœopathic Medical Society, by Dr. W. H. Watson of Utica :

"If Hahnemann had done nothing else, he would be entitled to the lasting gratitude of mankind for his suggestions in regard to acquiring a knowledge of the medicinal powers of drugs, by proving them on the healthy subject. This is, *par excellence*, the glorious mission of the homœopathic physician. While our allopathic brethren, under the guidance of Rokitansky and his colleagues, are rendering great service to the world by elucidating the effects of disease upon the system through their researches in the domain of pathology, to us belongs the greater honor of discovering and accurately applying those remedies which will relieve the diseased conditions brought to light by the knife of the pathologist. It is only by large numbers of persons that reliable provings of drugs can be carried on. The constant symptoms obtained by hundreds of individuals from the administration of the same drug must necessarily be its characteristic symptoms; whereas many of the symptoms obtained by a single prover might be purely imaginary, or the result of some accidental cause, and have no relation of cause and effect to the drug which had been administered. There is obviously no standard by which to correct errors from this source; but where an hundred persons, in good health, are affected in a certain manner after taking a particular drug, the conclusion is irresistible that the symptoms thus produced are the effects of the drug which had been administered."

Hahnemann informs us that "It is only by repeated observations made upon a *great number of individuals* of both sexes, properly selected for the purpose from among a variety of constitutions, that we can acquire a pretty accurate knowledge of the whole of the morbid effects that a medicine is capable of producing."

These are the words of the founder of our system. Are we

at the present time carrying out his instructions? Are the provings of our day performed by "a great number of individuals?" Are there five hundred, or one hundred, or even fifty persons engaged at the present time upon any one particular drug? There are upwards of three thousand homœopathic physicians on this continent. How many of this vast number, during the past year, have made a careful proving of any drug upon themselves? We venture to say not one hundred; perhaps not fifty. If the latter number, no one will deem us guilty of disparagement when we affirm that the self-sacrificing labors of these fifty persons have availed little towards accomplishing the great work which devolves upon us as homœopaths. Very little real progress has been made, because the inceptive labor of commencing a large number of drugs has been performed, while a small part only has been completed. If these fifty persons have been engaged in developing the pathogeneses of as many different drugs, a long time will necessarily elapse before the results of their labors can be made available in practice; whereas if they had united their labors upon one of those remedies, it would, in a comparatively short period of time, have been completed, real progress would have been made, and the remedy have become immediately and permanently useful.

The plan we propose, therefore, is to establish some method of coöperation that will unite the labors of all the provers on this continent for a definite time upon one drug. Let all who are willing to engage in this truly profitable and enduring labor prove one drug at the same time. Let trials of one drug *only* be made during the remaining months of this year; and if, at the close of the year, the provings are still incomplete, let it be continued for a longer period, until, in the judgment of those appointed to superintend this movement, the drug shall have been fairly tested. Then, and not till then, let another be selected. Thus uniformity and concert of action, and thorough and speedy discovery of the therapeutic powers of drugs will be attained, and that which now requires eight

or ten years to perform, will be accomplished just as well in one or two.

In conclusion, the committee would simply allude to the peculiar adaptation of this continent to labors of this kind. It is inhabited by one race, speaking the same language, having every facility for frequent and rapid communication, and presenting every variety of locality, climate, temperature, and hygrometric condition of the atmosphere. And further, the American Institute, in being national in extent and influence, is eminently fitted to give direction, uniformity and efficiency to this most important work.

L. B. WELLS, }
H. M. PAINE, } *Committee.*

CLINICAL USES OF CAMPHOR.

BY JOHN C. MORGAN, M.D., ALTON, ILL.

BESIDES the everyday employment of this remedy as an antidote, &c., this drug is useful in certain cases of head-ache, of intermittent fever, and of tedious parturition.

CASE I.—A lady, aged thirty, had sick headache, dull and pressive, affecting the eyeballs; relieved by bandaging tightly and by rest; occurring in the forenoon, from anxiety and cold, with too much exercise before breakfast. Two one-drop doses of *camphor tinct.* upon the tongue, with a short interval between them, removed all but a slight general dull feeling, which was not painful.

CASE II.—A lady of thirty five, subject to chronic periodical sick headache, which was worse at the menstrual periods, and by talking, and by *rest after active exercise*; not felt so much while moving about or lying still; consisting of most intense aching in the whole anterior third of the head, including the

eyes and malar bones, with constant nausea, and sometimes ameliorated by a warm water emetic, which discharges a very acid fluid; felt on first awaking, reaching its maximum at mid-day, and passing off at bedtime. By taking two drops of *camphor tinct.* every two hours, she is enabled to get through the day with comparative comfort, keeping up and attending to her duties as usual. No remedies have as yet sufficed to *eradicate* the malady. During the last peach-season, which she improved by eating the fruit freely, she enjoyed special immunity from the attacks, which usually measure intervals of seven days, and are attended with costiveness. In confinement, she suffers from chapping and ulceration of the nipples, seeming to extend within the milk-ducts themselves; has but scanty flow of milk, which is increased, however, by the use of tea, and by that only. It may be expected that careful "antipsoric" treatment will finally effect a permanent cure. After *camphor*, she has been most benefited by *stannum*, *nux vomica*, *lobelia* and *sulphur*.

CASE III.—A stout girl of twenty had mild remittent fever. It changed to tertian intermittent, with urticaria, which lasted only during the paroxysm, and appeared half an hour before the chill, together with general pains as if sprained. One dose of *rhus* 3°, on the appearance of the rash, prevented the recurrence of the ague-fit. A simple intermittent paroxysm occurred after two weeks, without very notable symptoms. Directed *camphor*, 2 drops, every five minutes at the onset. Two or three doses were taken, with the effect of preventing the next attack. In this instance, the type was double tertian, and next day, the same medicine failed. *Arsenicum* 3° for several days also failed, but doubtless prepared the way for the next remedy. The paroxysms came on at 6 P.M., lasting two hours. *China* 3°, one dose on going to bed, twenty hours before the next period, prevented the return.

CASE IV.—A young man, of sanguine lymphatic temperament, had simple fever every day from 1 to 4 o'clock; had taken *quinine*, *blue pill*, &c. previously. Directed *camphor*, two

drops, every two hours. The fever was diminished one half next day, and on the following, to almost nothing, which was the last of his intermittent.

CASE V.—A young married lady had cerebral symptoms, involving also the uterus. Cured by *bell.* 3° and *puls.* 3°. Shortly after, she got ague in daily paroxysms, with rheumatic pains during the attack. Prescribed *puls.* 3°, one dose each night, and *camphor.* 2 drops every hour, three doses, preceding the time of onset. There was no more ague.

CASE VI.—A consumptive young man, since deceased of phthisis, had chronic ague. The allopathic arsenal had been exhausted in his case, much to his injury. Directed *puls.* 3°, one dose at each onset. This not succeeding, to take *puls.* 3° each night, and *camphor.* 2 drops at the onset, and this to be repeated, if necessary. The latter prescription cured at once.

CASE VII.—A woman of fifty, being in labor, had insufficient pains. *Secale* 3° every twenty minutes increased them much for a time; but its repetition was unavailing to prevent relapse. *Camphor.* two drops, one or two doses, immediately and permanently renewed them, and a good confinement was had. After-pains very slight.

CASE VIII.—A woman of middle age was confined with her eighth child. But some days before, she had had false pains, which were relieved with a few doses of *camphor.* Directed its repetition in case they should return. Calling a few days after, in the evening, learned that the medicine had rendered the pains worse, and that it had therefore been abandoned. An examination per vaginam showed a complete preparation for labor; but the pains were trivial. Gave *camphor.* one drop every twenty minutes, three times. Vigorous pains followed, and the membranes were soon ruptured by their force alone. At midnight, a healthy child was born. All went on well. When there is any undue excitability, as in this case there was, I fear danger from the exhibition of *pulsatilla* or any such remedy, in the shape of convulsions, rupture of the womb, &c. *Pulsatilla* is well adapted as a parturifacient in cases of utter

prostration, especially at high potencies. One dose of *pulsatilla* 200° had the desired effect promptly in one such instance, after *secale* 3°, followed by camphor, had remained inadequate.

Upon the whole, I am compelled to regard *camphor* as an indispensable agent in obstetric practice, and as being often a satisfactory and safe substitute for other remedies commonly employed against the more trivial accidents of labor, to which the acute nature of the action of *camphor* renders it homœopathic—labor being itself an acute affection.

CASE IX.—Another case of ague. A man, aged fifty-six, of active habits and sanguine temperament, had a paroxysm of simple ague from 11 A.M. to 4 P.M. No attack the following day; recurrence expected on the next thereafter; against which, I prescribed *nux vomica* 200°, one dose at bed-time. During the forenoon, some premonitions being observed, he took several one-drop doses of *camphor*. This patient has never had a paroxysm since, a period of two years.

It will be observed that I disregard the irrelevant mass of symptoms detailed in the books concerning this disease. Simple cases are essentially alike, and *china*, *nux vomica*, *bryonia alba*, *ipecacuanha*, *tartarus emeticus*, *arsenicum*, *gelseminum* and *camphor* will to a certainty be found efficient remedies. Complications point unmistakably to other familiar drugs. The selection of remedies for intermittents, I consider very easy. Far more depends on the posology; and this is sometimes very difficult to determine. One general rule is, to select two remedies, similar, yet of reverse primary and secondary effects, as *china* 3° and *arsenicum* 3°, giving the one most indicated in rapidly repeated doses, and antidoting with the other, one to three doses before the onset. Another and a very useful plan is, to give one dose of the selected *similimum* at the onset only.

CASE X.—A lady of thirty took a slight cold, resulting in a troublesome tickling in the pit of the throat near the left corner of the os hyoides, with vexatious cough and hawking. *Capsicum* 3°, one dose, cured at once.

Two years previously, the same symptom occurred from

inhaling the smoke of bituminous coal, and was relieved by one dose of *pulsatilla* 3°. In this instance, however, it had no effect.

CASE XI.—A young lady had severe chills every other day at 6 A.M., followed by fever. The apyrexia was marked by great prostration. Paroxysms showed cerebral congestion, with occasional epistaxis. Gave four doses of *arsenicum* 30° (centesimal, as usual in my practice) at intervals of six hours the first day (24 hours). At the next bedtime, one dose of *china* 30°, six pellets; and at 5½ o'clock A.M., *capsicum* 30°, one dose. She escaped the paroxysm.

Even when insufficient to cure, *capsicum* 3°, in frequent doses, will often ameliorate the paroxysm of ague. Indeed, all the aromatics, with *camphor*, *gelseminum*, &c., are nearly related in their action on the nervo-vascular system, if I may judge from my own experience solely.

A case of soporose ague—evidently somewhat on the malignant order treated successfully by Dr. Curtis with one-drop doses of *capsicum*, mother tincture—was published some time ago in the *North American Journal*. *Arsenicum* had been previously employed with only partial success.

Small doses of *brandy* sometimes aid in the cure of such cases, occurring among the aged and debilitated—not seeming to impair the action of specifics, if pure. In these cases, I regard it as a palliative dietetic only, to be discarded whenever the vital power is sufficient to respond to the specifics. Beef-tea should generally go with it, in alternation.

SUICIDAL MONOMANIA.

BY E. F. HOFMANN, M.D., OF POUGHKEEPSIE.

THE following case of wonderful reaction and restoration to health, the patient being subject to suicidal mania, is of so remarkable a character as to make it worthy of record.

The patient, Mrs. C., is a lady in easy circumstances, of tall, slender build, and nervous temperament, who had been for months under the care of Dr. —, of the Thompsonian school, for "dyspepsia," without having obtained any benefit therefrom. Her friends and herself, therefore, determined upon a change to the homœopathic treatment.

Her condition, at this time, was deplorable in the extreme. She was reduced to a mere skeleton in appearance; suffering from excessive languor, both mental and physical, with great depression of spirits; complaining constantly of an indescribable uneasiness and weakness, which confined her the greater part of the time to her bed. She had all the other symptoms incidental to dyspepsia, such as cardialgia, pyrosis, etc., and these, too, in their most aggravated forms.

Her appearance was of the most painful and piteous character, as she frantically besought relief, threatening to destroy herself, if it were not speedily afforded; which desire her mind seemed so intent upon, that she required the most constant and vigilant watching.

The terrible threat was put into execution about three months from the time of application for our services; during which term, we were able to mark a decided improvement in her condition, especially in the decrease of sensitiveness in her morbid nervous system. At this period, on the morning of the 25th March, 1860, she was discovered by her daughter at the most critical moment of the act. With a common skein of worsted, she had succeeded in suspending herself to the

upper and outer edge of a closet door, and had pushed a chair from under her feet that remained standing in the closet, which secluded position she had evidently chosen to avoid a too early detection. The daughter rushed, with admirable presence of mind, to her relief, loosened the noose and saved her, while she seemed struggling in the very last agonies of death.

On being immediately summoned, we found her lying on the floor, cold and pulseless. Her breath, coming only in gasps at long intervals, appeared more like the escape of gas than living expiration. Her neck was so swollen as to be even with the face, eyes much protruded, and countenance so much discolored as to give the exact appearance of one recently hung. By elevating the head above the level of the body, using vigorous frictions with artificial respirations, and moistening her lips frequently with *glonoine*, before an hour, we succeeded in exciting some slight reaction. She was then placed upon the bed, covered warmly, and mustard poultices applied to her feet. Her pulse in the meantime gradually returned, and her breathing grew better, though stertorous. She took a little water, which at first appeared only to lie in her mouth and choke her, though she evinced great pain in the effort of swallowing. But her breathing gradually improved, the eyes protruded less, and the discoloration of countenance diminished. We continued giving *glonoine*, and applied *arnica* lotions to the neck.

In this manner, she continued to improve until about three o'clock in the afternoon, when a sudden quivering seized her whole frame, followed by spasms which seemed to affect only half her body at a time. The anterior part would contract, making her appear as if trying to sit upright. This was followed by a short relaxation, and then by similar convulsions in the posterior part.

We now discontinued *glonoine*, and substituted *belladonna* and *nux vomica*, in alternation. The spasms kept increasing in violence until after the lapse of about half an hour, when they slowly subsided, till but a slight muscular quiver remained.

Total relaxation of the whole system followed. Her body in the meantime becoming warm, was covered with a profuse perspiration, while she lay motionless, breathing with more regularity, and swallowing water when held to her lips.

In this condition, she passed the night. By the following morning, she was able to move her head from one side to the other; would answer "yes" when asked if she wanted water. She had, in the course of the forenoon, another attack of tremor, but which yielded speedily to a few doses of *opium*. At evening, her countenance was much more natural, the color nearly so, and the swelling of the neck had almost entirely subsided. She also seemed quite comfortable and to recognize her friends, though soon afterward falling into another stupor.

On the following morning, 27th inst., a most decided change took place. She awoke early from her sleep in the gayest and apparently most rational humor. Happiness, almost to ecstasy, beamed in her face. Every surrounding thing seemed to meet her fullest satisfaction. Even a few flowers sent by a friend excited most unbounded admiration and delight. On my morning visit, she welcomed me with the greatest cordiality, declaring that she was but just returned from a long and delightful visit in the country of about five months, but had taken cold on her journey, and had severe sore throat in consequence, complaining that she suffered great pain in swallowing. I examined her throat, and of course pronounced it "quinsy." She expressed great surprise at the discoloration, but was pacified when told it was the effect of mustard. Her conversation was jocose, and at moments brilliant and witty. She would continually rally her husband and daughter, if they did not join in her raillery, and would assume expressions and attitudes grotesque and comical; at one moment, in washing her hands, attitudinizing as a fisherman, assuring her husband she was fishing for him. Her appetite, likewise, was excellent, as she appeared to eat with the keenest relish.

This rather unnatural elevation triumphed during the day;

but by night, she sank into a quiet and passive condition, having had a slight return of the muscular twitching. She continued comfortable during the night; but by daylight, a powerful reaction came on. The morbid gaiety of the preceding day was succeeded by emotions of the most violent and contrary character. Her eyes flashed rage, and her expression was almost demoniac. Hate toward her husband and child seemed to be the uppermost passion. She would spring raging at them, threatening their lives, and rivalling in strength nearly all who attempted to subdue her. The strictest watching was necessary. The windows were nailed, as she repeatedly attempted to throw herself from them; also, all articles which she might use for self-destruction, especially knives, which she seemed determined to secure, were skilfully secreted from her. All day, her repeated attempts to escape from the house and do violence to herself were repeatedly frustrated. Gradually, after the administration of *stramonium*, she grew calmer, and continued so through the night, the following day, and later—her appetite continually increasing, and her tranquillity and sanity making the same good progress. There remained only an intermittent headache, which was entirely overcome by the use of shower-baths.

Up to this date—one year since—she has recovered daily at the same remarkable and secure rate, carrying no recollection in her mind of the transactions which occurred during the four months previous to her attempted suicide, nor a single consciousness of that rash act and most merciful escape.

CLINICAL OBSERVATIONS.

BY DR. FRINKS, OF DRESDEN, SAXONY.

[Translated for the U. S. Journal of Homœopathy by Dr. G. Bloods, of New York.]

The three following cases of spinal affections we translate from Dr. Clotar Mueller's *Homœopathic Quarterly*, because, for several reasons, we think them preëminently worthy to be brought in their full extent to the knowledge of the profession of this country. In the first place, they were communicated to the *Quarterly* by Dr. Frinks of Dresden, the celebrated leader of the modern school of homœopathy in Germany, and reported with the greatest accuracy and completeness; and then, they are the fairest specimens we could possibly find of *genuine homœopathic cures* of serious diseases *with one well selected remedy*. Besides, as this, our nineteenth, century is distinguished by the predominance of nervous affections of all descriptions, every contribution to the better knowledge of such, and their homœopathic treatment, ought to be received gratefully.

Moreover, the communications that follow derive an additional interest from the concluding remarks of their distinguished author in relation to the lamentable abuses which, since some time, have crept into the homœopathic practice, and which deserve the earnest attention of all who make it their life's aim, not only to relieve suffering mankind, but to promote, at the same time, the good cause of homœopathy. And in no way can both these aims be more certainly attained than by trying with all our strength to uphold our old master, Hahnemann's, simplicity of treatment, or by returning to it whenever we become guilty of deviating from it.

I.—SPINAL AFFECTION AFTER DIPHTHERIA.

Miss Eliza —, twenty years old, of scrofulous constitution, has since her childhood been affected with *tænia lata*, of which she passes, from time to time, shorter or longer pieces, without experiencing any farther troubles from the parasite. Her catamenia, at first flowing stronger, but afterwards becoming weaker and shorter in duration, always set in with crampy pains in the abdomen. According to the circumstantial report of her case given to me by her brother-in-law, Dr. Suess Hahnemann of London (of date Oct. 2, 1859), she was, in the course of the winter of 1858–9, taken with ulcerative sore throat, which was removed by *merc. sol.* in a short time; but ever since, as she asserted, she had always felt cold, which may have been owing to the London doors and windows allowing of a constant draught of air, and to the imperfect way of heating the rooms by open fire-places. In July, 1859, she went to the sea bathing at Hastings, where, on the 12th of said month, she was again taken with sore throat, to which no proper heed was given before the 15th of July, when her brother-in-law examined her himself. The most perfect diphtheritis had developed itself—a disease which, imported from Boulogne in France, was then epidemic in England. The patient was immediately conveyed to London, and put under the joint care of Drs. Dudgeon and Engall. The whole cavity of the mouth and fauces, as far as could be seen, was covered with the fungus-like exudation peculiar to this disease, spreading an exceedingly offensive smell, which was so strong that the door and windows of the sick room had to be kept open. The patient was extremely prostrated, and could scarcely swallow even liquids. Her pulse was weak, almost thread-like; and since four days, constipation and sleeplessness had supervened. It was agreed to follow the treatment recommended by Dr. Madden of Brighton in the *British Journal* of July 1, 1859; according to which, tincture of the *muriate of iron*, twice a

day, and *glycerine*, every two hours, were applied locally, whilst $\frac{1}{4}$ gr. *merc. jod.* was administered every three hours internally. On the third day of this treatment, the exudation began to come off, and diminished every day, until, on the tenth day, the whole cavity of the mouth was clear of the fungus-like growth. The patient was kept on a very nutritious diet of "bouillon," turtle soup, and even port wine. At the end of July, she was so far improved that she could move to the country, where she apparently recovered very fast; although, after her first leaving the béd and attempting to walk across the room, she remarked that she felt very weak in her feet. Also, during her stay in the country, her night rest was disturbed by an anxious sensation, with short breathing, for which she took *arsenic*, but, as it seems, without the desired effect. As her weakness increased again, she was brought back to London, where, soon after her arrival, she was taken with a severe attack of cholera, with collapse, caused by her rising at night in order to satisfy a spell of canine hunger. She got violent depression in the breast, followed by frequent vomiting and diarrhoea, with the passing of three to four yards of tapeworm, terrible cramps in the calves, and icy coldness of the whole body. External warming, bathing with *camphor*, and the administration of *arsenic*, were now resorted to; two days after which, the diarrhoea and vomiting subsided, and the patient began to bear mutton broth by the teaspoonful. After rubbing the abdomen—which at times was highly inflated—with cognac, the spells of burning pain in it ceased. On the back, too, cognac was rubbed in. Since the diphtheritis, she had lost the use of her feet, and her whole body was swollen from head to foot.

The developed spinal affection now caused Dr. Suess Hahnemann to send the patient back to Dresden. The exertions of the journey had considerably increased the disease, and during a stay of one month in the country,

near Dresden, this exacerbation had made still greater progress.

After her return from the country, I saw the patient, for the first time, on the 19th of October, 1859. She related to me that she had noticed the weakness of her feet directly after getting over the diphtheritis, and that it had been on the increase ever since. The very first time she left the bed, she had been surprised by a numb feeling in both soles and in all the toes of both feet. The patient was not able to rise from her seat on the sofa by her own strength. She had to be assisted by some other person. Neither could she stand alone, but had to rest with her hands on the table, and be supported under her arms. The same had to be done if she made an attempt to move a few steps forward, as she could not lift her feet, but shoved them forward on the floor. After sitting for some time, her feet would become stiff and unpliant; and at every attempt to rise from the seat by her own strength, the knees caved in. In the flesh of the thigh and leg, she has drawing pains when sitting and lying. Since the last four weeks, there had also appeared unwieldiness, awkwardness and clumsiness of the hands and fingers; she could no longer seize or hold small objects; as soon as taken up, they would drop from her hand or fingers; and she was no more able to perform on the piano. She cannot retain the urine as long as in health—there is a more frequent disposition to passage.

A close examination of the vertebræ of the whole neck, back and loins does not show anything more than a slight deviation of the dorsal vertebræ to the left side, existing since her childhood. None of the vertebræ were found sensitive or swelled, nor did the patient feel any painful sensation in the hollow or in the marrow of the back, or small of the back. The patient had lost flesh, but no atrophy of the muscles of the neck, back or upper and lower extremities was perceptible. The brain was free from all morbid sensation. But of late she experienced some difficulty in bearing her head upright for a

long while. Sensation in the hands and feet had gradually become duller; and the feeling of numbness of the soles and toes, as if they were lined with fur, attended by a certain weight of the lower part of the feet, was very troublesome. The accurate physical examination of the organs of respiration and circulation, as well as of the abdomen, showed no abnormality of any kind; appetite, digestion and evacuations were not altered; the urine remained clear and light, and of acid reaction; menstruation appeared in time, but was scanty and of short duration; her sleep frequently interrupted, and not refreshing. All these morbid symptoms, apparent in the sphere of sensation and motion of the upper and lower extremities, hinted at an affection of the spinal marrow, developed as a sequel of diphtheritis, which may even be regarded as a terminal affection thereof. We purposely avoid the futile designation of *spinal irritation*, with which there is so much bragging now, and a good deal of harm done in practice. At the same time, we do not pretend to make a nicely determined diagnosis of the case, which, in diseases of the spinal marrow, is generally not so easy as some may imagine, because the pathogenesis and pathology of these affections are still enveloped in great darkness, not yet lighted up by pathological anatomy. Although post-mortem examinations may reveal grossly material alterations of the neurolemma of the spinal marrow, and different exudations and effusions between the membranes and the marrow, and, in such cases, some alterations of the substance of it (as atrophy, consumption, softenings of various kinds) may be discovered, all these pathological conditions do not allow of any doubtful inferences upon the primitive nature of the affection, as, between this and the terminal result, there lies a series of morbid processes which baffle autopsy, and often develop, through years before reaching their terminus, in the destruction of the spinal marrow.

In the whole length of the spinal marrow, from its leaving the cavity of the skull to its termination in the cauda equina,

no morbid or painful sensitiveness of any kind could be perceived, nor did any of the vertebræ betray any pathological condition. A very moderate flexion of the dorsal vertebræ to the left side had existed since childhood, and could not have had any influence on the development of the disease, as is the case in Potts' curvature. Neither had the patient, in the course of the diphtheria and the subsequent diseases, experienced any pain or other abnormal sensation in the dorsal and sacral regions. At her first rising from bed after the diphtheria, she had felt weakness in her feet, and numbness, or furry sensation, in the soles and toes of both feet. These signs, particularly the weakness on treading and stepping, the unfirmness and vascillation of the feet, and the breaking down of the knees, had gradually supervened and steadily increased; and at last, the same morbid sensations and signs of debility had made their appearance in the fingers, hands and arms—which proves that there was a progressive course of the disease from below upward, and that the seat of the morbid process we had to seek for was in both parts of the medulla itself, as the functions of sensation, as well as of motion, were altered.

We abstain wisely from deciding whether the pathological process going on in this case was developed to the consumption of the substance. All the signs, however, lead to the assumption that the morbid process was going to pass from the sphere of vitality into that of atrophic pathology; for the development and increase of the morbid phenomena had not yet come to any stand-still, as seems the case with so many affections of the spine. The further development of this case into wasting or softening was to be expected with some certainty.

A special interest was given to this case by the pathogenetic cause. It is not in the least doubtful that the cause was diphtheritis—this still very mysterious disorder, first more accurately observed and described by the French physicians, particularly Bretonneau—which at that time was epidemic

in England, and especially London; for before she had been taken with this disease, the patient had been perfectly healthy. According to the communications made to me by an English physician, this epidemic is said to have been imported to London by some Englishmen from Boulogne, and to have spread from the capital to several provinces of England. To judge from different observations of English physicians, this disease must be reckoned among the great acute disorders affecting the whole human organism, and which, by its nature, as well as by the rapid exhaustion and paralysis of the nervous system, runs to a fatal termination in the shortest time. As sequels of it, we find mentioned by English physicians, paralyzes of the organs of special sense, particularly of the *nervus opticus*. Diphtheritic phenomena on the mucosa of the mouth, tonsils, and fauces, we have only observed as concomitants to some cases of scarlatina; and those would readily disappear under the administration of *merc. sol.* or *sublim.* As an individual disease, as it is described by French and English physicians, we have not yet met with diphtheritis. The treatment followed by the latter, with the main purpose of removing the pathological product by the application of escharotics, we would not adopt. We would also think of the use of mercurials, but certainly not resort to the slowly acting *merc. bi-jod.*, but perhaps administer *iodide* or *bichromate of potass*; and on signs of collapse, unhesitatingly resort to *phosphorus* and *arsenic*. Which remedy effected the cure in the case before us, would be difficult to ascertain, as *mercurius*, *iodine*, *tinct. ferri mur.* and *glycerine* were exhibited simultaneously—a medication which not even the result would seem to justify. And there was no cure effected in this case, for the disease terminated in an affection of the spine.

The prognosis could not be put favorably in this case. Here was a spinal affection, the nature of which could not be exactly defined by its symptoms, but which had certainly transgressed the vital sphere, and was indicative of nearly impending alterations of the *substantia medullaris*, either as

consumption or softening. Moreover, since the first manifestations after diphtheritis, a space of nine months had elapsed, and the phenomena had gained in intensity as well as extent. They had proceeded from the lower extremities to the peripheric terminations of the plexus brachialis, had therefore already taken hold of that part of the medulla spinalis from which this plexus springs. To expect anything from the spontaneous healing power of nature was out of the question, since the progress and extension of the disease forbade hope for any such help. Art alone could help here, for so-called natural cures are among the rarest occurrences.

Manifold favorable experiences determined me to select *cocculus*, which I had found available in several similar cases. On the 20th of October, three drops of the second decimal dilution of *cocculus* were left to be taken in the morning and evening, and an indifferent but nourishing diet ordered.

After a fortnight's use of the remedy, the patient noticed already a conspicuous diminution of the drawing pains in the lower extremities, and an increase of strength in them on rising from the seat and standing up. The menstruation set in, which caused the improvement to stop. After this, the same medicine was taken again, and in the interval to the next monthly period. The improvement was steadily progressing, so much so that the patient made attempts to walk up and down the room, and was constantly gaining strength in the lower extremities. At the same time, her sleep became more quiet, and the nutrition of her body rose with an increase of appetite. In the course of the third month, the numbness and furry feeling of the fingers, soles and toes disappeared gradually; she was able to do some lady's work, and even began to play again on the piano.

Thus, in the course of six months, all the above-mentioned morbid phenomena in the spheres of sensation and motion of the upper and lower extremities disappeared. When spring approached, the patient was free from all those troubles. She can now sit, stand and walk as long as she likes without

perceiving any weakness in her limbs, and her body has become stout and strong again. During the last three months, the patient took the same medicine, in increased intervals only.

II. — AFFECTION OF THE SPINE.

Mr. P——, of G——, a man forty-six years of age, and of vigorous frame and constitution, had several times previously been under my care for rheumatic and gastric affections, the last time, in the spring of 1857, for inflammatory pains in the lesser lobe of the liver, which, with simple enlargement of the organ, had remained since the allopathic treatment (through six weeks) of an inflammation of the peritoneal coat of the liver. These troubles were soon removed by homœopathic medicines. In the fall of the same year, patient was (as Dr. R. says) taken with an affection of the medulla spinalis, which this practitioner pretends to have removed in a few weeks. In September, 1858, the same patient, after taking cold, and probably committing some errors of diet, was taken with vomiting and diarrhœa, which were followed by a catarrh of the stomach and bowels, with a (secondary?) affection of the brain, probably of a typhoid nature. He was treated with *ipécac.* and *morphine acet.*, then a cathartic of *tart. stib.* and *ipécac.* and emulsion of oil of almonds, *opium*, with *tinct. acid aromatic kali, m. rhei* and *aqua*, with a decoction of *rad. columb.*, *elix. vitriol, mynsicht* with *syrup of cort. aur.* At the commencement of October, these affections of the mucous membrane of the bowels were removed and the head free; but an affection of the spinal marrow had developed itself, which, when I visited the patient for the first time, presented the following appearance:

The brain was perfectly free; the mental faculties unaltered; no vertigo; no heaviness; no dullness; no headache; the organs of special sense not affected; no sign of pain in the whole extent of the spine, from the neck down to the sacrum, not even on pressing hard upon every single vertebra; there-

fore, no morbid condition of the substance of any of the vertebræ. There was also no pain perceived in the medulla itself; no heat or coldness, and no formication. Sensation, however, in the upper extremities to the elbow, in the lower to the glutei muscles, was entirely obliterated, and this in a steadily progressing way—first in the tips of the fingers and toes, then in the hands, soles, etc. There was now a perfect anæsthesia of the nerves of sensation. At the same time, motility was paralyzed; he could grasp larger objects with his fingers, but not retain them; he could sit up in bed and on a chair, but, in the attempt to stand up, the knees would break down, and he had to be supported; walk or step with his feet, he could not at all; in a sitting posture, he could still move them a little, but not keep them extended. The muscles of both extremities had become flaccid, had lost their hardness and contraction, and were wasting; the temperature of the limbs was the same as that of the whole body; therefore not changed.

The appetite was vigorous; digestion undisturbed; the alvine evacuations, however, were scarce, and not without the assistance of cold water injections. The urine was light and clear, without any peculiar smell of acid reaction, but was evacuated very frequently, the sphincter vesicæ having lost part of its energy; he had, especially in the night, to satisfy immediately his frequent inclination to pass urine, lest it should flow off involuntarily. His sleep, too, was quiet, unless interrupted by this tendency. This affection of the spine, the above mentioned physician had diagnosed as *tabes dorsalis*, and administered for it, internally, *extr. apis* and *nux vomica*, partly alone, partly in combination with *extr. gentian*, *chininum sulph.* and *pulv. fol. rhus tox.*; while externally, rubbing with *unguent. nervin.*, *veratrin.*, *spir. serpill* and *cantharides* were used, and the patient recommended to drink strong beer and claret; and as no improvement was perceptible, urtication and electricity, as means of some possible avail in this case, were spoken of. As causes of this spinal affection, neither excess in venere

et baccho, nor any other direct noxa, could be traced. Colds and dietetic blunders might cause catarrh of the stomach and bowels; but scarcely ever such serious affections as the present one. Neither could the previous gastric and intestinal catarrh, unless it had been of a typhus character, have acted as an indirect cause of the disease, although some disposing influence may be ascribed to it; since I had repeated opportunities to observe that disorders of the abdominal functions with or without fever, as well as typhus, would be followed by spinal affections of various kinds, developing in an unexpected manner. There had not been any inflammatory affection either of the medulla or its membranous coats, for the patient had never noticed any pain in the spine, either before or since his illness; therefore there was no probability of an exudation causing pressure on the medulla. The cause of the disease could as little be sought for in the brain, as the functions of this, as well as the nerves of special sense, had not undergone any disturbance.

A diseased condition of the bony substance of the vertebræ could not be discovered in the whole length of the spinal column. I inclined, therefore, toward the opinion of the former attendant, in believing that the previous probably typhoid process had caused *atrophic* disturbance of the medullary substance. In this case, too, the prognosis could not be but very unfavorable. Although the disease had not been of long standing, it had proceeded very far in a short time.

Considering that the preceding treatment had consisted in administering in large doses several medicines of a strong specific action on the spine, as *nux vomica*, *china*, *sulphur*, *rhus tox.*, *veratrum*, etc., a medicine had to be selected which would act as directly, and, if possible, even more intensely and energetically, on the same organ. For these reasons, and in consideration of the great and powerful direct influence which *phosphorus* exerts on the whole spinal marrow (as has been observed of it by such physicians as Loewenstein, Loebel, Le Roi, Weikard, Gumprecht, and Robbi) I selected this remedy.

And this choice was a fortunate one, for *phosphorus* alone accomplished the cure in the course of two and a half months. At first, the patient took three drops of the second decimal dilution in pure water, every morning and evening, during the first and second months. When the recovery had so far advanced that the patient only felt some weakness in his knees after walking for a long time, three drops every evening. The disease passed off in the same way as it had developed. At first, sensation gradually returned in the upper and lower limbs, and the strength and motility of the muscles increased, these soon regaining their natural tension and firmness.

Since that time, the patient has remained quite healthy; he attends to his business without fatigue; can walk very long and far without feeling more tired than any healthy person would after similar exercise. Neither was this prolonged use of *phosphorus*, so far as I observed, productive of aggravation of the suffering or the exhibition of any of the peculiar effects of *phosphorus* on other organs of the system.

CASE III.—A boy of ten years of age, very scrofulous, whom I cured in 1851 of torpid croup, consequent upon hooping cough, in the spring of 1852 had fallen from a swing, which probably caused a severe concussion of the brain and spine, for he was carried home unconscious. The immediate application of cold water compresses over the whole head had restored consciousness after an hour, when the patient complained of severe head-ache, and vomited several times on rising in bed. He took repeated doses of *arnica*. The next day, the headache had disappeared; and as he felt quite well, he went to school until the fourth day after the accident. On this day, while at school, he was suddenly and without any previous bad feeling seized with clonic convulsions, which moved the trunk and both extremities violently. I was called in at once, and found him perfectly conscious, and, as he assured me, free from all pain in the head and back. The most accurate examination of the head and spine did not show any

local injury or painful spot. The convulsion, however, would recur, now in longer, then in shorter intervals; now bending the body bow-like forward, then extending it backward, while the limbs were thrown in different directions. These attacks lasted from five to ten minutes. Trismus was not present. After the fits, he complained of feeling tired and sleepy, without being able to sleep. Pulse and breathing were not altered; stool and urine were evacuated naturally.

These clonic convulsions of course had to be considered as consequences of the preceding concussion of the spine, which the use of *arnica* had not perfectly removed. I ordered at once *stramonium* 2°, dec. dil., three drops every hour in water, the dose to be administered less frequently, if there should be a progressive decrease of the attacks. At my night visit, I found the patient sitting up in bed and enjoying his supper. He assured me that he felt quite well and had no pain either in his head, back, or limbs. The convulsions had returned six times, but weaker and in longer intervals every time. He had taken six doses of *stramonium*. I left an order to administer the medicine every two to three hours, in case the fits should return. But, soon after taking his supper, he had fallen asleep and slept quietly all night. Not the least symptom of convulsions had appeared. His anxious mother had not even observed any twitching of muscles or limbs. As he felt perfectly well the next morning, he had gone to school again, and has never since been subject to any such fits.

The cure of these clonic convulsions by the prescribed medicine may be doubted. But, before its exhibition, there had been four attacks at short intervals and of increasing violence: after it, they returned at longer intervals and diminished in intensity, — facts, which seem to justify the assumption of a curative effect of the medicine.

I publish the above three cases, not only because they illustrate the great efficacy of homœopathic medicines in diseases of this kind, but also in consideration of the fact that cures of great diseases, acute as well as chronic, through the

persevering and consistent administration of *one single remedy*, are among the rare things in homœopathic literature,—a fact which has to be regarded as a melancholy sign, showing how far the neglect of the rational principles of homœopathy has proceeded. If this ignorance of the diseases and of the specific action of homœopathic medicines and their rational application, as laid down by Hahnemann in his *Organon*, should make any further progress, the homœopathic art of healing will be thrown into the same anarchy into which allopathy has been precipitated by the physiological school. I do not exaggerate, but simply tell the truth—as every one may easily be persuaded by glancing at any of the Homœopathic journals. They abound with reports of cases in which the medicine was changed every two or three hours,—a real *mongrel practice*, as Hahnemann justly styles such a *modus operandi*. Mere common sense will understand that, through such a constant, unjustifiable, and unqualified change of medicine, *all pure observation and experience are made impossible*. We have already arrived at this point, when two or more remedies are used internally and externally in the same disease, as in diphtheria and others. If this course be followed up, the great poet's word will be verified, that "art has always declined through the artists," and *thus homœopathy will most surely be abused by the homœopaths*.

ACONITE.—CROUP.

BY PROF. WM. E. PAYNE, M.D., OF BATH, ME.

INVASION, as in almost all others of a simple inflammatory type, in the evening, after first sleep. Restlessness, accelerated pulse, and dryness of skin, precede the attack. The little patient usually rouses with impatient movements, tosses from side to side, refuses to be quieted, and cries, on attempting to

swallow, as if from pain and soreness of the throat, followed by a shrill barking cough, and sibilant, stridulous or sawing respiration. The cough is paroxysmal, and occurs only during *expiration*; and often, in severe paroxysms, *every expiration ends with a hoarse barking cough*; but the cough never occurs as the result of the *inspiratory* effort, as in some other forms of croup. The cough appears to result from a tickling sensation induced by the rush of air from the lungs through the oversensitive and irritated larynx; and often, on every attempt to swallow liquids. The sibilant, stridulous, or sawing respiratory sound is also heard only during *expiration*, and never during the *inspiratory* act. The cough and loud breathing are therefore concurrent; that is to say, both take place *during expiration*, and both are *absent during inspiration*. The croup is more or less remittent, according to the severity of the attack; but the stridulous breathing continues till after midnight, when both gradually remit, and towards morning, nearly or wholly disappear, but often to return on the following night. Personal observation and experience have satisfied me that the above peculiar combination of symptoms indicates the use of *aconite* in croup.

If we take into consideration simply the time of attack, and the peculiar sound of the cough and breathing, we shall be in doubt whether *spongia* is not equally indicated. But a critical examination and comparison of the symptoms will show a wide difference. In *spongia* croup, the stridulous breathing and barking cough result from the *inspiratory* effort, the reverse of what occurs in *aconite* croup. There are also, in *spongia* croup, fluent coryza and sometimes sneezing, together with drivelling from the mouth; whereas, in *aconite* croup, these symptoms seldom or never exist.

Neither of the above remedies is homœopathic to membranous croup, and, in our judgment, all time spent in their employment is so much time lost.

General Record of Medical Science.

Fundamental Principles of the History of the Nutritive Nervous System. By Dr. SAMUEL, of Konigsburg, Prussia.

[Translated for the U. S. Journal of Homoeopathy, by Prof. Carmichael, of New York, from the "Journal de la Physiologie" of Brown Sequard.]

(Continued from page 400, Vol. II., No. VI.)

The Nerves of Secretion.—Magendie conceived the idea that the secretions depended upon the nerves of sensation, and were merely a manifestation of their activity. Enlarging upon this idea, Campbell and Marshall Hall produced their theory of an excito-secretory nervous system. But it is to Ludwig we are indebted for the first vigorously scientific demonstration of the nerves of secretion, published in 1851 in his incomparable work upon the salivary secretion. After having tied the carotid and vertebral arteries of the two sides, removed the brain, exposed and opened the duct of Steno, and divided the trigeminus within the interior of the cranium, he observed the following results:

1. Irritation of the peripheral extremity of the trigeminus produced isolated movements of the jaw, and, at the expiration of ten or twelve seconds, an abundant secretion of saliva, which continued after the cessation of the excitations.

2. Irritation of the peripheral extremity of the facial provoked distinct movements of the hairy scalp and the face, also considerable salivary secretion, the jaw remaining completely immovable. Irritation of a branch of the same nerve produced the same secretion, but no muscular movement.

3. Irritation of the central extremity of the glosso-pharyngeal caused parotid secretion, which is never produced by excitations of the same parts of the vagus and hypoglossus.

4. No nervous branch separated from the brain and excited, except the inferior maxillary division of the fifth, and the chorda tympani, a branch of the facial, is capable of acting upon the parotid secretion. Excitation of the central extremity of the glosso-pharyngeal alone determines salivary secretion.

5. The will, by the intervention of the trigeminus, possesses the power of acting directly upon the secretion by the simultaneous influence exercised by this nerve upon the movements of mastication and the flow of the saliva. It does not appear to exercise the same effect upon the facial, for the movements of the muscles which are

animated by this nerve are not observed to be accompanied by salivary secretion.

All the observations of Ludwig are comprised by him in the following propositions: 1st. Without the intervening operation of the trigeminus and the facial upon the parotid, and the gustatory division of the trigeminus upon the submaxillary glands, salivary secretion cannot occur. 2d. Irritation of these nerves does not produce contraction of the glandular vesicles, nor of the excretory ducts. The ducts being closed, the glands fill and enlarge during their excitation; when, on the contrary, they are open, there is a slow but continuous flow of the saliva for some hours. 3d. The pressure developed by this secretion is more considerable than that of the blood itself in the gland; and finally, 4th, the nervous irritation does not determine any modification of the circulation that may be considered as a special source of mechanical force. As regards the influence of the nerves upon the movement of the lymph and the secretion of the lymphatic glands, Ludwig and Krause being satisfied that the quantity of lymph which escaped from the thoracic duct of a dog was the same whether the two carotids were tied or not, and not less after a fast of twenty-four hours, than immediately or some hours after a copious meal, observed a prompt acceleration of the discharge upon galvanizing the lingual branch of the trigeminus, either at its peripheral extremity or in its course along the lower jaw. The increase continued as long as the irritation of the nerve lasted, and the discharge was three or four times the normal amount. We have observed a considerable augmentation of the lachrymal secretion upon irritation of the Gasserian ganglion. Eckhard, on searching for the nerves which supply the mammary gland, recognized as such the glandular branches of the lateral thoracic nerve, which runs along the axillary border of the pectoralis major muscle, between the fourth and sixth intercostal space, and, besides, one or two extremely delicate filaments, variable in their origin, which accompany the large vessels. Having divided all these nerves in a goat, he observed no modification in the lacteal secretion; but he lacked the more important experiment of irritating these same nerves. The section of the glandular nervous trunks does not destroy the excitability of the peripheral nervous extremities for all causes of irritation, as long, at least, as these extremities are not atrophied.

May we not affirm, then, that there are small ganglia in the midst of glandular substance designed to establish relations between the nerves of sensibility and those of secretion? Has not their existence in the stomach and intestines been demonstrated? The influence of the nerves upon the secretion of the gastric juice has been repeatedly examined, but never proved. As a proof of this influence, it has, for a long time, been pretended that the gastric juice is never secreted except in consequence of some irritation, whilst the secretion of mucus is uninterrupted; but by reason of the

difficulties attendant upon the experiment, no direct demonstration has yet been given. Frerichs declared that animals in whom the vagi had been severed vomited their food in a short time; but Ludwig has demonstrated that this result was due to the paralysis of the œsophagus, which had been caused by the section, and that the paralysis prevented the food from passing into the stomach. Bernard, by means of artificial gastric fistulæ, after Blondlot's method, arrived at the conclusion that, after the above section, mechanical irritation of the mucous membrane gave place to a slight secretion of a viscid matter, having an acid reaction at first, then neutral, and lastly alkaline. Panum found that, after three hours, no discharge occurred; the same negative result after seven hours. At the expiration of ten hours, the animal having eaten a little veal, discharged about half an ounce of gastric juice. Friction of the membrane increased the quantity, and from this time the same condition remained. Section of the pneumogastric in the neck is a complex operation; for without considering that, in the dog, this section equally concerns the sympathetic, it also produces considerable embarrassment to the functions of the heart and lungs, the reactive influence of which upon gastric digestion may not readily be estimated. After section of the vagi at the foramen œsophageum, Pincus observed an alkaline reaction of the gastric juice, and an impossibility to digest albuminous substances. The speedy death of the animal, however, from inflammation of the peritoneum, and the contraction of the stomach during the operation, constitute serious objections to the conclusions arrived at by these experiments. We have recounted briefly the principal results of the numerous experiments of the most distinguished observers. To them might be added those of Müller, Hübbenet, Bidder, Schmidt, Longes, Kœlliker, Reid, Arneman, Sedillot, &c. But all these ingenious results are but discouraging. Would they not have been more fruitful, if galvanization of the nerves had been resorted to? As yet, this is an unexplored path that might lead to a solution of the difficulty. The intestinal secretion was observed by Haffter to be increased in the upper part of the small intestine after a section of the two splanchnic nerves, and by us throughout the whole canal after section of the cœliac plexus; but in neither case was it sufficiently abundant to be compared to a diarrhoeal secretion.

The formation of sugar in the liver, and its passage into the urine, depends especially, according to Bernard's researches, upon nervous influence. Puncture of the fourth ventricle, in the space comprised between the origin of the acoustic nerves and that of the pneumogastric, determines, as we know, saccharine diabetes. If the puncture occurs lower, the urine becomes less in quantity; if still lower, it assumes an albuminous condition. Resection of the vagus in the neck puts a stop, after a few days, to saccharine secretion. Irritation of the peripheral extremity of the branch of the pneumogastric distributed to the liver has no influence upon it, while irritation of its

central or medullary extremity provokes it to the highest degree. When the nerve is divided in the thoracic cavity, between the lung and diaphragm, saccharine secretion is not distributed: division of the medulla below the brachial plexus, on the contrary, interrupts it, and no sugar is found in the liver. If the section be made above the plexus, sugar, it is true, may not form immediately; but, at the expiration of a few hours, a large quantity may be found in the liver. From his experiments, Bernard draws the conclusion that the pneumogastric serves only to transmit an irritation to the medulla after receiving it itself from the lung; that it is the medulla that really presides over saccharine secretion; and that the great sympathetic is the agent by which the medulla acts upon the hepatic gland. Schrader has proved that, in puncture of the fourth ventricle, the tendrils of the vagus were not interested; and Becker, that wounds of other cerebral regions were equally capable of producing diabetes. Finally, Moos saw the same result in frogs, by galvanic irritation of the medulla spinalis, in two hours and a half, provided the hepatic vessels were not tied. As respects nervous influence upon biliary secretion, we have no practical experience of the single experiment of Nuhn, in which energetic galvanization, continued for a considerable time, of the hepatic veins of a dog, was followed by a large accumulation of bile and fatty granulations in the hepatic canals of the lobes corresponding to the excited lobes. In the first part of this article, we spoke of the influence of nerves upon the kidneys, as respects their action upon the testicles, pancreas, and the other glands in general, as experiments completely at fault. The nerves of secretion accompany in their course as much the nerves of sensation as those of motion (trigeminus and facial), and even the ramifications of the sympathetic (hepatic plexus); but we are entirely ignorant where the ganglia to which they owe their origin is situated, or if they spring from the ganglia of the central nervous system. Reflective phenomena occur between sensory and secretory nerves: for example, the glosso-pharyngeal upon the parotid. An irritation of the reflective nerve occasions a like irritation of the secretory; but entirely different relations exist between them and the nerves of the great sympathetic. If it be true that irritation of the cervical portion of this last nerve may provoke salivary secretion, it is insignificant and of short duration, and may be explained by the fact that the great sympathetic is the depot of the innervation of the muscular fibres of the excretory ducts of the gland. This circumstance gives renewed importance to the observation of Czermak that electric excitation of the cervical cord of the sympathetic produced, in a short time, a remarkable diminution in the secretion of the submaxillary gland in a dog, and finally arrested it entirely. Eckhard thinks that the saliva, having become more viscid, obstructs the excretory ducts of the gland. Czermak does not give this interpretation to this interesting fact; but if it be proved that Eckhard's solution be erroneous, may it not

be found in the condition of anæmia which is produced by irritation of the sympathetic ?

Pathological and Therapeutic Observations.—The influence which moral impressions in general exercise upon the glandular secretions is indisputable; but nothing is more obscure than the relations that exist between a certain order of impressions and the glands whose action is put in play by them. The vulgar belief that anxiety acts upon the sudoriparous glands, fear upon the kidneys, anger upon the liver, chagrin upon the lachrymal glands, appetite upon the salivary glands, erotic ideas upon the spermatic secretion, and fright and anger upon the lacteal secretion, which they alter or interrupt, forms an almost inextricable *ensemble* of truth and error, of physiological and pathological deductions, and of primary and secondary effects. Within the limits of health, temporary augmentation of certain secretions is a common occurrence; but should such a condition be prolonged, a pathological state of the organ is produced, and, occasionally, an essential affection of the nerve which presides over the secretion. Ordinarily, there is a hyperæsthesia of the sensitive nerves, which determines an abnormal activity of the nerves of secretion in relation with them. In certain facial neuralgia (Fothergill's disease), salivation and epiphora are frequent phenomena; the last, indeed, is a constant symptom of ciliary neurosis. In these, and similar cases, the increase of functional activity is doubtless occasioned by an affection of the entire nervous distribution; but to determine the cause is a difficult matter—whether it acts by a hyper-secretion, as in diabetes, galactorrhœa, and spermatorrhœa, or by complete abolition of the secretory power, as in certain forms of impotence, and in agalaxy. We possess a number of agents producing activity or delay of the secretions. Heat and cold have here only a secondary influence; but in electricity we find a valuable modifier of these nerves. Their action is not easily exhausted, for they may be galvanized for three or four hours without interruption. We do not know whether the discharge of the most powerful electric currents, which are so apt to produce peripheral paralysis of all kinds, is capable of producing it in the secretory nerves: this effect in the lachrymal and salivary secretions has never been observed. Among medicines, we have a great many having a specific action in augmenting and diminishing certain secretions. The well-known action of *mercury* and *delphinine* in salivation may be regarded as one of the most generally acknowledged and best demonstrated facts in the whole anthropology. May not the resolvent action that this metal (and also iodine) exercises upon ganglionic lymphatic tumors be attributed, by analogy with what has been observed by Ludwig and Krause, to an irritation of the nerves which preside over the elaboration of the lymph, and to the movement of this fluid in the interior of the canals, &c ?

Nerves of Nutrition.—Nutrition may be considered, with respect to its primary cause, as entirely independent of nervous influence. It is the result of a force inherent in all living animal molecules, an

act accomplished by primary plastic molecules or cells, which are manifest even in the nerves themselves. The incontestable influence that these exercise upon the nutrition of parts resembles more the regulator of a clock, which carries within itself the source of its progress. Effects taking place within the nervous system may accelerate, increase or retard the course of nutrition. Thus, according to J. Müller, we find the demonstration of this influence of the nerves upon the nutrition of the tissues in those inflammations called "nervo-paralytic." The experiments of Axmann upon the frog have not been confirmed, as regards the pneumonia which succeeds the section of the vagi. Traube has shown that it was the traumatic consequence of the insensibility of the glottis, caused by the operation. An analogous explanation has been given by Snellen for the ophthalmia which appears after the destruction of the ganglion of Gasser—an ophthalmia whose cause and mechanism have been so often discussed by Magendie, Eschricht, Schiff, Longet, Valentin, and Bridge, and which was considered by a distinguished Holland physiologist as a traumatic effect of the anæsthesia of the ocular globe.

The existence of the nerves of nutrition is no less incontestable. In the old acceptation of the word, we may consider as such the vasomotor nerves and those of secretion. A slight modification of nutrition does certainly take place in the interior of glands at the moment that they secrete, and as a condition even of this secretion; but it is purely physiological, and entirely consistent with health. A similar modification is probably produced in parts in which, in consequence of the paralysis of the vessels, the blood exerts a more energetic pressure and parts with a larger quantity of its nutritive principles; but observation teaches that this phenomenon itself does not constitute an essential or pathological alteration in the normal nutrition. So long as the cells themselves or their nuclei are not brought into play, so long as no foreign cause enforces their more rapid passage through the different phases of their evolution, and determines no alteration in their development, their form, or their contents, these elements do not appear to suffer essentially by a simple augmentation of the nutritive fluid. A very energetic or prolonged stimulation seems necessary to excite in them an activity capable of giving birth to new products. One fact we should not lose sight of is, that this stimulation may not only proceed from the direct application of an external cause, but from nervous irritation itself, by which cells and tissues are disposed to novel formations. In support of this assertion, we have given proofs in the memoirs. We will simply cite the principal conclusions. In one, we established the fact that galvanic stimulation of the posterior column of the medulla in the frog produced a sanguinous stasis in the mesentery and the natatory membrane of the animal. Now this stasis, which also resulted from mechanical irritation of the medulla, cannot be attributed to muscular contraction, since *strychnine* produced nothing like it; nor was it due to arterial contraction, since it is never followed by any such result. We must, then, conclude

that, besides the nervous conductors which have their origin here, this portion of the medulla gives birth to nerves whose special mission it is to regulate the phenomena of nutrition in the profound depths of the tissues. The result of the second memoir shows that galvanic stimulation of the Gasserian ganglion in the rabbit not only preserves the sensibility of the face intact, but renders it more exquisite, and develops an inflammatory condition of the conjunctiva and cornea which lasts several days and subsides spontaneously. These experiments, then, afford direct proof of the possibility of provoking, by means of nervous stimulation, symptoms which constitute a condition of acute inflammation, and, consequently, proof of the existence of nerves which specially preside over nutrition or, in other words, nerves of nutrition. Their existence once admitted, we know that these nervous fibres follow in their course the cerebro-spinal nerves; but it remains still uncertain whether they equally accompany the filaments of the sympathetic. As regards their origin, from what we have observed in the frog, we may conclude that they probably arise from the spinal ganglia. We are also induced to admit an extra cerebral ganglionic origin for the nutritive nervous fibres of the eye. These conclusions, however, have but few facts to substantiate them. The inflammatory phenomena of which we have spoken result from a forcible and long-continued stimulation of these nerves. There is no need of insisting here upon the opinion that different degrees in the duration and intensity of the irritation may produce phenomena which have no comparable type to acute inflammation. It is in the different forms of the irritation that we most surely find the reason for the no less important difficulties which supervene in the nutrition of organs. These nerves following in their course the nerves of sensation, it is difficult to study in an isolated manner the effects of their paralysis. We know nothing of the phenomena which appear after a long paralysis of the nutritive nerves. The relations between nerves of this class and other nervous conductors are no less difficult to establish. Thus the hyperæmia consecutive to an irritation of the ganglion of Gasser may as readily be explained by the paralysis of vaso-motor nerves, as in the case of hyperæmia resulting as a secondary effect of an alteration of nutrition. It would be less easy, also, to establish a relation between the vascular nerves and those of sensation, because we are never sure that, in exciting these, we do not at the same time excite nutritive fibres, or the terminal prolongation which they send into the parenchyma of the organs.

Finally, as regards the agents capable of exercising an irritating influence upon these nerves, they are not numerous either in organic or inorganic nature—electricity, the metals and metalloids, acrid or acid substances, partly known as such, and a greater number of others whose action is totally unknown, and which remain to be discovered. Of these agents, which exercise a paralyzing influence, we know, unfortunately, but little.

In conclusion, we would say that a vast field for research opens here before us, and promises to its explorers rich rewards, pathological, physiological and therapeutic.

The Pulse and Vascular Sounds. By Dr. J. MAREY, Membre de la Société de Biologie, &c.

[Condensed for the U. S. Journal of Homœopathy, from Brown-Séguard's Journal de la Physiologie, &c.]

Influence of the Calibre of Vessels upon the Characters of the Pulsation.—It is of common observation that the pulse dies away less rapidly in the large than in the small vessels. Thus, in algid affections, we seek in the humeral artery vibrations which the radial no longer communicates to the finger. Here let us distinguish between the apparent and the real diminution in the force of pulsations. The apparent sensation is in ratio to the volume of the vessel pressed by the finger, and the sphygmograph attests the same in the relative amplitude of its traces. Other causes of apparent diminution in force are the intervention of a fascia, thicker or more tense, the existence of a thick layer of fat, etc.

The mercurial column of a hæmometer will reveal equal pulsations in small as in large vessels, when no real differences in their tension exist. In chlorotic females, most authors have found the pulse weak. This is apparent, not real. It results, as Mr. Beau has shown, from the very small size of the radial artery in many of these patients. When they are cured, their pulse becomes still weaker, and almost insensible.

Real diminution of the pulse in small vessels is analogous to what results from the distance between the point of observation and the origin of the aorta. In both cases, the tension becomes less unequal between the period of its increase and that of its decline. We shall find this transformation indubitable in the following experiment :

Place a glass tube in relation with the source of afflux by its large branch ; fit each branch of its bifurcation to a caoutchouc tube, taking care that one be much larger than the other ; send waves, short and intermittent, into our apparatus, then the pulsation in the small tube, at one metre distance from the orifice, is much the weaker to the touch, and the sphygmograph shows the ampliation over the large tube much shorter than over the small one, this shortness signifying that the pulsation is little transformed in its character.

Although the elastic surface be smaller in the little branch, its elasticity is more called out by the liquid, which tends so much the more to dilate the tube, in proportion to the obstacle it meets to its progression. In the case that pulsation be suppressed by an aneurism of an artery, or ampulla upon a tube, this result occurs only when

the tube below such bulge becomes narrow again, and the pulsation will not be transformed, if the tube continue of the same dimensions as at the ampulla.

The greater strength of the pulsation of vessels in the neighborhood of an inflamed part, is a simple effect of their dilatation. The small vessels of the inflamed part have lost their contractile force, and under the same influence, atony extends centripetally in the different arteries. I have remarked this very clearly in a case where the development of a wisdom tooth had induced a congestive state of the corresponding half of the mouth: the facial artery on this side was much larger, and its beats stronger, than on the other.

While the congestive dilatation of vessels is strictly localized, it occasions no sensible variation in the general arterial tension; but if vascular atony be generalized, as in fevers, the pulsations are modified by a new influence.

Influence of the Arterial Tension upon the Characters of the Pulsation.—Here we pass from the consideration of modifying causes whose action is *permanent* and equal, such as distance from the heart, aneurisms, ossifications or senile indurations of vessels, to modifying causes whose action is transient and unequal. In health, and still oftener in disease, momentary variations of tension occasion nearly all the varieties of pulse observed. The causes of variation may be traced, on the one side, to the greater or less afflux of blood from the heart; on the other, to an obstacle, more or less great, in its passage through the capillaries.

How much blood the heart sends, it is not always possible to compute. The frequency of its beat may be deceptive, since the systole sometimes loses proportionally in energy; and the frequent little waves make no more volume in the pulse than fewer, but larger, waves.

The state of the capillaries is more easily ascertained. When M. Ol. Bernard found the temperature of the head rise upon the side on which the great sympathetic was cut in the neck, M. Brown-Séguard suggested that this greater heat is due to greater influx of blood into the vessels, which no longer exert their contractility after this section. [This corresponds to the manifest conjunctival congestion on the eye of the same side.]

As the capillary system, with the small arteries next in volume, constitutes the chief sphere of friction considered as an obstacle to circulation, their variations of calibre modify the arterial tension in the manner we have illustrated with elastic tubes, [dont on modifie la jutage d'écoulement.] We can then first study upon tubes the modifications of pulsation, according as the tension is strong or feeble, in conditions perfectly ascertained, and shall afterwards control the results obtained by experiments made on the vascular system of the animal body.

1. *Effects of a Strong Tension.*—When we fit to an elastic tube an instrument of very narrow passage-way, we find the tension rise con-

siderably. The manometer does not descend so low as in the minima of its oscillations, which consequently exist around a much higher point. The tube offers much more resistance to the pressure of the finger. Thus, in the arterial system, under strong tension, the artery feels like a cord under the finger, even in the intervals of pulsation. Under feeble tension, the vessel flattening under the finger, will be no longer sensible. The pulsation itself is felt weaker in proportion as the tension is greater, and this without any change in the force of afflux. The manometer here confirms the evidence of touch. Its oscillations have much less amplitude since the increase of tension, and the lever of a sphygmograph also gives traces less extended.

If we analyze the pulsation itself by the sphygmograph, we observe that, besides its lesser fullness, it offers less inequality between its two periods; and on a point of the tube where, just now, about one-fourth of its whole duration corresponded to the period of ampliation, now, this period has become nearly the half. Two causes for this exist: in the case of strong tension, the pump, which has but the same impulsive force, empties itself more slowly; and besides, the pulsation, which is already less short from the origin of the tube, is more transformed by the elasticity of this tube, which the obstacle to the course of the liquid brings more into play.

Effects of Feeble Tension.—In this case, the effects are opposite to those just observed, upon all points. Fit a larger continuation to the tube before in use, and it will instantly become very depressible under the finger, the oscillations of the manometer will have their *minima* very near zero, and we find the pulsation much stronger than before; the manometer oscillates in an extent much more considerable; the lever of the sphygmograph describes more extended motions. If we analyze the pulsation as the sphygmograph traces it, we see, besides an amplitude much more considerable, a much greater brevity in the period of increase, a fall more rapid of the lever in that of its decline.

Finally, if the tension is very feeble, the wave, meeting no sufficient obstacle, flows more rapidly, and if its issue from the added tube be not permitted, it reflows towards the point of entry, occasioning in these points of the tube a second pulsation, a real dirotic pulse.

Strong Tension.—Tube depressed with difficulty, pulsation feebly felt, its two periods nearly equal in duration.

Weak Tension.—Tube very easily depressed between two pulsations, which are strong and short, giving the sense of a shock. If the tension be very weak, a double pulsation is felt.

Let us now make sure that the laws which hold true for the phenomena observed in tubes will equally be so in physiological experiments on animals. From the great numbers made by M. Bernard, he has formulized this result, that "in the transfusion of blood, in plethora and in efforts, we observe that the constant pressure augments, while the cardiac pulsation diminishes."

This distinction between constant or arterial and cardiac pressure is not, we conceive, the true form of expression. Mr. Porsenille introduced it in trying to establish that arterial pressure is fixed in the whole economy, while the cardiac pressure diminishes in proportion as we depart from the heart. We need not repeat our views on the repartition of movement in the vessels, and the transformation of the pulsation. We shall not return upon this point; but while rejecting the explanation of M. Bernard, in so far as it asserts variations in the force of the heart when the pulsation varies, we accept completely the facts related by him, and in which he has proved the changes in amplitude of the manometric oscillations in consequence of the changes of tension.

APPLICATIONS TO PATHOLOGY.

Semeiology of the Pulse.—A strong pulse is oftener due to the feebleness of arterial tension, than to a strong impulsion of the heart exclusively. In fever, there is a manifest general relaxation of the contractile element in the vessels. The course of the blood is much easier, as attested by the heat of the extremities, the redness of the integuments, etc. The tension of the arterial system must then sensibly have fallen. The vessel itself no longer forms a cord, but is easily effaced beneath the finger in the interval of two pulsations. This depressibility of the vessel is sometimes little apparent. That happens when the radial, having almost entirely lost its contraction, is much more voluminous than usual. Then the great surface of contact between the vessel and the finger augments the sensation of absolute resistance that we experience.

Curare and Strychnine as Antidotes for the Effects of each other.

In the first number of this Journal, we published the researches of several French physiologists on the comparative effects of *curare* and *nux vomica*. The conclusion reached, after analyzing the results of the experiments of Messrs. Martin Magron and Buisson, were, that "*curare* and *strychnine* differ in their action only by shades, which generally disappear with the doses employed and the mode of administration." "*Curare*, like *strychnine*, determines convulsions by augmenting the excitability of the cord." (See U. S. Journal of Homœopathy, vol. I, p. 16, *Materia Medica*.)

More recent experiments by Signor Vella, of Turin, confirm these general results, and at the same time show that, in so far as either of these two agents is a similitum of the other, just so far it is an antidote for the train of morbid phenomena which it is capable of producing. This is just what a homœopathist would expect to find,

and it is gratifying to see the details of Signor Vella's experiments fairly laid before the French Academy of Science.

He informed the Academy that he was first led to administer *woorara* (*curare*) in the treatment of tetanus by the consideration of certain experiments by M. Claude Bernard, in which it was clearly established that the physiological effects of this poison on the animal economy were due to paralysis of the motor nerves. For several years past, therefore, Signor Vella has been occupied in investigating the question of the curability of tetanus with *woorara*. This special therapeutic action, [allopathic] clinical observation certainly denies to this agent, and Signor Vella has, therefore, sought new results in another direction. In a series of ninety-seven fresh experiments, he attempted, first, to ascertain the possibility of rendering the ingestion of *strychnine* innocuous by subsequent injection into the blood of solutions containing *woorara*; and secondly, to discover in what proportions and to what extent the two drugs, administered *conjointly*, could be taken without the poisonous effects of either being manifested. In the first class of investigations, then, the animals, generally dogs, were poisoned, or at least made to swallow a dose of *strychnine* known to be fatal to them under ordinary circumstances, and then small quantities of *woorara* were from time to time thrown into the jugular vein, whenever tetanic symptoms showed themselves, until the toxic effects of the first agent were exhausted, and complete recovery of the animals took place.

In a second series, the two poisons were mixed in certain determined proportions, and no effect whatever was produced, and the life of the animal was undisturbed. A specimen of each series will illustrate the mode of proceeding:

In the first experiment, a solution of $\frac{2}{3}$ of a grain of *hydrochlorate of strychnine*, in 6 drachms of distilled water, was injected into the stomach of a middle-sized dog, fasting. At the end of a quarter of an hour, it produced violent tetanic convulsions. A solution of *woorara* was then thrown into the jugular vein, and produced a cessation of the muscular spasms for a time. When the convulsions returned, the injection was resumed, and continued at intervals until a dose of $\frac{2}{3}$ of a grain of *woorara*, dissolved in half an ounce of water, had been taken into the circulation. The whole operation lasted three hours; and at its termination, the dog was allowed to run about the laboratory, apparently quite well, and no return of the tetanic symptoms occurred subsequently. Three days were now allowed to elapse, and the same dose of *strychnine* was exhibited to the same animal, who was then left to his fate, and he died sixteen minutes after its administration.

In an experiment of the *second class*, a mixture containing one thirty-third of a grain of *strychnine* and a quarter of a grain of *woorara*, dissolved in fifteen minims of water, was injected into the jugular vein of a big dog. This was followed by no bad result whatever; but on a subsequent injection of the same dose of *strychnine*, not

guarded by *woorara*, the animal was killed in the space of ten minutes.

The highly interesting *antidotal* operation of these two deadly poisons is not due to any chemical decomposition through which their individual character is altered; for "it has been proved by Signor Piria, a chemist at Turin, that, on the mixing together of these two agents, no new chemical combination takes place, nor is any appreciable alteration noted: on the contrary, the two drugs preserve their individuality indefinitely." This fact, says the correspondent of the *Lancet*, "renders the *modus operandi* of these drugs, in the process of mutual neutralization, *all the more obscure*." The homœopathist who regards their individual actions as *dynamic*, not *chemical*, and who has seen that the specific effect of each is *almost* a perfect *similimum* of the other, finds pleasure, instead of perplexity, in the newly discovered fact that one is the most perfect antidote for the deadly effects of the other.

Connection between Derangements of the Digestive Organs with Organic Affections of the Heart.

We have received an imperfect (verbal) report of a case in which obstinate vomiting and a long train of gastric and hepatic symptoms which resisted all treatment were found, on *post mortem* examination, to have been entirely dependent on softening of the heart. The particulars of this case, which we will try further to obtain, illustrate some of the most obscure forms of disease. The heart affection, which had never been suspected during life, was the real source of all the unconquerable symptoms encountered by the physicians; and no authorities furnish us with any but imperfect means of diagnosis in similar cases. We subjoin a few notes on the subject.

Corvisart-Kreysig and Testa regard irritability, melancholy and despair as habitual or frequent accompaniments of the bodily sufferings in heart affections; and Testa considers suicide as not a rare result of the intolerable misery entailed by them. He believes that most of the incurable cases of hysteria and hypochondriasis are conjoined with incurable diseases of the heart.

"Gastric irritation, cerebral irritation and cardiac irritation," says Dr. Forbes, "constitute in many cases such a strong chain of disease, every part of which influences and strengthens every other part, that no plan of treatment that does not embrace the whole can be attended with success. Hæmorrhage is also a very common and a very important symptom in diseases of the heart. The change of position in bed is important, without any *one* position being invariably associated with any one form of disease. I have verified, with Kreysig, that the assumption of a position previously intolerable is a sign of extremely bad omen.

“Syncope, epilepsy and apoplexy are not unusual, and the character of the syncope is well described by Kreysig, (Sect. III, chap. IV), also in Dr. Farry’s work on Angina. I have met with several cases of convulsions apparently depending on disease of the heart; and numerous cases of the same description are recorded by authors. See especially an inaugural dissertation by J. J. C. Moll, *De arcto inter cordis, morbos convulsivos que connexu*. Bonn, 1823.”

Dr. Watson remarks (Am. Ed. p. 744,) that while palpitations and functional irregularities of the heart’s action are frequently dyspeptic symptoms, so structural change in the heart is very apt to derange the digestive functions. Flatulence is one of the most common and distressing symptoms, and free eructation wonderfully mitigates the cardiac distress, doubtless by relieving the diaphragm from the upward pressure of gas, which had embarrassed the motions of the heart.

“One very common effect of cardiac disease is an impeded and sluggish circulation of blood from the abdominal viscera. Hence congestions of various parts, and especially of the liver, which is enlarged and grows tender, and the biliary secretions and functions are deranged.

“The circulation through the brain is also apt to be much disturbed in heart diseases, to which circumstance we must attribute the headaches and giddiness that often accompany them, the causeless apprehension which such patients frequently exhibit, the cowardice and irritability engendered in men previously intrepid, and of strong and firm nerves; also that propensity to dreaming, and especially to distressful and frightening dreams, so commonly observable in them, and the sudden startings from sleep in agitation and alarm.”

Dyspnœa and cough are indirect symptoms, declared through the lungs, between which and the heart there is close and reciprocal influence.

The Galium Album and the Asylum of the Epileptics of La Teppe.
By J. DAVASSE, Editor of *L’Art Medicule*.

Among the plants of the genus *Galium* (from *rada*, milk), most commonly known under the name of gaillet or caille-lait (curdle-milk), there are two species, the *G. verum* or yellow, and the *G. album* or *mollugo*, white,* which have long had some reputation in the treatment of epilepsy.

* In Gray’s *British Plants*, vol. ii., p. 482, the *Galium album* is mentioned with the synonyms of *G. palustre* and *Mollugo vulgatio minor*—white lady’s bedstraw. It belongs to the madder family (natural order *Rubiaceæ*), is a perennial, grows in fields and pastures, and flowers in July. Stem depressed, four-sided above, branched, smooth. Leaves four or six in a whorl, reverse ovate, blunt unequally,

The yellow variety, used by the old physicians to arrest epistaxis, and for cutaneous affections, seems to have been first employed in Catalonia. Chomel assigns to the expressed juice of the flowers great efficacy against the epilepsy of children, and Lietaud confirms this. Dr. Bonafous of Perpignan has also derived from it real advantages in the treatment of many epileptics, but has also seen it fail.

The white variety is of traditional use in Dauphny, where it grows abundantly. Jourdan, former director of the hospital of Tain, in Dauphny, employed the terminal blooms of this plant, macerated in white wine: the expressed juice was administered to epileptics after fasting for twenty-four hours. He thought a great deal of this remedy. Gardieu complains of the uncertainty of its action.

Murray relates, with his accustomed erudition and fidelity, most of these testimonies which have escaped our modern therapeutists. The little town of Tain (Drome) has preserved the tradition of the treatment of epilepsy by the *Galium album*. Obeying an ancient custom in his family, M. le Comte de Larnage distributes, every May and September, the juice of this plant to the numerous epileptics (about a thousand every year) who come to Tain to seek relief from their evils. The asylum of Teppe has recently been devoted to the victims of this sad infirmity. Dr. Pialla writes on this subject, Nov. 12, 1858: "The asylum of Teppe, directed by the sisters of St. Vincent de Paul, has been opened since the month of July, 1857, and receives only epileptics. It has now eighty patients under treatment. Dieted strictly on the white meats, fish, vegetables, fruits and no wine, their only medication consists of the juice of tablettes, cakes of the *Galium album* from Hermitage hill. The successes are already numerous, and some of them highly remarkable. I have had vast opportunities of observation during more than fifteen years in this neighborhood, and I do not hesitate to affirm that the *Galium* of the Hermitage is the surest remedy against epilepsy. This opinion is shared by several eminent professional brothers, not only here, but in Paris and at Lyons."

The bishop of Valence has addressed a recent circular to the clergy of his diocese. He says that this asylum, placed in the most favorable hygienic conditions, with a park and shade which favor the exercises

mostly rough on the edges. Peduncles umbelled, three-forked, three-flowered. Corols white; fruit bald, not tubercled.

Gray does not mention this variety in his manual of the botany of our States as far south as the Carolinas, and west as the Mississippi; but he mentions, as probably of European extraction, the *G. Boreale*, which has white flowers, as common in the North, growing on rocky banks of streams. Another variety, resembling the *G. album*, and to which I call attention because its favorite sites seem to correspond better with the *Galium album* of the Hermitage hill mentioned in this article, is the *G. Saxatile* of Linnæus, S. P. 154, or *Montana* (Huds. Her. Ang.)—small bastard madder or trailing goosegrass; *mollugo montanana minor*, *G. albo similis* Rati, Lyn. 244, 4. Stem diffuse, much branched, prostrate, bald. Leaves spreading, six in a whorl; reverse ovate. Root creeping; panicles three forked.

so useful to the patients, and especially directed by the admirable "Daughters of St. Vincent de Paul," will one day rank among the grand institutions of beneficence which honor the church of Christ.

The sufferers present themselves every year by thousands, not only from France, but from abroad, at the doors of this establishment. The greater part of them are obliged to be refused for want of room and resources. It is a sad confession to be made that these unfortunates are treated, in this our age called civilized and polished, as formerly the lepers were treated. They cannot gain admission to schools nor to workshops, nor elsewhere that their brothers and sisters assemble. A cruel prudence often compels their concealment and sequestration in the interior of their families.

Reviews and Bibliographical Notices.

A Critical Analysis of M. de SCANZONI'S Practical Treatise on the Diseases of the Sexual Organs of Woman.

The work before us presents a double character. On the one side, it is the work of a specialist—that is to say, of a physician who possesses, in a very high degree, certain aspects of the subject which he treats; and, on the other side, it is the book of an organician—that is to say, the product of a doctrine which contains the gravest errors in general and in practical medicine. When we would study the pathology of an organ—of the uterus, for example—there are two problems first to be resolved. The first is, Do there exist maladies peculiar to the uterus, and what are they? The second is, To know to what disease we should attach the symptoms and lesions seated on the uterus, and which do not constitute morbid species. Without the solution of these two preliminary questions, it is impossible methodically to describe the affections of this organ in particular; and the same is true with regard to the heart, to the brain, to the eye.

In vain, however, should we seek throughout the treatise before us for evidence that these questions had ever been presented to the mind of Scanzoni. He is a pure organician, having no idea of *maladies*, and only admitting *lesions* and *symptoms*. Of course, then, he applies the nosographic method to the description of the vices of

conformation, of the lesions, of the symptoms, and of all the affections of the uterus, suppressing thus the etiologic, the semeiotic, and the anatomical methods.

Scanzoni describes, with regard to each of the organs which constitute the sexual apparatus of woman, the anomalies, the atrophies, the hypertrophies, the acute and chronic inflammations, the hæmorrhages, the neuralgias, and the morbid products of new formation that may be located in these organs. These affections are described exclusively by the nosographic method: *i. e.*, he exposes the pathological anatomy, the symptomatology, the etiology, the diagnosis, the prognosis, and the treatment of all these affections; of vices of conformation, as of diseases; of symptoms, as of lesions. He does not perceive the absurdity of seeking the *cause of a lesion or of a symptom outside of the malady which produces it*; and that the description of this lesion or of that symptom has no value, unless it bring into relief their semeiotic characters—*i. e.*, those which aid us to remount from the symptom to the malady. He seems to ignore the fact that anomalies or vices of conformation play especially the part of *causes* with regard to uterine affections; and that it is from the etiologic point of view that these affections ought to be studied.

Flexions of the uterus, for example, are by Scanzoni considered as a malady. After having mentioned that the womb is habitually inflected forwards, and that a certain degree of anteversion is habitually connected with this displacement; after having most carefully studied the point of the uterus where flexion occurs, and the different degrees which this lesion may present, he adds: "The general texture of the uterine parietes exhibits an alteration nearly constant," to wit, "livid red or slate gray color; increase more or less considerable in weight and volume of the fundus; sometimes the parietes hard and rigid, sometimes soft, with enlargement of the interior cavity; in a word, the diverse alterations proper to *chronic metritis*."

Etiology.—The causes of flexion, according to Scanzoni, are adult age, abortions, numerous and successive, childbirths too frequent and laborious, with neglect after delivery. He forgets to add, as in the preceding paragraph, that they are, in a word, the *divers causes of acute or chronic metritis*.

Symptomatology and Diagnostics.—Independently of the physical signs of displacement, admirably described, the physiological signs are, uterine colics, menorrhagias and metrorrhagias, leucorrhœal flux, difficulties in micturition and defecation, and, where the trouble is of long standing, the symptoms proper to hysteria and chlorosis (p. 75, Fr. ed.) But this time the similitude of symptoms between flexion of the womb and metritis is so great that Scanzoni at last examines the matter, to see whether the flexion of the womb is really a disease! And after having related facts of flexion accompanied by no other symptom, and others in which flexion only determined the sufferings usually imputed to it during the continuance of a metritis, he concludes that these flexions of the womb only acquire gravity, and are

followed by serious dangers, when they are complicated with some alteration in the texture of this organ (p. 77). Evidently, after such a conclusion, Scanzoni should have recommenced his chapter on uterine flexions. Placed on the true ground, he would have seen that the ante-flexion of the womb is the normal situation of this organ until puberty. Then he would have sought whether the persistence of this situation at a more advanced age, and especially after delivery, was not a frequent *cause* of uterine affections. In a word, he would have treated the question of the influence of the persistence of uterine flexions on the production and progression of uterine affections, instead of describing chronic metritis under the name of flexion of the womb. But if Scanzoni has not been consistent enough to recommence his chapter, he has at least been *sufficiently so to proscribe all mechanical means* for keeping up the womb, and for limiting the treatment of this lesion to that of chronic metritis, which often complicates it, and which alone gives it some gravity.

The history of all the lesions of the womb and its annexes present the same fault in description. In one chapter, entitled "*Of the different forms of ulceration of the neck of the womb,*" Scanzoni seeks to establish the characters of each of these ulcerations. He gives the history of simple, granular, fungous, varicose, phagedenic and syphilitic ulcers; then he refers to another chapter, that of cancerous and tubercular ulcerations. Why this? Why attach the cancerous and tubercular ulcerations to the history of the malady that produces them? then describe apart the syphilitic ulcerations, those which are symptomatic or blennorrhagic, and those which accompany the divers inflammations of the vagina and uterus?

In the history of the ulcerations of the womb, there are two important points to be made: 1st, to establish among them the differences that light us up from the *lesion* to the *malady*; 2d, to seek the therapeutic indications which they furnish. Without the first deduction, from the lesion to the malady, we shall have evermore the same commonplaces of ulcerations—simple, granular, fungous, or varicose; without the research of the special indications of treatment furnished by each lesion, we shall meet only the routine of cauterizations with the nitrate of silver and astringent injections. Scanzoni has utterly missed the truly methodical description of ulcerations. But we must recognize that he has succeeded better in the therapeutic question. This part of his work is confused, however, by his having mixed up the indications drawn from the ulceration with those drawn from the disease which produces them.

Scanzoni has spoken in separate chapters of some of the symptoms habitually met with in uterine affections. This part of his work is weak and treated superficially. Only a few pages are given to uterine hæmorrhages, to amenorrhœa, and to other troubles of menstruation. He enumerates the maladies in which such symptoms are observed, but he deduces neither diagnostic nor prognostic signs, nor therapeutic indications. The history of the inflammations of the

uterus, of the vagina, of the ovary and tubes is much better treated; but the want of sufficient distinctions between such of these affections as constitute maladies and such as are only symptomatic throws great confusion into these descriptions. Thus we find united under the same name of catarrh of the vaginal mucous membrane, the history of blennorrhagia; that of traumatic vaginitis; the fluxes symptomatic of chlorosis, of scrofula, of phthisis; the leucorrhœa concomitant with metritis, with polypi, with fibrous bodies and cancers of the womb. Under the name of acute catarrh of the mucous membrane of the womb are connected, in the same description, inflammations from external causes, then blennorrhagia, then all the inflammations symptomatic of the measles, of scarlet fever, of small-pox, of typhoid fever, of typhus, of cholera, and of dysentery. It is impossible of course, with such a method, to describe the affections of the womb naturally, and Scanzoni's subdivisions are completely artificial. He divides all the inflammations of the womb into acute and chronic. Thus he arbitrarily separates morbid states identical as to their nature, and differing only as to the period at which they have arrived; while he unites affections very diverse in their nature, but resembling in their acute or chronic march.

A graver error of Scanzoni's is to have suppressed the history of uterine and ovarian congestions, or to have confounded them with that of inflammations of these organs. This is a capital mistake in pathological anatomy, as well as in nosography.

Now, after having blamed the *organician*, we can praise unreservedly the work of the *specialist*.

The excellencies of Scanzoni's work consist in a thoroughly exhaustive study of most of the *lesions* seated upon the sexual organs of woman, and principally in a very clear and precise exposition of the physical signs that may serve in the diagnosis of these lesions. Under this point of view, the work of Scanzoni possesses an incontestable superiority. The means of investigation, of manipulation and surgical treatment are very minutely described; and it is distinguished from most modern works on the diseases of the womb by the blame which it casts on the use, so frequent and often so imprudent, of the uterine sound. Scanzoni restricts the use of uterine catheterism to the diagnostic of certain imperforations of the neck of the womb; to the differential diagnosis of flexion, chronic engorgement, and fibrous tumors; and to those cases only where the touch is insufficient to discern the nature of the lesion. Now, such cases are extremely limited.

We have no idea, he says, of contesting the utility of the uterine sound for certain points of diagnosis or of therapeutics. Nevertheless, an employment of this instrument, continued during many years, has convinced us that the advantages promised when it was first brought into vogue are neither so many nor so great as were attributed to it.

The modern opinion that exploration by the sound is indispensable

to the certain diagnosis of the greater part of uterine affections will soon give way, we are persuaded, to more just ideas. "In the first place, the employment of the uterine sound is by no means so innocuous as we have been assured. We may have all the habit and adroitness necessary in the management of this instrument: that does not prevent its introduction into the canal from meeting, in certain cases, with great difficulties, and from causing an irritation and lesions of the mucous membrane more or less profound. We know of many cases where the uterine sound, in the hands of even one most skilful and most celebrated practitioner, has provoked abortion, has occasioned violent uterine colics, and even metritis and peritonitis, seriously compromising the life of the patients. Consequently, even in case the sound were capable of furnishing data the most important for the diagnosis, the physician should have recourse to it only with great reserve. How much more restricted become the cases for its employment when convinced, as we ourselves are, of its merely secondary utility! For it is beyond doubt that this instrument will aid but very rarely to establish the diagnosis of diseases which no other methods of exploration enable us to recognize" (p. 25).

On page 83, *et seq.*, the reader will see with what clearness Scanzoni makes the differential diagnosis of flexions, of chronic engorgements, of fibrous tumors, and of tumors consecutive on peritonitis of the lesser pelvic cavity; and with what precision he indicates the particular cases in which it is necessary to have recourse to the uterine sound.

The therapeutics of Scanzoni present the same character for good sense and honesty, but he gives us no information concerning the efficacy of the numerous measures employed for the cure of diseases of the womb. Several parts of the work are really discouraging. In regard to chronic uterine catarrh, Scanzoni declares that, notwithstanding the methodical employment of the numerous means which he indicates, cure is impossible. "I do not remember any case," says he, "where I have been able to cure completely a copious uterine leucorrhœa which had lasted several years" (p. 159). Equally hopeless he regards chronic engorgement in an advanced stage. "When it is inveterate, and the organization of products effused within the parenchyma of the womb is already advanced, we must renounce the hope of obtaining a complete cure" (p. 143).

As to *ulcerations of the neck of the womb*, they are radically cured only when they are simple, or when the affections of which they were the concomitants have completely disappeared. Now, these affections consisting most commonly of uterine catarrh and chronic engorgement, we understand that the ulcerations of the neck must, like them, be very difficult of cure.

Scanzoni *never employs the lancet*, and stands here in salient contrast with Lisfranc. He finds in acute inflammations of the womb, or of the ovaries, an indication for leeches to the neck of the womb. He advises the procedures of hydrotherapia only in cases where func-

tions of the skin are notably altered, and where hysterical symptoms exist: he is far from regarding it as a panacea. He commends, in different cases, a great number of mineral waters.

As to the *topical* treatment, consisting in the application of different medicines and caustics to the neck of the womb, Scanzoni only repeats what we shall meet with in all the treatises on the diseases of the womb. He has distinguished the caustics only by the degrees of energy, and not by differences in the *nature* of the modifications determined by them, which is really the capital point.

Address on the Past and Present Position of Homœopathy, and the Duties of its Practitioners. Delivered at the Inauguration of the Homœopathic Medical Society of the State of New York, Albany, February 28, 1861, by WM. H. WATSON, M.D. 8vo., pp. 15.

THIS able and interesting address, which was received in manuscript too late for publication or notice in our May number, has been published at the request of the Society before which it was delivered. It gives a clear view of the past history of homœopathy, including the persecutions encountered by its venerable founder, and, in contrast, we have a truthful and cheering picture of its present position. The character of Hahnemann, in every portrait that is sketched by a faithful pen, is still grand, colossal, majestic; and the asperity and intolerance which he is admitted to have sometimes displayed toward his persecutors is amply atoned for by the greatness of his labors and the fortitude with which he endured the privations and sufferings that those persecutors inflicted on him. "For having revealed to the world," says Dr. Watson, "what he believed to be an improved method of treatment, of the utmost simplicity and the strictest rationality, he was vilified by his brethren, persecuted by corporations and governments, driven from Königsutter to Hamburg, from Hamburg to Leipsic, whence he had to fly from his enemies and accept the hospitality of a foreign prince, who appreciated his worth, but was unable altogether to protect him from the violence of his own subjects, who, being excited by physicians, received him with execrations and showers of stones, if he dared to venture across his threshold." "When we read the harsh invectives he hurled against them in his latter days, we must remember the treatment he received in his earlier years. Against the few bitter words he utters, we must weigh the years of abuse, the malevolent insinuations, the material persecutions, proceeding even to personal violence, of his enemies."

Pathology of Asthma.

FROM a cursory review of several works on this subject, we glean the following :

Dr. Salter, in a new work on asthma, coincides with several well known pathologists in maintaining that it is essentially a *nervous disease*, the phenomena of which depend upon a spastic contraction of the unstriped muscles of the bronchial tubes, and which contraction is of an excito-motory or reflex kind ; that this, in unidiopathic, uncomplicated spasmodic asthma, exists in most cases, at first, unassociated with any necessary or essential anatomic lesion ; but if it becomes established and repeated in the patient, then it has a direct tendency to disorganize. It hence results that asthma is constantly seen allied with prominent morbid structural alterations, such as changes of the bronchial tubes, of the lungs, of the heart, &c. ; so that emphysema, for example, is not to be looked upon as the cause of asthma, but as the effect of it.

Dr. G. H. Kidd, in a paper on this subject in the *Dublin Quarterly Journal of Medical Science* (May, 1861, p. 292), presents some important considerations on the relation of the *bronchial muscles* and the *medulla oblongata* to the paroxysmal phenomena of *asthma*. By an extensive investigation of the abnormal manifestations in this disease, he reaches the following conclusions :

1. That, during the paroxysm of asthma, the chest is distended to the greatest possible extent.
2. That all the muscles of inspiration are in spasmodic action, in a state of *tonic spasm*.
3. That the bronchial muscles are muscles of inspiration, and associated in spasmodic action with the other muscles of inspiration.
4. That breathing is carried on by the voluntary effort to aid the muscles of expiration ; and that, as soon as this is relaxed, the muscles of inspiration, like so many stretched bands of india rubber, distend the chest again.

That the spasm of the bronchial muscles in asthma arises from some morbid action in the medulla oblongata is to be inferred from the following facts :

1. The fact that the spasm affects an entire group of muscles. Now, Schröder Van der Kolk has shown that muscles associated in their action are supplied by nerves arising from special groups of mutually excited and connected ganglionic corpuscles. Disorder of this group would then manifest itself in the entire series of associated muscles.
2. Van der Kolk has also shown that the skin covering parts moved by muscles thus supplied by muscles, is supplied with sensitive nerves arising from the same segments of the spinal centres as the motor nerves of these muscles arise from. Dr. Salter has remarked, as an almost universal premonitory symptom of asthma, that there is itching of the

skin under the chin, over the sternum, and between the scapulae. This, it is evident, is a *subjective* sensation, and predicates an irritation at the roots of the nerves.

3. Paroxysms of asthma are observed to occur in cases of acute hydrocephalus, as in the case mentioned by Dr. Salter, and in one mentioned by Dr. Graves, where there were also general convulsions. In persons liable to epilepsy, recurring at regular intervals, fits of asthma occasionally take the place of, or serve as substitutes for, the epileptic fit.

4. The state of the patient precluding the fit of asthma indicates an affection of the nervous centres. In one, there is mental exhilaration; in another, there is mental depression. A patient of Sir J. Forbes is awakened by convulsions in one foot and leg, and as soon as the asthmatic fit is developed, the convulsions of the extremity cease.

5. The exciting cause indicates the same. In one, cold water applied to the instep will cause an attack; in another, going to bed with rectum overloaded, sudden emotion, &c. The latter will also check the paroxysm when fully developed. Hence it may be inferred that asthma depends on a morbid state of the medulla oblongata and spinal centres, which manifests itself by throwing the entire group of inspiratory muscles into spasmodic action.

Miscellaneous.

Report of a Discussion on Intermittent Fever by the Members of the German Central Verein. Reported by Dr. KAPKA, and Translated for the United States Journal of Homœopathy by SAM. LILIENTHAL, M.D., of New York.

DR. WEBER, as presiding officer, opened the debate with the idea that, in treating intermittents consisting in typical attacks of the stages of chill, heat, and sweat, we must keep in view the predominance of one stage or another, the deviation from the regular course, and secondary symptoms, in so far as they give indications for the selection of a remedy. Kapka replied that, in practice, we find both simple and complicated intermittents. Simple intermittents are those in which, at a certain time, chill appears, followed by heat and

perspiration—in which we find, after a few attacks, a splenetic tumor, and uric acid or sediments in the urine. Complicated intermittents are such as are caused by catarrhal processes, seated either in the stomach, bowels, or bilious ducts, rarer in the organs of respiration, and rarer still in the urinary or uterine organs.

In consequence of the length of the hot stage, or of the profuse sweating, or in consequence of protracted catarrhs of the stomach and bowels, we see an anæmic state appearing, combined with hydræmia in obstinate cases, and rendering the intermittent complicated.

Who does not know the intermittent cachexia, produced either through the obstinacy of the disease, or by abuse of *china*, wherein it is as difficult to distinguish the symptoms of intermittent cachexia from those of *china* cachexia, as those of inveterate syphilis from hydrargyrosis? We have to keep in mind the irritable state of the nerves, appearing either under the form of *erethismus nervosus*, or torpor, or perfect apathy, or under the form of alienations meriting our full attention during treatment.

Against simple intermittent *china* and *quinine* are the most specific remedies, and may be given stronger or weaker, in higher or lower dilutions or triturations. During prevailing catarrh of the stomach, Kapka praises the quick effects of *nux*, *ipecac.*, *puls.*, *natr. mur.*, *sepi.* After the wars of 1850 and 1851, he treated a great many Austrian officers suffering with obstinate intermittent, maltreated with *quinine*. They all suffered with catarrh of the stomach also, for which they received, for several days, *nux.* and *ipecac.*, and then small doses of *quinine*, 1st trituration, during the apyrexia. All the officers treated by allopaths were sent to Carlsbad, which cured their fevers, *gastricismus* and swelled spleens.

Prevailing catarrhs of the bowels require *cham.*, *ipecac.*, *phos.*, *puls.*, *veratr.*, *arsen.* Gastroduodenal catarrhs, usually appearing with cholæmia, require *cham.*, *merc.*, *chin.*, *nux vom.*, *sep.*, *sulph.* Anæmic states improve under *china*, *ferr.*, *ars.*, *lach.*, *calc.*, *puls.*; hydræmic states under *china*, *ferr.*, *ars.*, and *sulph.* In intermittent cachexia, Kapka recommends *ars.*, *ferr.*, and Carlsbad. During prevailing *erethismus nervosus*, and according to the special indications, *nux.*, *chin.*, *bellad.*, *calc.*, *cham.*, *cofea* or *ign.* are recommended. During torpor or entire apathy, *phos.*, *puls.*, *sep.*, *natr. mur.*, *cocc.*

Dr. Elwert, senior, agrees with Kapka, and reminds them of the great importance of the splenetic tumor, existing often for a long while after the cure of the intermittent, and withstanding *ars.* and *ferr.* He has also observed similar tumors in the liver after a long continuance of the splenetic tumors.

Kirsch, senior, ascribes this obstinacy to the abuse of *quinine*, and reports several cases cured by high potencies of *arsenicum*. Kapka praises the thermal baths of Carlsbad and Wiesbaden.

Golman, from Posen, agrees with Kapka, but remarks that in his country, where intermittents are endemic and very pernicious, small doses of *china* and *quinine* are of no use; whereas larger and stronger

doses are quickly curative. Kapka thinks that in such cases the effect of the miasma, dependent on local influences, must be stronger than the intermediate action, justifying and rendering necessary the application of stronger doses.

Buchman praises the application of *quinine* in a single, but large, dose (up to a scruple) shortly before the attack.

Elb considers such a dose dangerous, as producing asthma and super-irritation of the nerves. Elwert, senior, Kirsch, and Kapka affirm this remark; and the latter draws attention to the fact that *quinine* is only applicable to pure and simple cases, and then a repetition of *quinine*, 1st trituration, every two hours, is sufficient; whereas a larger dose is not assimilated, but passes as ballast from the organism. [They should have mentioned the blindness and deafness which often result from these doses.]

Reutsch, from Wismar, has not observed a swelling of the spleen in every case of intermittent, and thinks that intermittents appear frequently as sequels of the disease in other organs, as the brain, lungs, peritoneum, uterus, extremities, &c.

Against this, Kapka replies that Reutsch mixes up intermittents with horripilations, observed during the course of local inflammations with pyæmic exudations, as in the extremities, where phlegmonous inflammations always end with suppuration.

Goldman reports a case of hydræmia, in a high degree, during the course of an intermittent, connected with total paling of the skin and great debility, cured by *ferrum*. Kapka asks if there was not free perspiration lasting too long, or a tedious catarrh of the bowels, or a long abuse of *china*, which states produce most frequently those hydropic affections in intermittent. Goldman believes that a protracted catarrh of the bowels caused dropsy. Another gentleman reports a case of intermittent, with nightly attacks of cough, great dyspnoea, stitches in the chest, and tearing in the joints, cured by *bryonia*. Elb cured an intermittent perniciosa, with nightly attacks of unconsciousness, snoring, breathing, falling of the lower maxilla, and constipation, with *opium*.

A discussion on this form of intermittent brought out the fact that the brain symptoms are here indicative, requiring either *bellad.*, *hyosc.*, *stram.* or *rhus*. Kapka proposes *aranea diadema* (Kreutzspinnengift) as the remedy able to cope both with the most obstinate and most perverse forms of intermittent. He got the remedy from a layman, who dissolved spider-web in brandy and gave it to his patients. It produced vomiting and purging, and then a safe cure.

Elwert, senior, thinks that the cure of intermittent is often very difficult, as the indicative symptoms are frequently not conspicuous, and can be found out only after a most accurate examination and individualization. He advises, therefore, not to be frightened by not hitting at once the right remedy. More study, more individualizing, will always bring out the remedy covering most of the symptoms. Kirsch affirms this, saying that, in his neighborhood, *china* corres-

ponds only to a few cases, and every intermittent has to be studied separately. Goldman remarks that, after the *quinine* treatment, recidives are most frequent; but where the disease is thoroughly cured by homœopathic remedies, we do not find those returns.

Diabetes Mellitus—Diagnosis.

Dr. Fred. M. Pavy, of Guy's Hospital, in his "Lettsomian Lectures," p. 119 (1861), gives the following as the best mode of conducting the analysis of diabetic urine, with the view to determine the quantity of sugar it contains. "The best method I know of is that with the copper solution; and this, I am satisfied from considerable experience, is susceptible of the utmost delicacy and precision. We cannot separate and weigh the sugar, as the chemist does, with an inorganic material, but we estimate its amount by its reducing or deoxydising effect on a copper solution of determined strength. The liquid employed is thus formed :

Sulphate of copper, 320 grains.

Tartrate of potash (neutral), 640 grains.

Caustic potash (potassa fusa), 1280 grains.

Distilled water, 20 fluid ounces.

Dissolve each in a separate portion of the water, then mix the sulphate of copper and tartrate of potash, and afterwards add the alkali.

"This compound is of such a strength that 100 minims of it are exactly decolorized by half a grain of the purest well-dried grape sugar that I have been able to obtain. In other words, half a grain is the exact amount of sugar required to convert the oxide into the suboxide contained in 100 minims of my blue liquid. To give an example, I will describe how I proceed in the case of diabetic urine. The quantities are measured in graduated tubes, drawn at one end to a point, so that liquid may be dropped as required. 100 minims of the blue liquid are taken, and a mixture of one part of urine with five of water (because the urine is too concentrated alone) allowed to fall into it drop by drop, whilst kept boiling in a small porcelain capsule over the flame of a spirit lamp or gas. As soon as the blue color of the copper solution has been completely removed, the operation is at an end. The amount of diluted urine employed can be read off, and will contain an equivalent to half a grain of glucose."

Curare against Tetanus.—Dr. Vella recommends *curare*, the poison of arrows of the Indians, which antidotes *strychnine* and removes the spasms, as a remedy of great service in tetanus.—*Gaz. des Hôp.* 1859. 104.

New Remedy against Croup.—A French physician, [Dr. Grand-Boulogne, who was physician in Havana in 1850, has discovered a specific remedy against croup, which only consists in the patient keeping constantly a small piece of ice in his mouth. No matter how violent the disease, twenty-four hours suffice for its eradication.—*Weimer Med. Zeitung*, July, 1860.

New Vaccine Matter.—Dr. Lafosse, Professor of the Veterinary School at Toulouse, states that Mons. Sarrens has observed in a great many horses a pustular eruption on the skin of the foot, which Jenner has already observed as the original source of the pure cow pox, and which Viborg described as "mauke." Lafosse vaccinated with this matter several cows, and produced the most beautiful vaccine pustules on the bags of these animals. Then he made further experiments on children, resulting favorably.—*Presse Med. Belge*.

Dr. Van Holsbeck praises *chelidonium minus* as an excellent remedy against piles. This plant is a popular remedy for piles with the inhabitants on the shores of the Seine; and Dr. Holsbeck used it extensively as decoction, tracter or extract, prepared from the sun-dried root, gathered after blossoming is done. Fumigations with the root gave also favorable results in easing the pain of inflamed piles, either incarcerated or reducible.—*Presse Med. Belge*.

According to Pfeifer, *bromium kali* has the power of diminishing secretion in muscles and the organs of secretion. It is a sovereign remedy in anomalous erections and pollutions.—*Schmidt Jahrb.* 105, 2.

Apparatus to Pulverize Thermal Waters.—Dr. Sales Giron, physician at Pierrefond, a cold sulphur spring, describes an apparatus for pulverizing the water. He pushes it up in a pipe by an ascending and descending pump. After opening the faucets, it radiates with force against concave plates, so that it divides itself like dust in the air, and thus enters the lungs. The patients, covered with india rubber cloaks, are surrounded by a sulphur water atmosphere. These inhalations are of benefit against chronic inflammations of the air-passages and asthma.—*Frorieps Notizen*, Aug. 1860.

Acidum Chromicum against Pointed Figwarts and Warts.—Marshall used it against an obstinate case of pointed figwarts, after excision and caustics had failed. He diluted the chromic acid with equal parts of water, and dropped it with a pointed glass stick on the warts. After four days, the warts were removed. By rubbing it a week afterwards, all pieces will come off piecemeal.

The Ignatia Bean is used in Persia against gastric weakness, against nervous attacks originating in grief, and against hysterical troubles. *Anacardium* is frequently used in both countries as an

amulet, between the shoulders, on the chest, or on the arms, against attacks of anxiety and palpitation. The people in Persia use, against chorea St. Vitii, the seeds of *datura stramonium*, boiled in milk; but sometimes cases of poisoning have occurred.—*All. Hom. Zeitung*, Aug. 1860.

Coca.—Dr. Carl Haller says that the *coca*, a narcotic plant of the Andes, grows in the vales of Bolivia and Peru. The leaves are gathered by the women and children, and dried in the sun. The fresh leaves give headache to those not used to them. The *coca* leaves have very little effect during motion: to enjoy it fully, quiet is necessary. The Indian chews, for his repast, his *acullico*, consisting of boiled *coca* leaves with some unslacked lime. The general effect of even a weak infusion of *coca* leaves is a pleasant irritability and sleeplessness. A stronger infusion keeps hunger away, prevents loss of breath in ascending mountains, dilates the pupil, and obtuses the sensibility to the air. But the abuse of the *coca* leaves produces, according to Wedell, an abominable breath, pale lips, greenish, blunt teeth, and ugly-looking black spots on the corners of the mouth. Its continual use produces, also, an unsteady gait, yellow skin, sunken, weak eyes, trembling lips, a general insensibility, similar to mercurial dyscrasia. In some cases, it produces weakness of digestion, bilious sufferings, severe longings after animal excretions, dropsy, and death.

Special Effects.—The *coca* possesses, also, two other particularities.

1. The chewing of the *coca* leaves diminishes the necessity for nourishment and augments the faculty of bearing up against sufferings.
2. The *coca* prevents all difficulty of breathing in ascending mountains, is renovating to sailors, and an antidote against too strong salt food. It is remarkable that the Indians of the highlands never suffer with phthisis tuberculosa, and the cause of it is the use of the *coca* and the elevation of their homes. They also never suffer with scrofulosis, skin diseases, or caries of the teeth. They reach a very old age, and frequently pass their full century. From the *coca* leaves which the frigate Novara brought home, the alkaloid *cocaine* was extracted. By touching with this alkaloid the nerves of the tongue, all the touched parts are rendered senseless in a few minutes. The chewing of *coca* is habitual to about ten millions of human beings.—*Zeitsch. d. k. k. Ges. d. Aeyte zu Wien*, July, 1860.

Early Puberty.—Dr. Freidenreich, of Brazil, S. A., relates: There exists in Sobrul a girl, born in August, 1854, who showed already, at the age of three and a half years, all the characteristic symptoms of puberty, and is in reality already a perfectly formed woman. She is white, with tender skin, blond hair, blue eyes, and measures three feet and four and a half inches. The physical development does not correspond with her intelligence, as her inclinations, her prattling, the unsteadiness of her mind, and the mobility of her body are childish and corresponding to her age.—*Bl. f. Hom. Heilverfahren*.

Chloroform.—A troublesome accident, happening frequently after chloroformachosis, is the vomiting of the patient, which can be prevented by drinking a glass of wine, fifteen to thirty minutes before the application of the chloroform.—*Allg. Wiener med. Zeitung*, 1860.

Kumys against Phthisis Tuberculosa.—Dr. Westel, traveling among the Kirgisen, a nomadic people of Asiatic Russia, who pass their whole life in the fresh air, found that they are unacquainted with phthisis, scrofulosis, or rachitis. Their favorite potation is the *kumys*, prepared from mare's milk. For a vessel, they take the fresh skin of the hind extremity of a horse from the hip down to the end of the leg, stuff up air-tight this vessel, and leave the fluid to alcoholic fermentation. The milk sugar changes to grape sugar, then to alcohol and carbonic acid. It is intoxicating. A young lady of St. Petersburg, in whom the diagnosis of tuberculous infiltration in the upper lobes of the lungs was proved, with muco-purulent expectoration and after a while the appearance of caverns, was sent to the steppes of the Kirgisen during the summer, and treated with *kumys*. She regained her health fully.—*Wurzh. Med. Zeitschrift*, I. 1, 1860.

Nourishment in Beer.—According to Keller, it is the *phosphorus*, and not the *azote*, which gives the power of nourishing to the beer. *Surrogetes*, containing no phosphoric acid, as the malt, ought not to be used. He found in a quart of lager beer as much *phosphorus* as in a quarter of a pound of meat.—*Allg. Pharm. Zeitung*, 35, 1860.

The Sand Baths of the East.—From a Letter of Professor X. Landerer of Athens.

The Greeks make frequent use of the sand bath. They make long journeys from the interior of the country to the coast, and select places where the sand on the shores of the sea has accumulated. There they build temporary huts, and use the sand cure for weeks at a time.

Near Athens and the port of Phalerum, Nauplia, on the gulf of Argos, as well as in the neighborhood of Lepanto and on the islands, are found the most suitable places for this kind of bath.

I visited one of these places in the neighborhood of Athens, in order to form some idea of the results produced by this kind of bath. I found ten patients, who had congregated there to assist one another in the preparations and labors attending the use of these sands. Their tabernacles or huts were built of the branches of the nerium oleander, *pastica lentiscus*, and *arbutus uredo*. Near each hut, the occupant had dug a hole in the sand, into which he crept several times a day, and was then covered up with the hot sand of the ocean until nothing but his head, down to his throat, remained visible. The head was covered with a night-cap, which produced a rather curious, and not very agreeable, spectacle, particularly when

a number of such heads were visible at the same time. The patient continues in this sand bath until a violent perspiration breaks out all over the body, which forces him to wriggle himself, like an earth-worm, out of his self-made habitation.

These sand cures are particularly beneficial in diseases of a rheumatic and arthritic character, as well as in diseases of the spleen and liver, and to those persons who suffer from obstructions in the abdominal viscera. Hundreds of patients in Greece testify to the benefits derived from these sand baths.—*Austrian Jour. of Pharm.*

PROCEEDINGS OF MEDICAL SOCIETIES.

Proceedings of the Illinois Homœopathic Association.

The sixth annual meeting of this Association was held in the city of Bloomington, Illinois, on Wednesday, May 15th, 1861. Owing to the disturbed state of national affairs, the attendance was less numerous than heretofore. The following named members were present: the President, Dr. G. Y. Shirley, of Jacksonville, and Drs. Baker, Holt, Anthony, Dunn, Patchen, Pratt, Casey, Ludlam, Rowley, Howard, Stennett and Stiles. The meeting was opened with prayer by Rev. Mr. Guthrie, of Bloomington.

The only reports presented by the several committees on scientific subjects were that of Dr. R. F. Baker, of Moline, on "Homœopathic Surgery," and of Dr. R. Ludlam, of Chicago, on "The Natural History of Disease." From the first of these, we clip the following extracts:

"I fear it is true that, in general, our minds are so engrossed with one idea, of high or low dilutions, the law of cure, &c., that surgery, with its requirements of thought and study, is almost overlooked, so that the knowledge which is requisite in order to practise it in the most ordinary cases is too limited and deficient to be practical. Physicians who thus neglect to bestow their attention upon, and to manifest an interest in, this branch of knowledge, do certainly retard the progress of homœopathy. In many communities, our medical brethren make no pretensions to practise surgery, and hence has originated the idea that a homœopathist cannot be a surgeon. I found this opinion to be entertained by many in my own neighborhood when first I commenced the practice. . . . And by the resolve to treat all the cases which come under our influence, our practice in surgery would not only be increased, but our power and influence for the spread of homœopathy also. Might this not be the case with every one who would take a deeper interest in the subject? It must be true that homœopathy suffers from the fact that we are

too prone to underrate the importance of surgery. . . . The surgical experience of homœopathic physicians, if carefully collated, would add greatly to the value of our surgical literature. . . . Is it not true that our journals contain too little information upon surgical topics? . . . No branch of the medical art is more capable of rendering satisfactory and efficient aid to its subjects than surgery. Its results are among the most palpable, appreciable, and gratifying, both to the practitioner and his patient, of any which we are called upon to witness. How much more clearly defined is the duty of the surgeon than is that of the physician, who, for the necessary aid, is compelled to resort to the uncertain armory of drugs, and whose path of duty leads him into regions more or less shadowed with doubt and fear? To the truly conscientious and competent surgeon, there is a great pleasure in the practice of his branch of the healing art, because of the certainty of its results. He must have a knowledge of what he professes; otherwise his ignorance and incapacity are transparent, and himself adjudged to be unfit for the exercise of his high calling. . . . It frequently happens that the veriest charlatan, beside the educated physician, may have the more extensive and lucrative practice; but this is impossible in surgery.

"Another advantage which the surgeon possesses over the ordinary physician is, that he is free from the annoyance and vexation caused by knowing and meddlesome visitors to his patients. . . . Such doctors as are hatched by steam, as it were, and who, through the discipline of reading a chapter night and morning in somebody's 'Manual', are led to think themselves qualified to practise, are not of the material best fitted to sustain the true merits, the reputation and dignity of homœopathy, to say nothing of surgery. . . . Every practising physician is liable to meet with accidents of great variety in the persons of his patients, such as wounds, fractures, dislocations, and the like, which demand immediate attention—allowing no time, even were it desirable, to look up his symptomatology or repertory.

"For all the ordinary emergencies which endanger life, one should especially prepare himself, and be ever ready to act with firmness and intelligence. To this end, it is necessary to be well grounded in anatomy, which is the base of the professional superstructure, be it medical or surgical. Let every one love and respect his profession, and then, rather than become rusty, he will resort to frequent readings and reviews, and, whenever possible, will spend an occasional winter in the dissecting or lecture room. . . .

"*Post mortem* examinations, also, are too frequently neglected. For the sake of science, and of doing away with a growing prejudice against them, we should make it a point to examine as many *cadavers* as possible.

"In addition to what might be termed accidental surgery, there is a large class of surgical diseases in the treatment of which we all must have had more or less experience. The specific management

of such diseases is a late and most happy discovery ; but we necessarily have quite too little of instruction as to the mode of procedure in particular cases contained in our too limited surgical literature. Hence the evident necessity of fostering and developing the best interests of our noble art, by incorporating the results of all new and useful experiments into our books and periodicals. Reports of surgical cases would be vastly more serviceable than so much of twaddle and bickering about posology, orthodoxy, and what not."

Dr. Ludlam's report argued the importance to the physician of a knowledge of the natural history of disease, 1st, Because it forms the groundwork of pathology. 2d, It is vitally concerned in prophylaxis ; and 3d, It has a wide significance therapeutically.

After practical discussions upon the above, Dr. Shirley reported having cured several cases of warty excrescences upon the hands by the local employment of *rhus. tox.*, in the mother tincture, at the same time giving this remedy in the second or third dilution internally once daily.

Dr. Pratt had witnessed the most excellent results in extremely troublesome cases, from the *althusa cynapium*, both locally and constitutionally administered.

The same scientific committees were continued for another year. With the exception of the choice of Dr. McCann Dunn as First Vice President in place of Dr. Baker, resigned, the same officers were elected for another year. The Bureau of Proving as before. The following committee was chosen to report, at the next meeting, "On Surgical Cases and their Treatment," Drs. Baker, Pratt, Boardman, and Barbank.

The annual address was delivered in Phoenix Hall, and before an intelligent audience, by the secretary, Dr. L. Pratt. Subject—"Individual Obligation to Investigate Homœopathy."

The closing address of President Shirley was read in the same place. From this latter—full of characteristic good sense and pathos—we select the following items.

In speaking of the origin and progress of homœopathy, he says : "The first 'little pill' was planted in the mental soil of Germany by Hahnemann's own hand, and, like the grain of mustard seed in the gospel, though the smallest of all pills, yet from it has sprung a homœopathic tree, the branches whereof now reach to every city or town of note in the civilized world. And in all these are to be found its votaries, not only as physicians, many of whom are eminent, but persons of talent, learning, wealth and influence, from Queen Victoria, with her Dr. Quinn administering the infinitesimals to the royal little ones, and from lords, kings, princes, etc. to the poorest peasant found in the cottage. And this tree is like unto that seen by John in the isle of Patmos : its leaves are for the healing of the nations. . . .

"I would recommend popular medicine. Educate and enlighten the public mind on medical topics, and you drive away quackery from the faculty as the demagogue is expelled from the political arena by

educating the body politic. Open your libraries to every inquiring mind. Think it not labor or time mis-spent to answer all questions.

"To the junior members of our Association, I would not be thought dictatorial, but would say, love your profession as long as you pursue it. If not for its protracted toil and its deprivations, love it for the consciousness that it is a work of love and humanity. Greater is the courage demanded of you to withstand public sentiment in error, than to face the battery or to meet an enemy with banners. If you are fortified with truth and courage, and withal courteous and kind, you may be certain of success. . . . No period in the world's history was ever so eventful and interesting as the present. . . . It is our work more especially to redeem medicine from the remnants of that bondage and oppression which like an incubus weighs it down into Egyptian darkness. In olden times, the penalty by law was death for a physician to act according to his best judgment and to prescribe contrary to established dogmas. In the most palmy days of Greece and Rome, it was but little better. And now, the highest punishment the orthodox medical church can inflict is *excommunication*. . . .

"Let us ever cultivate a catholic and fraternal spirit towards those physicians of other schools who differ from us so widely in therapeutics. Though we may be repulsed, and even receive the anathemas of some, still we should remember that, as there are true Christians in all churches, so there are true and noble men in all schools of medical belief"

The next annual meeting was appointed to be held in the city of Chicago, on the first Wednesday in May, 1862.

L. PRATT, M.D., *Rec. Secretary*.

Rock Creek, Carroll Co., Ill., June 14th, 1861.

Extract from the Records of the Meeting of the Connecticut Homœopathic Society, held at Hartford, May 21, 1861.

The subject for discussion was Diphtheria, the consideration of which was opened by reading a letter to the secretary from Drs. Hering and Lippe, of Philadelphia, giving their invariably successful treatment of it by the use of *belladonna* 200^o, *lachesis* 200^o, and a few other remedies of the same potency. Dose, every twelve to forty-eight hours. The average number of doses given in a case, three.

After which, members gave their experience in the disease, as called on.

Dr. SAGE: Has had nearly three hundred cases, of a type not very severe. Early in the epidemic, they took the form of croup, with false membranes; later, yellow patches appeared on the palate, and extended, in protracted cases, into the nose. Some cases were much

like pure scarlatina, and some of grades between the two. Treatment, *belladonna* 2° and *mercurius* 2°, and *bryonia* and *rhus tox.* The diet he now adopts is light. The only fatal cases were two that he treated with *arsenicum*, with whiskey and beef tea *ad libitum*.

Suppression of urine was always relieved by *apis* and *cantharides*. He uses no external remedies.

Dr. BOWEN: Has seen much of the disease in Orange, Derby, &c. He would divide his cases into three grades, according to their gravity.

1st. Symptoms of a common cold, pain in deglutition, and aphthæ.

These he relieves with a mixed solution of *aconite* and *belladonna*, followed by *belladonna*, and *mercurius* alternated with *sulphur*.

2d. In addition to the above symptoms, are large yellow spots on the uvula and tonsils, headache, and sometimes a rash on the neck, arms, and chest.

Of this kind, he reports ninety cases.

3d. Symptoms—dizziness; pulse, 140 to 150.

In twelve hours, false membranes on tonsils. In twenty-four hours, whole throat covered. In forty-eight hours, sloughing, pus and blood: the throat fills, and death occurs at the fourth or fifth day instantaneously. Of this variety, he reports sixty, with a loss of eight cases. Three came to him from other hands, and five were first seen after twenty-four to forty-eight hours from the accession of the disease. He suggests that the second may, by neglect, run into the third form; and, in such case, death has followed in two or three days, with fever of a remittent type.

Treatment.—*Aconite* 2° and *belladonna* 3° every half hour for twelve or twenty-four hours; then use with a swab, once or twice, at intervals of eight to twelve hours, *hydrastin*, ten grains to half a tumbler of water, which brings away membranes and blood, affording great relief. This he follows with *mercurius protiod.* 2°, alternately with the twin solution of *aconite* and *belladonna*.

Diet.—He crowds the strong beef tea as fast as possible, and gives stimulants occasionally.

There was discharge from the nose in all the fatal cases.

Has had several attacks himself, commencing with loss of sight, dizziness, and cough that persisted after recovery.

He thinks the disease infectious, but not contagious.

Paralysis.—In one case, aphonia came on after ten days, and recovered very gradually; in another, palsy of lower half of body and left arm.

Tickling in the throat was cured with *lachesis* 30°. These could swallow solids better than liquids. The worst cases were least painful.

Dr. KNIGHT related a case: A lady, with small pustules and open ulcers, which got well after a long period of debility, on *aconite*, *belladonna*, and *mercurius cor.* 10°.

Dr. STONE reported three recoveries, and one death, which occurred

after six weeks of nervous prostration. He would call those cases diphtheria in which there are false membranes on the fauces, &c. Symptoms: pains behind the ears, dizziness, false membranes in points which in time cover the palate—tough, thick, cream color, and then gray.

Treatment.—Externally, salt pork; internally, *platina chlor.* ten grains in half a tumbler of water; *kali bichr.* 10^o, ten grains in half a tumbler of water, until the patches are removed; then *belladonna* 1^o or 2^o and *mercurius iod.* 10^o.

Case.—Recovered after three weeks, followed by debility and very great emaciation for four weeks more. He then ate a supper of ham, went into a cold bed, and died in a few days.

Dr. BOWEN'S CASE.—A hardy man, on *aconite* and *belladonna*, got up in twenty-four hours; took a chill in a cold parlor, went into a cold bed, relapsed, and "died as a fool dieth."

Dr. GREEN'S TREATMENT.—*Aconite, belladonna, mercurius iod., kali bichr., tartaric acid, iodium, and bromium* by olfaction.

Dr. WILSON: Lost the first four cases in 1855, but none since. Has many cases of the milder varieties, and treats with *belladonna, mercurius iod., lachesis* 30^o, and *apis* 200^o.

G. H. WILSON, *Secretary.*

"Renunciation of Homœopathy."

Under this title, the *New York Medical Times* of August 17th, 1861, publishes an article which the editor commends to "the attention of every physician and every medical student in the country." As the event announced is the first of its kind we have ever heard of, it may with propriety arrest for the moment the attention of homœopaths. On examination of the article itself, we are somewhat surprised to find that the new position assumed by its author is quite as enigmatical as that which he formerly occupied. Having never ventured far enough from the outposts of the orthodox church to be in danger of conviction of the sin of heresy, he still endeavors to plant himself so near the walls of the fortress of homœopathy that he can always "give the countersign" when challenged by its picket guards and sentinels.

But whatever may have hitherto been the position of "the late editor of the *North American Journal of Homœopathy*" before the medical public, and however difficult it may be to get a distinct view of the flag he may intend to unfurl to the breeze hereafter, it is impossible to read his "Renunciation of Homœopathy" without learning from it at least two facts: first, that Dr. Peters *never was a homœopathist*; and second, that, in *his opinions and practice*, he stands to-day upon *the very same ground* that he has always occupied; and

therefore, his pretended "Renunciation" is nothing more or less than a final and desperate attempt to inflict a blow upon a medical system he has always hated, and which he has hitherto endeavored to stab in the dark.

1. *He never was a homœopathist.* He says he was drawn into some degree of partiality for this system of practice when "a mere school boy, between twelve and fourteen," by the influence of "an aged and accomplished physician," by that of near "relatives" who were under homœopathic treatment, by his observations of the results of allopathic treatment on other relatives who were not relieved by it, and by his personal experiences in a wholesale drug store, where his eyes were opened to the "immense amount of adulterated, spoiled and poor drugs then," "and perhaps now sold." But such influences as these could not alone be sufficient to establish very firmly the faith of a languid disciple of any creed; and we are at once told that the characteristic principles of homœopathy were *never understood or never believed.* After embarking in the study of medicine, with strong prepossessions in favor of the theory and practice promulgated by Hahnemann, he assures us that he has *never* "been a convert to the use of infinitesimal doses," and that he "always felt absolutely degraded" when making what he "conceived to be necessary trials with them." "I have," says he, "always felt that I was doing something foolish or wrong when giving them; that I was dealing with quantities so minute and so powerless that it would be trifling with the lives of my friends and patients to depend upon them in serious cases, and with their time and comfort in milder attacks." Having, then, this fear of "doing something foolish or wrong" constantly before his eyes, he says he commenced his career by treating diseases "with tangible doses," intending, "if beaten back to infinitesimal doses," to "reluctantly, but at the same time decidedly, follow the results of experience." Having commenced on principles far enough from those of homœopathy to cut himself off from its advantages, his success was necessarily unsatisfactory. He then, instead of "falling back upon attenuated remedies, progressed in the opposite direction, and says he was "more and more successful in strict proportion" as he "gradually increased" the size of the doses employed. Now, whether this kind of practice is successful or not, we shall not inquire at present. *It is not homœopathy;* and it must be evident to all readers of the author's "Renunciation" that *he never was a homœopathist.*

2. The "late editor of the *North American Journal of Homœopathy*" has neither renounced homœopathy, nor embraced any new or old doctrine of any school whatever. Commencing his experiments "with tangible doses" of crude medicine from the shops in which he had learned the merits of adulterated drugs, from the first, he found the Hahnemannian axiom of *similia similibus curantur* a stumbling block; and he says "it was often with difficulty" that he could force himself to "practice according to it." It is quite common for men

who stand in awe of new truths to be careful to stand far enough away from them to be safe; and in this case, it could hardly be expected that the man who had never accepted, if he understood, the first principles of homœopathy should either be well established in them, or be a very clear exponent of them for the benefit of others. From the most careless reading of his announcement, it is plain that this "late editor" *has not now renounced any theory of the modus operandi of medicines that he ever believed in.* From the commencement of his professional life, he had found no more comeliness in Hahnemann than the men of the shore of the Dead Sea did in Moses; and the dogma of *similia similibus curantur* seemed to him to be "utterly opposed to reason." But "many years ago," while displaying to the public the flag of homœopathy, though "it was with difficulty" that he "could force himself to practice according to it" —yes, during the time that he held himself forth as a homœopathist, and was treacherously employing the means and the press of William Radde, Esq., to carry out his personal designs at the expense of homœopathy, he hit upon a new theory "which was and is perfectly satisfactory" to him. And what was this new theory? Simply that well-known theory which has been expounded by various allopathic as well as homœopathic authors. It supposes (says Dr. Black in the *London Lancet*, Oct. 2, 1857) "that no two actions of a similar nature can go on in one and the same part at one and the same time; that, in short, the greater action destroys the less." As the article from which this aphorism is quoted is endorsed and commended by the editor of the *Lancet*, and the same sentiment, with little variation of language, is found in medical authors generally, at least from John Hunter down to Watson and the commonest standard writers of all schools to the present time, it is not easy to understand on what ground it can now be claimed by anybody as an original discovery. On it is based the use of the whole range of medicines supposed to cure disease by "alterative" and "substitutive" action. This general principle, this *law of cure*, has never been so happily and clearly presented as it is in the *Organon of Hahnemann*, § xxvi: "A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, *if the latter, whilst differing in kind, is SIMILAR to the former in its manifestations.*" Dr. Peters endeavors to improve upon this by finding fault only with the word "similar," but accepting such words as "alterative," "different," &c. "Similarity," says he, "is a hybrid, consisting of a great or greater degree of resemblance, coupled with a less or lesser amount of difference; in fact, similarity may be defined as a *slight degree of difference*, quite as well as by interpreting it as a great degree of resemblance." But it is not our purpose to enter into any quibbles about the mere shades of difference between words. We propose to refer the paragraph devoted to the construction of mystic sentences in English, and more awkward ones in Latin, to a board of schoolmasters. Our only purpose has been to show that we have not yet had a single case of real "RENUNCIATION OF

HOMŒOPATHY." To persons acquainted with the past history of Dr. Peters, his pretended "renunciation" was not needed to prove that he only assumed the name of homœopathist from questionable motives. To them, it has been notorious for many years that he has only *publicly professed a belief in homœopathy*, while, in reality, he *believed in and practiced allopathy*. The case is now fully made out, and does not admit of further discussion. We submit it with as much confidence as did the attorney a cause equally important, in which he thus closed his argument: "We have proved to your honor three important points: in the first place, that their tea-kettle was cracked when we *borrowed* it; in the second place, that it was sound when we *returned* it; and, in the third place, THAT WE NEVER HAD IT."

From the numerous letters received from physicians on the subject of Dr. Peter's Renunciation, and withdrawal from the editorship of the Journal with which he was formerly connected, we have room only to make the following extract:

"Having, more than two years ago, withdrawn my support from that Journal and utterly repudiated its gross and impudent heresies, and having understood that some of its co-editors were driven or led to abandon the sinking ship for the same reason, I am led to hope that those who know 'the late editor' of that Journal best will not fail to make such fitting reply as the exigencies of the case would seem to require. At least, the public and our *allopathic friends* should be made to understand that, from the hypocritical character of 'the late editor' of that Journal, as demonstrated in his writings, he never was or could be a 'recognized leader' of homœopathy 'in the United States' or *anywhere else!*—and that we regard this 'renunciation,' so far from being 'a fatal blow' to our 'system,' as only a salutary expurgation from our midst of a deleterious miasm—an excision of an anomalous excrecence, whose presence has only tended to disfigure and render odious our otherwise fair proportions, and whose removal will give new life and new energy to that development which his connection with us so seriously retarded."

Though the communication referred to by our correspondent does not deserve any further notice than we have already given it, we extend our remarks to embrace a few points more.

Among the reasons given by Dr. Peters for his "renunciation" is the following: "The immense advances which have been made in the regular school in pathological anatomy, diagnosis, microscopical and chemical investigation, in auscultation and percussion, in the use of the speculum and ophthalmoscope, and in the use of ether and chloroform, necessarily force every student of medicine to give the larger portion of his attention to the publications of the dominant school." The inference which the writer intends to convey in this paragraph is, that homœopathic physicians do not deem the above enumerated means and appliances essential to a complete knowledge of their art, and therefore that he is obliged to renounce homœopathy, and go over to allopathy! The falsehood and absurdity of this shallow attempt to mislead the medical public will be apparent at a single glance.

Dr. Peters knew, when he wrote this sentence, that he was uttering a base calumny against the homœopathic school and its practitioners. He well knew that there are *five Homœopathic colleges* in the United States where all the branches and appliances he has named are thoroughly and scientifically taught and explained to the student, and that no one could graduate at either of these colleges who had not a thorough knowledge and appreciation of these subjects. He well knew that all of these auxiliaries to the healing art are held in as high estimation by the homœopathic as by the allopathic school. The original suggestion of ether as an anæsthetic agent, two years before the discovery of chloroform, was made by a homœopathic physician. And almost the very first announcements in America of the structure and uses of the ophthalmoscope and the laryngoscope were made in homœopathic journals. With regard to pathological anatomy, diagnosis, microscopy, chemistry, auscultation and percussion, and the use of the speculum, there is not a respectable homœopathic physician in the nation who does not avail himself of all their advantages.

The simple truth is that these things have no relevancy whatever to either the homœopathic or allopathic law of cure. They are simply auxiliaries, equally necessary for, and equally used by, both schools to enable the physician to investigate the nature of diseases, and to ameliorate pain during surgical operations or severe parturitions.

The *American Medical Times* has the effrontery to assert that Dr. Peters is the "recognized head of the homœopathic school in the United States." A more absurd and utterly false assertion was never penned. It is an undoubted fact that ninety-nine out of every one hundred homœopathic physicians in the United States have always regarded the opinions of this man as decidedly non-homœopathic and unreliable. Thousands of our fraternity have regarded his connection with our school as a reproach and a curse. Whenever and wherever anything like a general expression of professional opinion with regard to him and his allopathic compilations has been obtained, both have been almost unanimously condemned and repudiated. Even his own admission in the pretended "renunciation" shows conclusively that he had no influence in the homœopathic school. Thus, on page 109, we find: "I have long endeavored to force these tangible, practical, and essential advances upon the attention of the homœopathic school, and labored almost in vain to convince the fraternity that the healing art is so far from having attained a state of perfection, that no school has a right wholly to despise and reject the other," &c. It is quite true that this would-be "renunciator," as he remarks above, "has long endeavored to force" his allopathic "advances upon the attention of the homœopathic school;" but his wicked "endeavors" have been signal failures, and he has truly "labored almost in vain to convince the fraternity" that the beneficent doctrines and practice of homœopathy should be abandoned for the empirical and dangerous dogmas of the old school.

But the most insidious and pernicious blows he has aimed at our

school have been in the form of cunning introductions of allopathic heresies, collated from allopathic books and journals, into homœopathic books and professed homœopathic journals. The injury to our cause from this source has been considerable, especially with students, and certain metastatic mongrels and eclectics who change their opinions and practice as interest or caprice dictates. In these pseudo-homœopathic publications, the opinions of allopathic authors like Wood, Bennett, Stokes, Pereira, Vogt, Todd, &c, are made prominent and authoritative, while such writers as Hahnemann, Jahr, Bœninghausen, and the like, are either sneered at or ignored.

The homœopathic school may be congratulated that it has eliminated from its midst one who has ever been an insidious and bitter enemy of the fundamental principles of homœopathy. We leave it for others to judge of the motives which must have originally induced this "renunciator" to *profess* a theory and practice of medicine which he has always confessedly despised and practically ignored, as well as the *motives* which have induced him "to cast his lot with other friends, other theories, and other practice."

Materia Medica and Toxicology.

PATHOGENETIC CHARACTERISTICS OF DRUGS.

BY J. S. DOUGLAS, M. D., OF MILWAUKEE.

[Continued from page 467.]

Eugenia Iambos.

Lachrymation evening and night, with a sensation as if fire were pouring out of the eyes.

Yellowish, bloody mucus in the mouth after dinner.

Pain in the left horn of the os hyoides during deglutition.

Nausea, going off by smoking.

Scanty, papaceous, *granular* stool. Scanty, hard stool, after much pressing, with spasmodic closing of the anus after the evacuation. (See *alumina, sulphur.*) Several stools a day, with burning in the

abdomen, and sputtering, fetid discharge. Diarrhœic discharge, followed by vomiting. Cramp pain in the rectum.

Whirling and turning sensation in the testicles.

Constant hawking up of bloody and yellow mucus.

Sticking pain in the back, as if something were sticking in the spine, worse by bending the back.

Nightly cramp in the soles of the feet.

Rhagades between the toes.

Eupatorium Perfoliatum.

The distinguishing characteristics of *eupatorium* in fever are thirst, some hours before the chill, which occurs in the morning, and nausea or vomiting at the close of the chill.

Euphorbium Off.

Pale red inflammation of the eyelids. Everything appears larger than it really is. Even in walking, he raises his legs more than is necessary, because he imagines he has to step over elevations.

Its effects upon the skin of the head and face much resemble those of *rhus*.

Burning in the throat and stomach, as if a flame were rushing out.

Taste in the mouth as if it were lined with rancid grease.

Great hunger, the stomach hanging down relaxed, and the abdomen feeling hollow.

Ferrum Aceticum.

Copious expectoration of pus having a putrid taste, early in the morning. Copious expectoration of greenish pus having a sickly taste, early in the morning. Asthma; difficult, slow breathing, relieved by walking and talking, or by constant reading or writing; worse when sitting still, and most violent when lying, especially in the evening.

Varices of the feet.

Burning, painful soreness of some parts of the skin, even when touching them ever so slightly (for example, the back of the thumbs, toes, &c.)

Inflammation and suppuration of dark hepatic spots (for example, the dorsum of the hand).

Ferrum Magneticum.

Small warts on the hands (see *dulc.*).

Ferrum Muriaticum.

Deposition of bright red crystals in the urine.

Fluoric Acid.

Discontent and excessive ill-humor, followed by indifference and forgetfulness, and finally by perfect contentment and uncommonly gay disposition of mind. *Clinical.*—Hering gave it to an invalid old lady who quarrelled with nurses, relatives, and the whole house; two doses soon rendered her patient and cheerful, and she continued so.

Sensation as if the eyelids were opened by force, and a fresh wind were blowing on them. Clearness of sight and increased power of vision. Pleasant sensation, as though the eyelids were wider open or the eyes more prominent, whereby the circle of vision becomes enlarged, the sight clearer, and he feels a luxurious enjoyment in looking at the same things he is used to see every day.

The teeth feel warm.

Several small round blood vesicles, elevated, of a light carmine color, soft and compressible, and resembling little flesh warts. They are very perceptible as light red enlargements of the capillaries, raising up the cuticle.

It seems to exert a peculiar effect upon the teeth and bones of the upper jaw.

Sensation as if a burning vapor was emitted from the pores of the whole body.

Itching of all cicatrices in the evening. All his cicatrices dating from thirty-two to two years are red round the edges, and occupied here and there with itching vesicles.

Granatum.

Swelling, resembling umbilical hernia. Painful pressure in the groin, and swelling as if inguinal hernia would set in.

Graphites.

Burning on the top of the head, in a small place. Urinous smell and breath from the mouth and nose. The tongue, after a meal, is rough, raw, and scraping; the papillæ are very sensitive, as if they were rubbed against the teeth. Sore pain of the left side of the tongue when moving it. Burning vesicles on the lower surface and tip of the tongue. Painful tubercles and vesicles on the back part of the tongue. Whitish painful ulcer on the surface of the tongue.

Constant spasm in the throat, obliging him to swallow as if he were choking, as if the food would not go down. Intolerable scraping and rawness of the throat. Burning in a small spot on the left side of the abdomen. Hard, knotty stool, the lumps united by mucous threads. During menstruation, hoarseness, violent coryza, and catarrhal fever. During the menses, dry cough and profuse sweats, morning sickness, swelling of the feet, and painless swelling of the face. (Swelling of the feet is common to *graph.* and *lyc.*)

Tension and disagreeable feeling about the male genital organs when walking, or on the least contact of the clothes; crampy pain in the penis; swelling of the prepuce, forming a large blister containing water; painless vesicles upon the prepuce; itching in the interior of the scrotum; itching of, and humid eruption on, the scrotum; darting pain in the left spermatic cord.

Violent burning of the eyes; smarting of the eyes, as from something acrid; intolerance of the light of day, but not of candlelight.

Black, sweaty pores on the nose (see *sulphur* and *digitalis*); painful scurf in the nostrils; smell in the nose as of burning soot.

Erysipelas of the face, burning and tingling.

Gratiola.

Sensation of burning heat in the face while it feels cold to the hand; sensation as if the brain contracted, and as if the head grew smaller; frequent feeling of coldness on the vertex, painful, and changing to a feeling of warmth on moving the head.

Guajacum Officinale.

Sensation of swelling and protrusion of the eyes; the eyelids appear too short to cover the eyes.

Gummi Gutti.

Violent chronic sneezing, in the day time only; feeling of coldness in the points of the incisor teeth; extremely painful burning in the region of the liver.

Gelsemium Sempervirens.

Produces the most exact symptoms of the ordinary fevers of this country in all their stages,—the cold, chilly, congestive stage, with depressed pulse, dull headache, &c.; the reactive stage, with hot, dry skin, flushed face, acute pain of the head and quickened pulse, followed by sweats. The headache is most in the temples, and pressive.

Glonoine.

Produces an almost instant effect on the head, causing pressive, throbbing headache, with obvious enlargement of the cutaneous veins of the head and face, and most promptly cures a similar headache.

Hæmatoxylum Campeachianum.

Painful pressure on the genital organs; malaise and pain in the hypogastrium as previous to the menses, attended with slimy whitish leucorrhœa.

Hamamelis Virginiana.

Exerts, perhaps, a more direct and specific action on the venous system than any other known drug, causing venous hæmorrhages from all the mucous membranes, &c. It is more specifically adapted to the cure of diseases of the veins than any other, as milk-leg, inflammation of veins generally, venous hæmorrhages, hæmorrhoids, discharges of black blood in typhoid fever, congestion of the portal system, &c.

Helleborus Niger.

Insensible rigidity of the tongue; ptyalism, with soreness in the corners of the mouth; sensation upon the occiput as if it were pulled down tight; sudden watery swelling of the skin of the whole body; falling off of the hair of the whole body and of the nails.

Hepar Sulphuris.

Greasy pellicle on the urine (see *phosphorus*); pellicle on the urine, glistening with various colors (see *sulphur*); sensation in the chest as if hot water were floating in it.

Weakness of the organs of speech and of the chest, which makes it impossible for her to talk loud.

Pain in the shoulder as if a weight were resting on it (see *sulphur*).
Chapped skin and rhagades of the hands and feet (see *sulphur*).

Hyoscyamus.

The mental symptoms, the kind of mania, are peculiar. He is extremely strong in his rage; raging and naked day and night; sleepless and screaming; strange fear of being bitten by animals; insanity, with diarrhœa; ludicrously solemn acts; excessive mobility and activity; one makes ridiculous gesticulations, like a fool in a comedy; acts like a drunkard, as if he were cracking nuts, &c. (see *belladonna*); all things look scarlet, red, or golden yellow.

Clean, parched, dry tongue; burning, dry tongue and lips. The lips look like parched leather. Sensation of pithiness in the middle of the tongue, as if burnt by hot food.

Inability to swallow (see *belladonna* and some others); paralysis of the bladder.

During the menses, almost convulsive trembling of the hands and feet. She is almost raging, and has enuresis. Before the menses, almost uninterrupted loud laughing.

Gangrenous spots and vesicles, especially on the lower limbs.

Nightly sleeplessness, with convulsions and concussions, as if occasioned by fright; sweet and smiling look during sleep; grasping at flocks.

TO PATRONS AND CORRESPONDENTS.

We hope the present condition of OUR COUNTRY will suggest to our friends and contributors a sufficient apology for the late appearance of this number of our Journal, as well as for its reduced size. The engagement of the publisher in the public service compelled him to be absent for the whole of the quarter now closed ; and the publication of the present number was unavoidably delayed till his return. In the meantime, a large amount of valuable matter has accumulated on our hands, and a hurried selection is now made, chiefly from the briefer articles before us. The rest will appear in proper order within the year. In future, the *United States Journal of Homœopathy* will be regularly published at the usual periods, and in a style sustaining its established character. Let none of our co-editors delay in sending forward their contributions. Whilst our cause is making rapid advances among the people, its journals and its schools of instruction must partake still more largely of the stirring spirit of the times. The principles of homœopathy are now being tested in two thousand American cities and villages, side by side with the creeds that have ruled the minds of men for more than twenty centuries. Let us give to the public the results of the great contest, carefully observed and faithfully reported.

Northern Homœopathic Dispensary,

695 Sixth Avenue, New York.

This institution closed its fourth year on the 31st of May, and under the faithful administration of S. Lilienthal, M.D., it continues to extend its usefulness and the benefits of homœopathy among the poorer classes of the upper part of the city. The following table exhibits an abstract of its operations from its commencement, June 1st, 1857 :

	1st YEAR.	2d YEAR.	3d YEAR.	4th YEAR.
Whole number of cases treated.....	1384	1399	1795	2150
Number known to have been cured....	1047	1022	970	1384
Relieved.....	72	114	247	264
Result unknown.....	46	196	456	391
Died.....	5	4	8	16
Remaining under treatment.....	68	60	114	95
Number of prescriptions given.....	3000	3185	4576	5053

The author of the papers on Anatomy and Surgery desires to state to the readers of this Journal that he is not responsible for the typographical errors that may occur in the text. In the last paper there were many such errors, in themselves trifling, excepting in one or two instances. Two of these he desires to correct, on page 345.

Instead of "from the top of the right auricle to the *top* of the ventricle," read, "from the top of the right auricle to the *tip* of the ventricle." On pages 353 and 354, for "Professor Semin," read "Professor Simon."—W. T. H.

THE
United States Journal of Homœopathy.

NOVEMBER, 1861.

Original and Translated Papers.

AN HOUR WITH PAST GENERATIONS.

BY J. C. PETERSON, M.D., OF ST. JOHN, N. B.

AN old work on Anatomy, written by Bartholinus, and published by Nich. Culpepper, Gent., and Abdiah Cole, Doctor of Physic, in the year of our Lord 1663, contains so many peculiar and to us ridiculous theories, that I propose to transcribe a few of them to the JOURNAL. It is well at times to stand in our places and take a retrospective view; it makes us fully aware of the progress we have made, and encourages us to toil on, that future generations who will look back upon us—will admit, that at least we did our duty to our profession.

In reading the quaint writings of our ancient friend, we cannot but smile at the sturdy manner with which he knocks over old theories, and rears new ones in their places. If the language he uses is not elegant and refined to ears belonging to the nineteenth century, it is *plain* and purely Anglo-Saxon.

On page 18 he describes the anatomy of the stomach, and thus alludes to the cardiac orifice:

“This orifice is greater, thicker, and larger, so that it may admit hard or half-chewed meat. 'Tis situated at the ele-

venth vertebra of the chest; it hath circular fleshy fibres, that it may by natural instinct shut up the mouth of the stomach after the meat is received in, least fumes should arise, and go into the brain, and breed distempers; and that so digestion may be more perfectly accomplished, so we cover it as we do our seething pots, with a pot-lid, to keep in the fumes, and to keep the meat from falling back into our mouth when we lie in bed, and tumble this way and that way. Through this orifice meats and drink are received in."

Bartholinus is more explicit than our Erasmus Wilson, as the latter only gives half a page to the entire stomach, and only a few words to the cardiac orifice; Bartholinus, on the contrary, devotes six pages to the stomach, and an entire paragraph to the useful orifice. Do we not live in a degenerate age?

The seat of the soul was a question which troubled our ancestors very much, and every anatomist had his favorite locality. Helmont located the soul in the stomach (perhaps he only studied the subject upon aldermen, and such like beings), but Bartholinus refutes the assertion thus:

"But the stomach cannot be the seat of the soul, because: 1. It is alwaies full of impure meats. 2. No faculties flow to us from thence. 3. Greate feeders and persons of large appetites should have more soul than other people. 4. The soul is not fixed to any centre. 5. When the stomach is hurt, death does not presently follow, as appears in him that swallowed the knife. And any damage happen it is by reason of the nearness of the heart, and community of nerves, and consequently by accident. Yet in a large sense, it may be called the principle of life, because there is the seat of appetite, and the full reception and digestion of aliments, whose fault in the following concoction is never amended. Now it rules over the head by reason of the consent of the membranes, and the most undoubted arising of vapors."

The rule given by our author to ascertain the size of the stomach, may be useful to those who pride themselves upon their physical examinations. He says:

"Now the largeness of the stomach is known: 1. By the greatness of the mouth; for those who have large mouths are great eaters, but withall bold and magnanimous. 2 If from

the *cartilago ensiformis* to the navel the space is greater than that of the face or breast."

In regard to the functions of the stomach, he says:

"Its use is to receive the meat and drink, which it doth by reason of its notable and large cavity. And whereas it sometimes contains and breeds little stones, as Gentitis and Lacritus have observed; as also a toad and worms, and other things by me often observed; this is beside the intertion of nature. And the like we may say of an infant conceived and formed there, and voided out at the mouth; the history thereof is described by Salmuth."

In the anatomy of the spleen our author attacks Helmont for making the spleen the seat of his "*Archeus*," which is the immediate organ of the sensitive soul, residing in the stomach, and gives eight heavy reasons for his disbelief.

The functions of the spleen, which so puzzles physiologists of the present day, was clearly understood by Bartholinus, as his assertions are made with all confidence. He states, that the office of the spleen is to prepare acid blood for the whole blood and the "*chylus*," and further on says:

"Inasmuch, therefore, as the spleen draws the sharp part of the blood out of the heart, and sends it prepared to the mesentery, that the rest thereof being to be wrought by the liver, may become pure and clear, the opinion of the ancients may be allowed, which held the spleen to be the seat of laughter; for the cheerfuller and livelier of animals have great spleens."

He sums up the functions thus:

"The spleen therefore prepares blood to accommodate the bowels of the lower belly, and of the whole body, after the manner aforesaid, and the excrementitious part of the blood which cannot be separated by the spleen, if it be thin and watery, is purged out by the guts and kidneys."

The chapters devoted to the heart are more elaborate than any of his other writings, inasmuch as the circulation of the blood had been but just discovered by Harvey, and as a consequence the heart was invested with new interest, new anatomy, and new physiology, besides it offered to our pugnacious author a glorious opportunity to knock about former

theories, which opportunity he in no way neglected. Little did he imagine, while writing his own theories, that two hundred years after a mere novice in anatomy would be laughing at the ridiculous absurdities which he so greatly advanced as unrefutable facts. He describes the heart as the principal part of the creation, which all living things have, although former writers cite many instances in men and animals who had no hearts, and they, he thinks, were maintained by the remainder of arterial blood; but, in relation to the beasts told of by Obsequens, which Cæsar sacrificed, they had no hearts because they were stolen away by the devil.

Further on he extends the heart above the grade given it by modern anatomists:

“For the motion of the heart is no animal motion, but a natural motion, because the heart is no muscle; for the heart is moved without our will, and it beats in the child in the womb before the child hath received the animal faculty. And Galen did rightly deny that the heart was a muscle; but if any one shall say that the heart is a muscle, subservient to natural motion, I shall oppose such an improper manner of speaking.”

In regard to the functions of the heart, he says:

“1. It is the instrument of the soul to force and urge the venal blood received from the cava into the arteries. 2. It is the *fountain of heat*, whence it is spread into the whole body, whereby the parts are animated and sustained. 3. Not so much to make as to perfect the blood, it makes arterial blood and perfects the venal, or that which is contained in the veins. 4. A fourth use of the heart is perpetually to move, that it may help the heat and elaboration of the blood, and that it might kindle and stir up the vital light.”

Our friend Bartholinus labors hard to account for the heart's motion, but he is not very clear in his conclusions; he thinks the cause is immediate and remote. Among the immediate causes is the “blood and the pulsifick faculty.” In regard to the latter he says:

“The pulsifick faculty implanted in the heart must needs be gained with the blood, as the cause of its motion: either that it may guide the influx and the egress of the blood, and assist the same, which would otherwise proceed disorderly, as

I explain the matter; or that it might of itself produce the motion, according to the opinion of the ancients. * * * That the heart stands in need of such a faculty, I prove: 1. Because the pulse would be alwaies uneaual—the influx being uneaual, unless directed by some faculty. 2. Any particles of the heart being cut off, do pulse, by reason of the reliques of this faculty, or spirit remaining. 3. The heart, being taken out of the bodie, or cut in pieces, lightly pricked with a pin, doth presently pulse. 4. It were contrary to the majesty of the principal part to be moved by another, whether it will or no, without any assistance from itself, and so to receive a violent impression.”

He heads the list of remote causes with the vital spirit and remarks as follows:

“The vital spirit, as well that which is implanted in the heart, as that which comes thither from without, with *heat* sufficiently manifest in live dissections, and which warms the whole bodie; and that either not *shining with light*, as most will have it, or *shining*. That a lightfull heat of the heart is requisite in this case many things argue. 1. The motion of the elements is simple, never circular, and light moves itself and the humors with a circular motion. 2. The heart and the blood are more quickly moved by light than otherwise they could be, which in the twinkling of an eye dazzles all things, illuminates all things. 3. There is in all particular parts besides the obscure principle of the elements, also a lightfull part, propagated from the seed, which ought to be preserved by a like flame kindled from the heart. 4. No humor, although hot, does pant and move itself unless a burning flame, as we see in spirit of wine, a candle, and other things. 5. In glow-worms their hinder parts only pants and shines, where their heart is. That the vital spirit is really endued with light, and that there is an inbred light in the blood and heart, which helps forward the circular motion of the blood, I have demonstrated in another book.”

For fear that I will monopolize too much space, I will leave the learned Bartholinus, as I wish to come an hundred years nearer our own time, and quote from a work on practice, written by Dr. Hugh Smithson. A chapter on “Authenticated Extraordinary Cases in Physic and Surgery” contains such truly wonderful cures, that they will no doubt be read with interest.

CASE 1.—One Thomas Gobfill, a lean man, was advised by his physician to swallow pebbles for flatulency, which it is said relieved him; but, being seized with a violent fit, he swallowed nine stones, which, not passing, he repeated the dose until he had swallowed two hundred. After they had remained two years and a half, he complained that his appetite was gone, and again consulted his physician, who, upon

“Examining his belly, found the stones lay almost as low as the os pubis, and thrusting his finger just above that bone, so that the lower part of the belly might lie on his hand, he could with the motion of it shake and make them rattle as if they had been in a bag. Upon this he caused a ladder to be set against the wall, and hung the patient up by his hams, with his head downwards; when he was in this position, he said the stones even got up to his stomach; but, being set down upon his feet in a short time, the stones were plainly heard to drop down one after another.”

The unfortunate Gobfill became partially paralytic, had hæmorrhage from the bowels and stomach, and lost *all* his flesh. But the most singular circumstance is thus related:

“Formerly at night in bed, the pebbles used to get up to his heart, but by standing they would go down into the belly again; but now they rose obliquely, and got under his right arm, inclining towards his shoulder-blade, and when they were in this place, by giving him a blow with the fist on his right shoulder, they would all fall down in a lump together, and might very plainly be heard to clash on the other stones.”

The account of this case terminates with the information, that he died suddenly, stoned, like St. Stephen, to death.

“CASE XVIII.—Of a pistol shot through the breast,”

Is a good example of heroic treatment, and of a vigorous constitution. A privateer, returning from her cruise, into port, the fire-arms were ordered to be unloaded and cleaned. The mate, carelessly snapping a pistol, it discharged and shot the gunner through the chest,

“Entering between the sixth and seventh ribs, midway between the breast-bone and back-bone, and came out close to the lower part of the shoulder-blade, near the spine. The

man being brought ashore and examined by a surgeon, he was found very low, pale, almost dead, and scarce able to speak, and blood ran out of the wound, whether he laid on his face or his back. Twelve ounces of blood were ordered to be taken from his arm, and a clyster of sea-water to be thrown up, and the upper part of his body was rolled in linen clothes, wet with oxycrate, and he was laid upon a sheet spread on the floor. In two hours after six ounces more of blood were taken away, and the dressings renewed. Two hours after he was the third time bled six ounces, and the clothes again renewed. In four hours he was again bled, and five ounces were withdrawn. He now complained of being chilly, and the clothes were not discolored."

The wound healed, by the second intention, in about three weeks. The author remarks:

"That he appeared like a walking ghost, and recovered his strength, and went again a privateering."

CASE 22.—Walter Walsh was a temperate man, forty-three years of age, and of good disposition, was seized with a severe pain in his right arm, excessive redness of his right hand, and a pricking in his forefinger, on which there appeared a speck, which the gentle Walter supposed was a thorn. Upon endeavoring to remove it, the blood spun out in a violent but small stream, which, after spending its violence, it would diminish to a drop, and then spring out with violence again. Thus it continued for twenty-four hours, when he fainted, and the blood stopped, and his pain left him. This condition continued for twelve years—never having a respite of a longer period than two months, nor oftener than three weeks. Whenever any attempt was made to staunch the blood, he would suffer excruciating torture in his hand and arm. No medicine that was prescribed would relieve him, and he ultimately died of the "distemper."

"CASE 69.—Of a boy who never made water. John Warsnape, in Yorkshire, lived until he was seventeen years old, and never made water, and yet was in good health. He had constantly a diarrhœa, but without any uncomfortable symptoms. He died of a fever."

CASE 24.—Thomas Phillips was a healthy promising child till he was fifteen months old, at which time a very strange

and almost continual rumbling seized him, and a violent diarrhœa resulted, which none of the physicians could remedy. At last, when Thomas' life was disposed of, it terminated in such an obstinate constipation, that he did not go to stool for two or three weeks together. This continued for a time, when the interval between the stools proceeded gradually to seventeen or eighteen weeks, and continued so till he was fifteen years of age, when his habits without apparent cause became regular. They continued so for five years, when the obstruction returned again, and continued until his death, at twenty-three years of age. In the latter part of his life, his intervals would vary from eighteen to twenty-four weeks, and he would become of monstrous size. The cause of his death was convulsions. He wanted Opium and Nux badly.

"CASE 21.—Of the effect of imagination in a pregnant woman. A female child was born with a wound in its breast above four fingers long; it penetrated to the intercostal muscles, and was about an inch in breadth. * * * The child was born without violence, and consequently did not receive its wound during its birth, but was caused by imagination; for about two months before, the mother had by chance heard a report, that a man had killed his wife, giving her the death-blow on the chest with a knife, at which relation she seemed affected, but not exceedingly. It is probable, that the child received its wound while in its mother's body at the very moment that she was affrighted, because the wound was very foul, and the inside, as well as the outside, was beset with slime, produced from the water wherein the child lies in its mother's womb; it was also like an old wound."

These are the lights of other days, which, contrasted with the brilliancy of our own time, pales into pitchy darkness. From such did all present systems of medicine arise, not excluding homœopathy or the dominant school. As Bartholinus sneers and ridicules the precepts of his predecessors, which precepts in *their* time were thought to be correct and unrefutable, so do we now sneer and ridicule him and *his* precepts. As a member of the present dominant school would ridicule the treatment of Smithson, as being behind the present age, so can we, who have been blessed with an understanding of the precepts of homœopathy, ridicule the present dominant school with all justice, and with all truthfulness.

IS HAHNEMANN THE ALPHA AND OMEGA OF HOMŒOPATHY?

BY JOHN H. HENRY, M.D., OF SELMA, ALA.

I HOPE I shall not be accused of a want of respect and veneration for the writings and teachings of the immortal Hahnemann. I love his name, I am proud of being called a homœopathist; we are indebted to his genius for the discovery and elaboration of the only sure and comprehensive law in medicine. As one of his followers I agree with him in the law 'similia,' as the only law of cure; and his doctrine of chronic diseases, and their three fundamental causes, psora, syphilis, and sycosis, is the rock upon which the mighty temple of homœopathy rests. I agree with him, our chronic diseases owe their origin to itch, syphilis and sycosis, and that acute diseases in most cases show visible evidences of latent psora. And I think this doctrine cannot be refuted by those who contend, that the main cause of chronic diseases is traced to hereditary predisposition. And his division of remedies into psoric and antipsoric is the clearest evidence of his profound ability and genius; and his theory of potencies up to thirty should be cherished by every homœopathist, not from necessity, but respect.

I consider his advice in regard to the duration and effects of medicines as of vast practical advantage, and we should promote the action of rightly chosen remedies according to the symptoms by strict diet. His views on Coffee as a drink during homœopathic treatment should always be kept clearly before the homœopathic physician in the sick room, as I think it is impossible to cure chronic diseases as long as we allow our patients this beverage. Using mixed homœopathic remedies, or allopathic compounds is clearly at variance with all the teachings of Hahnemann, and is a fatal blow at homœopathy, and if at times we are tempted to resort to these means through ignorance of the true homœopathic single remedy, it is our fault, not the fault of homœopathy. It matters not how large the dose of a single remedy we use, the 30th, or a half ounce of the crude drug will cure only similar diseases to those

they produce when given in large doses. Homœopathy is homœopathy, irrespective of the dose. Quinine, Apis, Arsenic will cure chills; Vinegar, Sulphuric Acid, Ergot and Crocus will cure uterine hæmorrhage; Veratrum beside Aconite, Bry., Phos. will cure pneumonia; while Tartar-emetica is a poison, and should never be given because it is not a similia to the disease. Bilious fever is best cured by *Tart.-emetica*, *Ipecac.*, *Lycopodium*, *Quinine*, and Mercury. Allopathy is allopathy, if you give the thirtieth of Plumbum to cure diarrhœa or as much as ten grains; or give the twentieth of a drop of Croton Oil to overcome constipation. The dose has nothing to do with the truth of the two systems of medicine. Those who only use the strictly Hahnemannian dose are no purer homœopaths than those that use twenty grains of a crude drug. Allopathists are allopathists, in spite of small doses, if they use them according to the law "contraria." Homœopathy, then, is the only system of medicine, because it is the only natural system of curative medicine. Its truths are simple and attractive, commanding the respect and confidence of the public and the scientific world. It is this truth which has stamped Hahnemann as the greatest medical philosopher that has ever lived. Life is short, and a single individual could go but a little way by his own efforts in perfecting the practice of homœopathy. We reverence him for what he has done, and we must exert all our powers to carry on and perfect his great work. We must not let our opponents appropriate his great discoveries to their use without giving him credit, usurping, as they are now doing, the law and using the third dilution as their own. We must fight for the formula "similia," and cease our controversy about the sensible and insensible dose. We must remember Hahnemann used large doses of Bark, Belladonna, Camphor, and Mercury, and it must be left to our individual judgment, and not to any fixed formula. Why should we discuss that which does not effect the truth of homœopathy. We are not required to commit ourselves to all the teachings of Hahnemann, or pledge ourselves to any hypothesis or speculation that is not reasonable. All we ask is a critical investigation of homœopathy, and its practice. Reason teaches us, if the law "similia" is true, the dose is a matter of no consequence. And the only way to make

homœopathy prosper is for us all to adopt the law as the only law of cure, and let us employ all preparations and doses as in our best judgment will meet the case we are called on to treat. Hahnemann did not pretend to have perfected this branch of his profession. It is our object to make homœopathy reliable in all diseases, and it is our duty to study every reasonable plan that may be devised to perfect the treatment of disease. We should guard Hahnemann's *Organon* as the foundation of homœopathy. It should be studied all the time; it is a remarkable work, and we fear it is not cherished by the profession as it should be. We have criticisms of this work, and we have never read one that has done it justice. It stands like a Gibraltar of medical truth against all pop-gun attacks of members of our school and of allopathy. His theories, as taught in the *Organon*, are sublime, and we do feel as we study them, that they are not of man but from a higher power, and we cannot find any that can compare with them in truth and simplicity. In the study of his *materia medica* we find the selection of the remedy difficult. But after we have separated the symptoms, as far as we are able, into primary and secondary, we find the mirror in which medicinal disease is reflected. By this separation of symptoms we remove our greatest trouble in selecting the dose and the remedy. It is with pleasure we refer the reader to Dr. E. M. Hale's article in the *North American Journal of Homœopathy* on the *dose*, and the law suggested for the proper quantity. He truly says, the adoption of any uniform dose of all remedies in all maladies is pernicious and wrong, that it is unscientific and irrational, and not reliable in practice. First, he says, all medical agents have two series of effects upon the human system, and they produce two series of symptoms, or *pathological states*, the *primary* and *secondary*. Second, all diseases in their progress and development show two series of symptoms or pathological states, the primary and secondary. Third, we are compelled in all cases of disease to select the remedy whose primary and secondary symptoms correspond to those of the malady to be treated. And truly, he says, the above statements are so fully established by medical writers, he does not consider it necessary to bring any proof to sustain them. The adoption of the above rules by the

homœopathic profession will stop the war of dose, and make us all more successful in the treatment of disease. Dr. James T. Alley, on dose, in the *United States Journal of Homœopathy*, speaking of the latitude which prevails with most homœopathic physicians in doses ranging from the first to the thirtieth, says it is abundant evidence of the truth of the dynamic theory, for in no other hypothesis could this vast difference be made without being ridiculous to the observer, and inefficient to the patient. And notwithstanding the undeniable truth that the lower dilutions are often surely and quickly curative, there are still a few unwilling to repudiate all medication, except it is Hahnemannian, or accomplished by invisible means, 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. How much truth is there in this. 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 factions endeavor to deride, and though partisans class themselves as high and low, dynamic and material, yet the principle which underlies the action of both, cannot be derided, and no power can rend it in twain. Lightning is lightning, whether it rests in the clouds, or is transmitted into its more solid receptacle, the earth. The advocates of high or low doses have not the right to assume more perfection for using the Hahnemann dose than others. We are unworthy disciples if we suppose that to honor Hahnemann we must endorse everything he has taught. Dr. Pope, in the *British Journal of Homœopathy*, on the Ethical Impediments to the Progress of Homœopathy through the Profession, says: "We must have mutual respect, mutual confidence, and mutual sympathy. We must cease our personal dissensions which are becoming notorious among homœopaths, and preventing our system of therapeutics, which we so highly value, from being more generally accepted by physicians. We must be courteous towards each other, and ever ready to render each other all the professional support and assistance our position requires. Hahnemann and his strict disciples have done the fine work in the temple; while his workmen are so building the

temple, and preparing it as to last for all time against all storms that may come against it. It is the duty of us all to spread the science and practice of homœopathy. Hahnemann laid the foundation—we must erect the building. As the science and practice of homœopathy is complex and difficult, we must necessarily avail ourselves of the labors and practical suggestions of each other, our predecessors and contemporaries. It is the work of generations, of ages, to construct the complex material which we have to use in completing the science of homœopathy. Homœopathy is a science, and is not made; it must grow. Every effort should be made to give homœopathy a higher scientific standing by taking advantage of every new advancement in medicine, no matter from whence it might come, so it may help build the temple. The homœopathist must make himself familiar with everything that pertains to medical science. He should acquire a knowledge of it in all its branches, and all the collateral sciences. The natural sciences contribute almost everything to the healing art. Physiology is the centre, and from it radiate pathology, materia medica and therapeutics; and the web cannot be broken without leading to prejudice and danger to the practice of medicine. We have the field of knowledge open widely before us, which should make us more modest in reference to that which is so distant from our perception. We are homœopathists, and our motto is: chose the remedy in accordance with the principle "similia similibus," and the treatment is *homœopathic*, whether the dose be large or small.

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**CASES TREATED AT THE NORTHERN HOMŒOPATHIC
DISPENSARY, 695 Sixth Avenue.**

REPORTED BY SAM. LILIENTHAL, M.D., AND J. B. PETHERBRIDGE, M.D., OF NEW-YORK.

CASE 1. *Melancholia Religiosa*.—Aug. 21. J. W. M. applied for relief. It was hardly possible to get a word out of the patient. His wife stated, that he is a member of the M. E. Church, and a classleader. Had lately reverses of

fortune, and since that time is not the same man; former kind, now morose; formerly taking interest in the church and in the world, now perfect apathy has taken hold of him. He is afraid of being eternally damned, sits the whole day silent and moody at his work of shoemaking, and performs little at that. Is of bilious constitution, and complains of heaviness in and over the eyes, dizziness and deafness, stitches in the temples, tongue coated yellow, fœtid breath, cramps in the pit of the stomach, appetite variable, bowels costive, urine deep yellow; pulse full, slow, about sixty to the minute. Aur.-fol., 3, morning; Nux-vom., 3, at night.

Sept. 11.—Is more lively, feels more like working again. Looks better in his face. The wet towel is deeply stained in the morning. Aur., 3; Nux, 3.

Nov. 5.—Continues to improve, and takes interest in all. Aur., 3; Nux, 3.

Nov. 30.—Complains only of roaring in the head, and debility. China, 12; Nux, 3.

Dec 5.—Dismissed perfectly cured.

June 15, 1861.—Patient has continued well.

CASE 2.—Simon Miller, aged fifty-eight, workman in a color factory, especially arsenite of copper, has inhaled a great deal of this poison, is covered with boils all over his face and scalp, suffers frequently with asthmatic attacks, heaviness and debility of all the limbs, cold sweats, with burning feelings inside, and weakening diarrhœa. Lach., 200.

Sept. 17.—Morning dizziness, as after a debauch; boils itch worse than the itch. Asthma improving. Urine jumentous. Hep., 200.

Sept. 19.—Improving. Looks healthier. No new boils, and the old ones drying up. Breathing free. Hep., 200.

Sept. 25.—Only mornings some dizziness and asthma. Hep., 200.

Sept. 27.—Is looking out for other work, although not quite well yet.

CASE 3. *Herpes of eight months' standing.*—Catharine J., aged forty-eight. Herpes on face and neck, upper and lower extremities. No appetite. Is continually vomiting bitter glairy stuff; lost her courses about two years ago, and has been since that time sick. Has aching pains all over, especially on

the back. Tired and sleepy; itching worse at night in bed, feels best after getting up. Tart.-sulph.

Oct 24, 1860.—State the same. Iodide of Ars, ʃ

Nov. 1.—Eruption exudes a great deal of serum. The same remedy.

Nov. 12.—Chills and prickly feeling. Herpes the same. Same remedy.

Dec. 20.—Thinks herself improving, at any rate feels stronger. Same remedy.

Jan. 24.—Improvement continues. Same remedy.

March 28.—Eruption coming out as bad as ever. Fever, giddiness, and roaring in the head, with defluxion in the throat; tongue coated, craving appetite, weak and faint in the stomach, yet cannot eat. Alkaline bath. Hep., 200.

April 6.—Thinks, the medicine has done her good. Hep., 200.

April 19.—Herpes drying up; feels stronger again. Hep., 200.

May 21.—Getting nearly well. Hep., 200.

June 10.—Only one little spot on the arm remains, but no more itching; eats and sleeps well, but is requested to keep on taking the medicine. Hep., 200.

CASE 4. *Ophthalmia*.—Mary Davies, aged ten years, with well-developed scrofula. Inflammation of the left eye, ten days affected. Deep ulcer on the cornea. The whole eye very painful, and burning continually. Bell., 1; Euphr., 1.

Oct. 10.—Eye worse, ulcer increasing rapidly with burning pains. Bell., 1; Ars., 3.

Oct. 11.—State the same. Hep., 3.

Oct. 11-13.—Ulcer increasing and more defined. Rest of the cornea clearer. Pain more bearable. Hep., 3, Acon., 1.

Oct. 14.—Conjunctivitis much better, the pupil is fixed, cicatrix of the ulcer filled with albuminous deposit. Sulph., 200.

Oct. 17.—Proclivitas iridis, inflammation decreasing. Merc.-corros., 3.

Oct. 19-24.—Slowly improving. Merc.-cor., 3.

Nov. 10.—Cured. Pupil remains oblong, but visual powers remain unimpaired.

CASE 5.—M. R., aged two years. Child looks greatly emaciated. *Ophthalmia scrofulosa cum photophobia*. Watery diarrhoea since three months. Tinct. sulph.

Oct. 13.—State, the same. Hep-sulph., 3.

Oct. 17.—Influenza. Eyes the same. Continued Hepar.

Nov. 5.—Rattling in the chest still. Eyes improving. Continued remedy.

Nov. 17.—Chest all right. Opens the eyes freely. Continued remedy.

Dec. 10.—Child looks bright and in good health.

CASE 6.—Peter Folles, aged three years. Rachitic constitution. Ophthalmia scrofulosa and photophobia. Glandular swellings around the neck. Abdomen bloated. Very small for his age. Skin looks unhealthy. Rhus, 6.

May 9, 1861.—Was better, but caught cold. Ulcus corneæ. Rhus.

May 21.—State the same. Child can only be kept in the dark. Apis, 3; Hep., 3.

June 7.—Perfectly cured. Eye clear. Runs about, and can look at everything.

CASE 7. *Cholera Infantum*.—Mary T., aged fifteen months. Since five weeks cholera. Watery diarrhœa by day and night. Screams out in her short sleep, continually restless; great thirst; teething severely. Child looks greatly emaciated. Acon., 200; Ars., 200.

Sept. 8.—Had only one passage in twenty-four hours. Slept more quietly. Ars., 200.

Sept. 10.—No diarrhœa: a great many teeth coming. Sulph., 200.

Sept. 15.—Looks more natural, but is very cross. Sulph., 200.

Sept. 20.—Watery, brown, fœtid diarrhœa again. More fever. Acon., 200; Ars., 200.

Sept. 25.—Whitish diarrhœa and constipation alternating. Calc.-carb., 200.

Sept. 29.—Was improving, drank too much milk and got diarrhœa. Puls., 200.

Sept. 30.—Stools have changed again; is now very flatulent.—Lycop., 200.

Oct. 8.—Improving slowly, but gaining strength daily Sulph., 200.

Oct. 20.—Begins to try to walk, and feels well. Sulph.

CASE 8.—Fritz Hauser, aged two and a half years. Cannot

walk yet; family all scrofulous. Diarrhœa aquosa; painless and coming with a rush. Passages look like chopped eggs, with a most foul smell. Urine greenish. No appetite. Secale, 200.

Sept. 10.—Green watery passages. Water-pocks all over the body. No appetite; restless at night; no thirst. Fœtor decreasing. Ars., 200.

Sept. 10.—Itching in anus, with some tenesmus. Passages mixed with some blood and mucus; other parts looking like chopped eggs. Merc-sol., 200.

Oct. 19.—Came back to-day with some diarrhœa, for which a few Sulphur powders were given with good effect.

CASE 9.—Mary Ann H. aged nineteen; never sick; got married to a young man of rather intemperate habits, who, when intoxicated, was very violent. During such attacks he had threatened several times to take her life. Just at the time of returning menstruation—she had already prolimina—when patient had already retired for the night, her husband came home violently excited and drunk, and, finding her in bed, he rushed at her with a carving knife, intending, as he said, to cut her throat. Barefooted and undressed as she was, she made her escape luckily to the house of her parents, living a few blocks distant. The night was chilly with sleeting rain; the ground covered with slush and wet. Since that time she has not seen a well day. Dyspeptic symptoms of various kinds made their appearance, her abdomen bloated, rush of blood to the head, with violent throbbing, piercing pains; continual dizziness; looks pale and tired, and neither able nor inclined to work. Has been treated already by two physicians unsuccessfully, and complained about getting worse under the harsh treatment and strong medicines she was obliged to take. Was pronounced not pregnant, after examination by one of them. That was four months ago; has done nothing for it for two months, but all her symptoms are getting worse, and now comes to us for help. Got Puls., 6. Her feet now began to swell; a feeling like a deep lump in the abdomen, rolling to and fro, with drawing pains down the legs and continual headache. Kept on ailing till May 9, when she came to the dispensary, complaining of severe colic with

nausea. About eight o'clock, P.M., her mother came to my office, begging me to do something for her daughter, as the pains were as bad as ever. I sent her some Macrotin. At midnight I was roused up, requested to see her, or she must die. I went, examined her carefully, *opened the bag of membranes, and delivered her in five minutes of a small healthy female child*, to the great astonishment of mother and grandmother. The mother of the patient has ten living children, but never suspected pregnancy in the case of her daughter. The patient herself never felt the usual foetal motion, but rather a weight in the uterus, which she and her former physicians laid to accumulated menstrual discharge. I acknowledge my fault freely, for not making a more critical examination, and publish this case as a monitor.

NITRATE OF URANIUM IN DIABETES.

BY EDWIN M. HALE, M.D., OF JONESVILLE, MICH.

THE attention of the homœopathic profession was first attracted to this new remedy by a communication from F. S. Bradford, M.D., and is to be found on page 502 of the *North American Journal of Homœopathy*.

For the benefit of those who may not have back volumes of the JOURNAL; and as the article referred to is a brief one, I take the liberty of republishing it. The results of my own experience satisfy me that this remedy will prove one of the most valuable, in the treatment of the different forms of diabetes and diuresis, of all the medicines and for those maladies.

The following is the communication of Dr. Bradford :

“It is not the object of this paper to discuss the treatment of diabetes farther than to *propose a new remedy*, to the trial of which I was led by a statement contained in the January number of the *British and Foreign Medical Chirurgical Review* for 1857. In review 111, page 34, it is stated that the gradual poisoning of dogs with small doses of the Nitrate of

Uranium invariably caused the urine of the animals thus poisoned to become sugary. It occurred to me that this Nitrate of Uranium might prove a valuable homœopathic remedy in the treatment of diabetes in the human subject. Accordingly I had it prepared in trituration, from the first to the third, and, although I have had as yet but few opportunities of administering it in cases of diabetes-mellitus. I feel warranted, from its satisfactory effect in those few cases, in recommending those who have patients suffering from this disease, to make a trial of this remedy. Doses of two or three grains of the third trituration, administered morning and night, will in a short time reduce the quantity of urine passed, to nearly a normal standard, and after a continued use the proportion of sugar is materially lessened. I have also employed it with the greatest success in cases of acute and chronic diuresis in children and grown people. It is peculiarly successful where the urine, from time to time, assumes an acrid, irritating nature. From the experience which I have thus far had with the Nitrate of Uranium, I am fully persuaded that it merits a careful and scientific proving, and any contribution toward such a proving, by those who feel inclined to test the remedy, will, without doubt, be gratefully welcomed by the profession."

Dr. Bradford is deserving of credit for thus seizing upon the pathogenetic fact developed by Uranium poisoning, and testing and proving the value of the homœopathic law, by submitting it to the ordeal of clinical experiment. It is thus that an acute mind may seize upon a single symptom of a new and unproven remedy, and from it deduce valuable therapeutic results.

The Nitrate of Uranium employed in the following cases, was procured through Halsey and King, of the Chicago pharmacy, and was prepared, as they informed me, by a talented and scientific German chemist.

CASE 1.—The patient was an old gentleman, aged about sixty-five. I had treated him occasionally for three years for a form of diabetes, which I had every reason to believe was a real case of glycosuria. Although, owing to a want of the necessary facilities for a correct examination of the urine, I could not say positively whether sugar appeared habitually in

the discharges. (Let me here add that it is utterly impossible for a country practitioner—by this term I mean a physician in our towns and villages—to get the time to make those analyses of morbid discharges, so necessary to a perfectly correct diagnosis of disease. Such examinations would necessarily involve him in an expense for the procurement of apparatus, which could not well be borne. In these cases of diabetes which I shall report, although I may have been satisfied from my own tests of the correctness of my diagnosis, such tests might not stand the tests of severe analytical chemistry.)

The patient was of corpulent habit, not addicted to the use of ardent spirits, and a temperate eater. The disease has been alternately relieved and aggravated during the six years of its existence. Under my treatment he had been relieved at times by *Cantharides*, *Cannabis*, *Tereb.*, *Merc.-sol.*, *Phos.-ac.*, and *Arsenicum*. His symptoms, at the time of the trial of the Nitrate of Uranium, were much the same as during the last few years, only much aggravated in every respect, and was as follows: Constantly increasing debility and emaciation; a dropsical condition of the legs; great pain and weariness in the lower extremities, accompanied by a distressing sensation of crawling or formication under the skin, as of thousands of worms. (This sensation I have often noticed as preceding or accompanying the access of dropsy of the legs or abdomen.) Clammy state of the mouth and tongue; the tongue coated with white fur; at the same time a sensation of dryness of the mouth and fauces, with excessive and uncontrollable thirst. Appetite variable—at times wanting, at times excessive. Digestive symptoms prominent; such as sour eructations, burning and cramps in the stomach, and sensations of extreme faintness at the pit of the stomach. Bowels constipated, *fæces* pale, odorless, and dry. Almost constant desire to urinate, and voids large quantities at every emission; he states that he has voided as high as sixteen pints in one day and night. If he tries to retain the urine, severe pain in the bladder comes on. The urine is acrid and excoriating, has a sweetish odor, and he says a sweetish taste. His perspiration and breath has the same sickly sweet odor. Skin dry and harsh most of the time, although he perspires when sleeping or on unusual exercise. Pulse small and 90.

He was given Merc.-sol., 2, and Ars.-alb., 3, each thrice a day. These remedies had alleviated similar symptoms a few months before, but did not seem at this time to be of any benefit, except to diminish somewhat the extreme thirst.

After waiting one day, during which he had no medicine, he was given powders of Nitrate of Uranium, 1st dec., one grain each, to be taken three times a day. The effect of the remedy was prompt and decisive. The first night he had only to get up twelve times instead of twenty, as usual, and the urine was much less in quantity. The next day the urgency to void urine was diminished, and the next night he had to urinate but six times. Under its continued use all the symptoms became much ameliorated, until he informed me that the amount of urine voided was not much above normal, and his strength and health were much improved. He took the remedy about three weeks, decreasing the dose at the rate of one powder a day, during the time, so that the last week he took only one daily. Under the use of Phos.-ac. and Helonin, 2, his health improved for several months, when he had another attack of a similar nature, which, however, gave way under the use of the same remedy for a week. Since that time he has had occasional attacks more or less severe, which are always relieved by the Uranium. At his advanced age, it is to be doubted whether a cure can be effected, but the marked beneficial effects of this remedy demonstrate its great utility as a palliative agent in such cases. I have tried very many medicines in similar cases but have never met with one, which manifested such happy effects.

CASE 2.—Was a son of the above, a strong and apparently healthy man of about forty. He first noticed a frequent and profuse urination about six months previously. This trouble gradually increased; about three months ago he began to be troubled with nocturnal urging to urinate, obliging him to get up several times after retiring. His present symptoms are: A growing debility; a good deal of weakness in the lower extremities and back; considerable pain in the region of the kidneys; after a day's work the legs ache so that he cannot get to sleep until after midnight. Mouth dry, saliva tenacious, tongue coated white, good appetite, but his food causes much

distress in the stomach. A constant sensation of faintness in the region of the stomach, even after a full meal; bowels constipated; urine profuse, frequent, and accompanied by burning and scalding; milky at times, at other times of a straw color, and foetid; thinks he voids nearly ten pints in twenty-four hours. He is dispirited, discouraged; has lost his usual ambition for labor, and is inclined to be morose.

For a week he took Canth., 3, and Merc.-sol., 3, with no particular benefit, except to somewhat lessen the *ardor urinæ*. I then put ten grains of Nitrate of Uranium in half an ounce of distilled water, and ordered him to take ten drops four times a day.

The second night after commencing the remedy he was obliged to get up to urinate but once, and during the day the urine was much less in quantity. Improvement progressed steadily for a week, at which time the secretion had become nearly normal, and his general health was much improved. For the debility and some genital weakness I gave Phos.-ac., 1, six drops three times a day, and six pellets of Nux, 3, at night, and continued the Uranium twice a day. At the expiration of three weeks he reported himself well, as well as he had been for many years.

Next to the Nitrate of Uranium, Phosphoric-acid is the most important remedy in cases of diabetes. Not so much because of any specific relation which it bears to the essential nature and causes of the malady, but for its renovating and recuperative powers, in restoring nervous energy to the enfeebled organism. It is eminently *the* remedy, when, from loss of fluids, the solids of the body become wasted and nervous prostration supervenes. In such cases it must however be given in appreciable doses, because, *first*, It is given for conditions which simulate its secondary effects; and, *second*, Because it is not so much for its dynamic, as its *nutritive* powers, in restoring the lost Phosphorus, which has escaped from the system.

CASE 3.—A somewhat intemperate man, about forty-five years of age, a cooper by trade, had been afflicted with symptoms of diabetes for several months. He complained of increasing debility; sweats easily and during sleep; constant pain in the lumbar region, soreness in the region of the kid-

neys; severe aching, drawing weary pains in the legs in the after part of the day; they are so weak and heavy that he can hardly walk in the evening. (This distressing aching and weakness of the lower limbs seems to be decidedly pathognomonic of diabetes. It has been present in every case which has come under my observation.) Urination profuse, and sometimes painful; frequent, every hour or two; sometimes pale, often milky, with strong ammoniacal odor. His sleep was broken by the frequent calls to urinate. He states that he is almost completely *impotent*, and that the sexual power which was strong before the diabetic symptoms appeared, is constantly decreasing. A cold perspiration collects on the penis and scrotum, both of which are relaxed and cold. He feels feverish in the afternoon, has great thirst, canine hunger from a gnawing and faintness in the stomach, abdomen feels bloated; and he is constipated. Some of the symptoms were relieved by the use of Cannabis, Coladium, and Merc.-sol., but the diabetes and other most prominent symptoms remained the same. He was then put upon Nitrate of Uranium, second decimal trituration, three times a day. Improvement commenced immediately and continued until the urine became nearly normal in quantity and the symptoms in general were much ameliorated. One dose of the remedy, every evening, was ordered, and he was given Phos.-ac., 1st dec. dil., ten drops every six hours. Under its use the general and local debility was in time removed.

CASE 4.—A delicate nervous female, subject to attacks of neuralgia and hysteria, was much troubled with sudden attacks of *diuresis*, accompanied by much prostration, followed in a day or two by an opposite state marked by some fever, much thirst, dryness of the mouth, headache, and *scanty, high-colored* urine. This was undoubtedly a case of *diabetes-insipidus*, (might it not be called *nervous diabetes*?) I had treated her with Digitalis, Pulsatilla, Gelsemium, Ignatia, and Belladonna, all of which are homœopathically indicated, but failed to afford more than palliative relief; they did not prevent the reactive symptoms from appearing. This patient called me in one day, and wished a prescription for one of her attacks, which she knew was about to set in, from certain premonitory

symptoms. Being desirous of testing the Nitrate of Uranium in cases differing from true diabetes, I gave her six powders of the second, one to be taken every four hours. The diuresis was much less than was anticipated, and was *not* followed by the usual feverish reaction.

By this it would seem that the remedy was homœopathic not only to glycosuria, but to other forms of diabetes. It may prove useful in the *azoturia* of Willis, characterized by an excess of *urea*, although *Colchicum*, *Verat.-virid.*, *Digitalis*, and perhaps *Gelsemium* are more homœopathic. In the *anureous diuresis* or *anazoturia* of Willis, it will undoubtedly prove valuable. Case 2, may have been of that variety. In *albuminous diuresis* it may prove of some benefit, in connection with *Canth.*, *Digit.*, or *Merc.-cor.* It may prove useful in *chylo-serous* urine—a curious and rare affection, of which I have seen *one* case, and cured it with *Phosphoric-acid*, 1, in a few weeks, after a useless allopathic treatment of months.

MOONSHINE VERSUS RATIONALISM.

BY C. PEARSON, M.D., OF MOUNT PLEASANT, IOWA.

As much has recently been said by writers in our medical journals on the subject of "Dose," and the "Law of Selecting the Proper Quantity," "Rationalism," "Progressive Homœopathy," "Fossilism," "Moonshine," &c., in medicine, it might be well for practitioners to give a reason for the hope that is within them.

Descartes, though differing but little in his teachings from Plato, might well be styled, from the age in which he lived, the father of *rationalism*.

He was born in Hague, in the year of 1596, and some of his premises were very similar to those assumed by our modern rationalists, for he affirmed that, "to attain the truth it is necessary to free ourselves from all the opinions we have previously acquired; and reconstruct anew from the foundation the whole system of knowledge."

I have in my possession a work, entitled the "London Dispensatory," by Dr. Salmon, published in the year 1677, some eighty years after the birth of Descartes, or about the time his doctrines were becoming popular in Europe; and, from language contained in the preface, there can be little doubt but that the writer adhered to the rational philosophy; for he says: "If what we here present the world with be kindly accepted, we may be encouraged hereafter to present to the public view a rational method of preparing* of medicaments grounded upon truth and sensible demonstration, [query? does this mean sensible doses?] wherein the excellency of that our hypothesis shall plainly appear."

But he continues: "There are some half-witted animals abroad, who envying our reputation, would persuade the world that all our works are only collections out of others, but these idle drones are beholden to us for our labor and pains herein, and ought rather to give us thanks for our care and trouble than to carp against us for that, which their crazy pates can neither mend nor imitate. All the hurt we have done them, is, to gather much into little and to save them the charge of buying, and the labor of reading (if they have learned enough to read), the many and vast volumes of the ancients; thereby giving them more time to spend in their cups, and greater leisure to fortify their empty noddles against the prevailing forces of sloth and ignorance."

From this we may infer that the doctor was not only a rationalist, but a physician of the progressive school, a real benefactor, disposed to condense everything in "our literature" and make it practical; and, as the prescriptions of a medical reformer should certainly be entitled to respect, we will quote from page 194 the following formula, which he calls "Tincture or Extract of Mummy."

"Take the carcase of a young man (some say red haired) not dying of a disease, but killed; let it lie twenty-four hours in clear water in the air, cut the flesh in pieces, to which add powder of myrrh and a little aloes; imbibe it twenty-four hours in the spirit of wine and turpentine; take it out, hang it up twelve hours; imbibe it again twenty-four hours in fresh spirits, then hang up the pieces in a dry air, and a shady place, so will they dry and not stink. This is a counter-

poison, prevents the plague, and resists all manner of infection, being taken only to ७j, and cures being taken to ʒj or ʒiſs."

Again on page 265 we find for "falling sickness," "fainting," "giddiness," "ague," "sciatica," and all manner of diseases, the following remedies recommended: "Cases of silk worms," "swallow's nests," "inner skin of a hen's gizzard," "fasting spittle," "cob-webs," "moss off dead men's skulls," &c., &c.

But on page 206 we find mention made of the following wonderful properties of the black cat.

"The head burnt to ashes, and they thrice a day blown into the eyes, are a remedy for all diseases of the eyes. The liver burnt to ashes and drunk helps the stone. The brain is poisonous, causeth madness, vertigo, stupidity, and loss of memory, obstructing the passage of the animal spirits; yet Schroder saith, That some eat them. The *dung* with mustard and vinegar cures the gout and falling off of the hair. Sextus saith: Hung about the neck with an owl's claw as an amulet, it cures quartans. The gall in a sponge pessary with Colocintida-water extracts the dead child. The skin worn upon the stomach takes away the pain thereof and warms it, so also in the joints. Three or four drops of blood taken from the vein under the tail of a boar cat being drunk in water or wine cures the epilepsy; and the blood of the ear cures the shingles."

Here then we have what nearly two hundred years ago was considered a rational prescription for epilepsy. A century later we find counter-irritants, blood-letting, valerian, turpentine, calomel, &c., in "sensible doses," thought to be more appropriate. Now (1861) we find Dr. Max Maresk, an allopathic physician of an establishment for the insane at Vienna, has published in the *L'Union Medical* a report of his treatment of epileptic patients, an extract from which has recently appeared in the *New-Orleans Med. and Surg. Journal* as well as in other allopathic medical journals throughout this country. His prescription is *Atropine in solution of one grain in five hundred drops of rectified alcohol; from five to ten drops of this constituting a dose*, which is to be administered *once daily* in the morning. He says, "*coffee, tea, and chocolate interfere with the action of Atropine.*" It is continued from

sixty to ninety days, and then resumed after an interval of from thirty to forty-five days.

This treatment, he affirms, was successful in three out of eight cases in effecting a complete cure, and that the other five were notably ameliorated. This looks like progress in the right direction; what has effected this change in the last century, or how much credit is due to homœopathy, we will not pretend to say; but we do affirm that no sensible physician will deny that the best practice is to prescribe "the least doses of medicine that experience proves to be efficiently curative." And further, that if we tread but one step backward in that obscure path leading from the mists and fogs with which medicine has been surrounded in the past, we approach that much nearer "rationalism," *alias* "sensible doses," "petrification," "fogyism," &c., &c.

For cholera and cholera-morbus, Hahnemann recommended Camphor, Cuprum, Veratrum, &c., and that too in very small doses. But now we are advised by homœopathic? writers to give *Alcohol*, "if we would save our patients, in sensible doses," "doses which the most reliable of the dominant school have found most safe and reliable." We are told it is the analogue of China, Ammonium-carb., Camphor, &c., and gravely asked, "who would like to trust to the 30th or even the 6th attenuation of these remedies in bad cases."

Now, let us hear what experience has to say on this subject.

On the 19th July, 1860, Mr. H., aged sixty-eight years, a blacksmith by trade, owing to the intense heat of the day added to that of his forge, after having drunk large quantities of iced water, was taken at four o'clock in the morning with violent pain in the stomach and bowels, vomiting and purging, with cramps in the extremities, &c. I was sent for one hour later, but being unable at the time to see the patient, I sent him Camph., 1, and Verat., 6, directing a powder of each to be given in alternation every ten minutes, until there was an improvement.

In about an hour later I was again summoned in great haste with word that the patient was dying. I saw him in a few minutes and found him speechless and pulseless; the surface of the body, extremities, and even the breath cold. The

cramps in the calves, feet, and hands still returned at times with frightful severity; the stools were passed involuntarily; the under jaw had fallen; the eyes were partly closed; the pupil presented a dull inanimate appearance, and the head rolled on the pillow like that of a dead man.

Now, what was to be done? "Give the first trituration of *Arsen.*, one powder every fifteen minutes?" Send for a jug of whiskey, and "give such doses as the most rational of the dominant school have found to be the most safe and reliable?" "So that we may not, as in old times, approach the sick-bed with fear and trembling, and, above all, doubt." "And that we may have something that we can take hold of, see, and feel; not as some would have us treat diseases with vapor for hours, days, and months." "That is giving nothing, and giving that nothing thrice, four times a day, and twice a year." Or shall we resort to "moonshine?" "Nothing-and-never-giving-doses?" There was no time for delay, and I immediately prepared five drops of the thirtieth attenuation of *Cuprum-metallicum* in a tumbler one-third full of water, and poured two teaspoonfuls of the solution into the mouth of the patient, and assisted it in running down his throat by elevating his lower jaw—directing brisk friction to be made with the hands on the surface of the body and extremities. In five minutes the dose was repeated, and again in ten minutes more; by which time the cramps returned at longer intervals, and with less severity. The prescription was continued in this way for thirty minutes, by which time the pulse at the wrist was perceptible, and the patient announced in a whisper that he felt better. The same treatment was persevered in for another hour, when the extremities were warmer, the cramps and evacuations diminishing, the pulse had increased in volume, and the whole aspect of the patient changed for the better. I now directed the feet and hands to be wrapped in dry warm flannel, the *Cuprum* to be repeated every hour, and a powder of the thirtieth of *Veratrum-alb.* to be given between each dose. There was a gradual improvement in all the symptoms, and in three hours more the remedies were given at longer intervals.

In twelve hours from the time the *Cupr.* was first given, all

the more violent symptoms had entirely ceased—the patient only complaining of great soreness and prostration. A powder of Arsen., 30, was now given every two hours, and this, together with an occasional dose of Sulphur, 30, was all the medicine required to effect a cure in a few days.

Again we are told by a *homœopathist*?! that he has “devised a plan for making our treatment of intermittent fever more thoroughly homœopathic.” This news should be gratefully received by physicians every where, and of the West in particular; but here is a specimen-brick from the superstructure:

“Sulphate of Quinine 10 grains.
Ipecacuanha 5 “

Divide into five equal parts. Begin six hours before the expected paroxysm, and give one part every hour.” Or again:

“Sulphate of Quinine 10 grains.
Calomel 5 “

To be divided and given in the same way.”

Is this *rational progressive homœopathy*? While we are willing to admit that “a rose by any other name would smell as sweetly,” we should not forget that *mongrelism* by any other name smells just as badly. We would not proscribe the opinions of any man, but we do protest against calling this any kind of homœopathy, unless it be *regressive* homœopathy; for it is certainly an enormous stride backward, and how long would it take us to travel in the same direction before we would again be prescribing “swallow’s nests,” or the “moss off dead men’s skulls?” Is it not virtually a drop of blood from under the tail of the same old *boar cat*? But then we are told ague cannot be controlled by anything else than Quinine in some form or other. Here again the treatment of the following case is proof to the contrary.

Mrs. A., aged thirty-five years, tall and thin, subject to chills and fever, and living by the side of a mill-dam in a miasmatic district, was taken at three o’clock in the afternoon of the 25th of May, 1861, with a hard chill, which lasted over an hour; then fever and perspiration followed, leaving her in the morning quite weak and exhausted, at which time her

husband called for medicine. I prescribed Puls. and Ipec., 12, one drop to a powder, to be taken alternately every two hours. On the 28th she sent me word, that the chill came on full two hours earlier, and with increased severity—lasting two hours, with thirst, vomiting, &c.—though it was thought the fever and perspiration were not so great. This anticipating tendency of the paroxysm after a prescription has been taken may generally be considered as strongly indicating that the remedy was well selected, but the attenuation too low. I accordingly prescribed the same medicines, prepared and given in the same way as before, but at the thirtieth attenuation. On the following day there was no chill, and very little fever or perspiration. The same medicine was continued for three or four days, and to the time of writing, July 5th, there has been no appearance of the disease returning.

For chronic indolent ulcers, we are assured by some, that one of the best remedies is *Licopersicum-esculentum*, or Tomato, applied externally. A case of this kind came to my notice about a year ago.

Mrs. M. C., aged thirty-eight, scrofulous diathesis, discovered a small red pimple on the anterior portion of the ankle-joint, which she believed at the time to have been caused by the prick of a briar from a rose-bush. But it continued to become more inflamed and painful, until a flat open ulcer was formed, which could not be healed by any external application whatever; in fact, she assured me that everything she put on it only made it worse. She had exhausted the knowledge of all the old ladies, which, to say the least, is generally very prolific. Then she had tried homœopathic treatment for three months, had used externally Arnica, Thuja, Calendula, the Tomato, and almost everything else that any one could suggest. The sore did not appear to be deep, or larger than a dime, though the inflammation extended over the size of a dollar. There was not much discharge from, or much swelling of the part, although it was intensely sore and painful, so much so that she had not been able to walk for over two months.

I was kindly informed by a homœopathist, that he could make a *salve* that would *heal it up* in a short time; but

having little or no confidence in external applications, except for mechanical injuries, I immediately prescribed Arsenicum, 30, one powder every *three days*, and a powder of Sac.-lact. every three hours during the day. The part was kept moist by the application of compresses of warm water only. In nine days, or by the time the third powder of medicine was to be taken, the sore had healed fully one-half; and in less than twenty days from the time the first powder was given, it was entirely well, and the patient wore a shoe, and walked as well as ever.

But six doses of medicine were given in all, and the cure was prompt and permanent. But, say the objectors, this was no evidence that your prescription effected the cure; she had taken so much medicine that this was only a healthy reaction from the previous treatment. If this was the only case of a similar character that could be cited, more attention might be paid to the objection; but when it is only one of a number of cases, to which we might refer, when in fact it is our uniform way of treating indolent ulcers of long standing, and when we consider that the reasoning is only that of the allopath in reference to all homœopathic medication after his own drugging had failed, any further effort to convince might be considered superfluous.

But farther, in vertigo we are counselled to give ten-drop doses of *Aconite-rad.*, or *fifteen-drop* doses of the tincture of *Agaricus*. But how much better is this than Hahnemann's direction to give *Aurum-mett.* for the following symptoms: "Vertigo when stooping as if the person turned in a circle, the symptoms going off when raising the head; when standing, vertigo which forces him to sit down; when walking in the open air, vertigo as if he were drunk, and would fall to one side," (Hahnemann's "Chronic Diseases," Vol. II., page 185). Perhaps no better description than this could be given of a case which recently came under my observation. The patient was a male, aged fifty years, thin, spare, and dyspeptic, and a most inveterate tobacco-chewer. So troublesome had this vertigo become that he was unable to attend to any kind of business whatever, and his friends often found him, when attempting to walk in the open air, lying on his back,

unable to rise without assistance. I directed him to leave off his tobacco immediately, and prescribed Aurum, 30, two powders every day for one week; then Sulph., 30, for two days, and then again Aurum as before. In three or four weeks he was entirely well, and remained so until several months afterwards, when he removed from the state.

I would not have any one believe from this report of cases, that the thirtieth attenuation alone of all medicines should be prescribed for all diseases; though for my own part, in my daily practice from year to year, I give it twice for once that I use any other, or all other attenuations put together; still, I think that Aconite, and perhaps a very few other medicines may be more generally beneficial from the first to the third dilution than any higher preparation of them; but the two hundredth of such remedies as Arsen., Sulph., Iodine, Calc.-carb., Puls., &c., may often be given with advantage; in fact, for children during dentition, with fever, diarrhœa, &c., this attenuation will often succeed where the lower preparations of the same medicine would have little or no effect.

The use of coffee should always be prohibited during treatment, though we are told by a *homœopathic*?! writer, that the Hahnemann code of dietetics is a "man of straw, and has in the main been abandoned by those who were once its warmest friends." His reasons for this, however, are certainly very conclusive, for he says: "Every reasonable mind must protest against the wholesale proscription of a beverage so long considered desirable by the entire world, wherever it is known." That "the United States expends yearly for coffee alone over fifteen millions of dollars, and our consumption of it amounts to about two hundred and twenty millions of pounds per annum." "Despite the clamor of reformers, who, overlooking the benefits of its moderate use, see far beyond only the effect of its abuse, coffee has for three centuries steadily maintained its place as an indispensable article of diet." And then again, he thinks "the simple cup which he is in the habit of sipping each morning with his breakfast does not deserve the invectives hurled against the article by Hahnemann and others, and that so far from prohibiting its use from his patients, he is careful to recommend it."

Here we have the old argument of the dram-drinker in favor of his cups, and of the allopath in favor of his purging, pukeing practice. It has stood the test for three hundred years, and must not therefore be abandoned. Still, it will not do to say that this is not "progressive homœopathy," or that there is anything "foggyish" about it. It shows the glorious privilege of not being confined to any books, principles, or opinions, and this indeed is something, whether our patients gain or lose by the operation.

Whither then are we drifting? Towards the perfection of medicine as a science, or backwards towards the sloughs and uncertainties of allopathy? Let us reflect. Crude doses of "Calomel," "Ipecac.," "Quinine," and "Nux," "with a blister applied to the back of the neck, and Quinine and Morphine to the blistered surface," for chills and fever. Biniodide of "Mercury and Iodine for diphtheria;" "fifteen-drop doses of Agaricus tincture for vertigo;" then with a jug of "whiskey for cholera-morbus," a flask of "rum and syrup for asthma," a bottle of "Turpentine for typhoid and infantile remittent fevers," together with plenty of "brandy and beef-tea," and a coffee-pot well filled, we are to sally forth to meet our patients according to the modern programme of "progressive homœopathy." We ask again, in the name of reason, whither are we bound?

Now we care as little as any living man for creeds, either medical or ecclesiastical; in everything we desire the truth, and the most direct way to find and retain it. We have even no objections to physicians giving drugs to patients who are willing to take them. But is this the better and more successful way to treat the sick? Our experience answers most emphatically in the negative, and we hazard nothing in saying that every practitioner who, in the treatment of nervous diseases, adheres to attenuations above the sixth is more successful than any other one is or can be. And we do protest in the name of homœopathy against the advice and prescriptions of those who not only call themselves reformatory as physicians, but as homœopaths, while at the same time these prescriptions would do no injustice to the pages of an allopathic journal of

a quarter of a century ago. We are opposed to *secession*, but must forever believe that our worst enemies, when we have any, are those of our own household.

CONCUSSION OF THE BRAIN.

BY C. M. SAMSON, OF HUDSON, NEW-YORK.

THE following case in the practice of Dr. Wm. H. Hanford, of Williamsburgh, N.-Y., in which I was called by the Dr. as counsel, may be of some interest to a portion of the readers of this JOURNAL.

C. B., aged ten, a boy of cachectic habit, and an only child, whilst playing on the evening of the 5th of January, jumped backwards into a recess in the lower hall of his parents' house, against what he supposed to be the cellar-door, but which being open, he fell headlong down the cellar-steps, a distance of seven feet, striking the floor of the cellar, and was taken up insensible. The insensibility continued about four hours after the accident, when he commenced vomiting; after which partial consciousness returned, and he recognized his relations although still dull and stupid. By the fall, the cranium, in the region of the occipito-biparietal-suture, was indented over a space measuring about five inches in circumference and about one inch in depth at its centre, but at about ten o'clock the depression was reduced one-half. The pulse immediately after the accident (half past five o'clock) was about 40, and very soft; but at ten o'clock had increased to about 65; the countenance being pale. ℞. Arn. and Bell. alternately.

January 6, A. M.—Cheeks flushed, skin hot and dry, and pulse 120. ℞. Acon. and Arn. At two o'clock, P. M., the pulse was reduced to about 80. At three o'clock, P. M., a very severe frontal headache commenced, causing him to clasp the head tightly with his hands, and beg for cold water applications to relieve it; and accordingly cold water was applied freely by cloths frequently changed, which seemed to give relief, and towards midnight the headache gradually ceased, and the

pulse was still further reduced to about 60; the surface being cool, and the patient generally dull and aroused with some difficulty. R. Bell. and Arn.

January 7, A.M.—No headache; pupils dilated; pulse remaining at about 60 until the following Thursday (10th), when it went up to 75. *Evening.*—The feet were rigidly arched; to meet which symptom, Nux-vom. was administered in alternation with Bell.

January 8.—Patient remained in the same condition.

January 9, P.M.—A very severe frontal headache commenced, seated more particularly in the eyes, and of so violent a character (as his friends expressed it) as to make him “crazy,” causing him to jump up out of the bed on the floor, holding his head with both hands. This was controlled in half an hour by two doses of Glonoine, 1, two drops in half a tumbler of cold water, a teaspoonful at a dose; after which Bell. and Nux-vom. were resumed.

January 10.—Remained in very much the same condition, and said that he “saw everything in the room *doubled*—two objects instead of one,” which diplopia remained several days. In the afternoon the headache returned as on the previous day, but was confined to the region of the left eye, and was again rapidly controlled by Glonoine, and did not again recur. Pulse to-day had increased to about 75, but towards midnight ran down again to about 65.

January 11.—Pulse still remained about 65 in the morning, but the patient not having received any nourishment since the accident, strong beef-tea was ordered, about an ounce every three hours; which increased the pulse to about 75 again. To-day he complained of great pain along the region of the spine, which was controlled (apparently) by Rhus; Bell., being still continued in alternation.

After this date no symptoms of special interest occurred; the quantity of beef-tea was increased gradually every day, and the patient progressed slowly, and in about three weeks after the accident was convalescent; no symptoms of the accident remaining.

The points of interest seem to be these: How can we have so deep and decided a depression of the skull in a child ten years of age without fracture? (Quere—“Hickory-stick frac-

ture?") It is difficult to believe that we could have so favorable a termination to so severe a case, if fracture existed, although it is possible. There could be no doubt in our minds as to its being an actual depression, as it was so difficult to believe even when seen, that special examination was made in reference to our being deceived by tumefaction of the scalp, but none existed to any appreciable amount. We have never seen anything like it in surgery, although every practitioner knows that in obstetrics it is not an uncommon thing to have the skull pressed into very extraordinary shapes, and the brain, in order to resume its shape, has replaced the bones in their proper position and shape.

Practically, we have another interesting fact, that the severe "pain in the eyes and in the front of the head, causing the patient to clasp the forehead tightly, and which was sufficient to drive him almost crazy"—was promptly relieved by Glonoine; and the disposition to tetanus seemed to be controlled by Nux-vom., 1.



IS THERE ANY LAW OR ORDER GOVERNING DISEASE?

BY PROF. JOHN T. TEMPLE, M.D., OF ST. LOUIS, MO.

THIS is a question which often forces itself upon my consideration in witnessing the various phases of disease which appear in the same affection. Take, for instance, intermittent fever, dysentery, scarlatina.

Are we not justifiable in the conclusion that nature in all of her grand operations, as well as in all her minutiae, observes order in obedience to fixed law? It is universally admitted that there is a law of health, and that the human organism, acting in conformity to that law, will be kept in a state of harmonious action, corresponding to the demands of vitality. It is also an admitted fact that the laws of nature are fixed and immutable. Are the forces which produce disease natural forces? And if natural forces, are they not subject to natural law, and subject to order, as perfectly as the forces of health? We find that health-disturbing forces are distributed throughout the three kingdoms of nature, and in every instance that

this force is a part (inherent) of the particular plant, mineral or animal, to which it is attached. And we also know that all of these kingdoms, and every member of each, are the products of physical law. These facts being admitted, are we not forced to the conclusion that, as the pathogenetic action of drugs resemble in their effects those produced by the disease forces, that therefore they (the disease forces) must be controlled by physical laws, and conform to the great law of nature—order? Then, why is it that we do not find uniformity of action, regularity, order, in disease?

These remarks have been suggested by a very interesting and singular case of dysentery—singular only on account of its periodicity. The case occurred in a family of high standing in our city. The lady, about forty-five years old, of amiable disposition, cheerful temper, and ordinary health, has at various periods for fourteen years been under my charge, for various attacks, but none of violence, except the dysentery. This disease she has had for *nine years*, returning regularly on the fourth day of July. She is regular and prudent in her diet and her life. The disease always yields beautifully to remedies indicated, which have generally been Aconite, Nux, and Merc.-corrosive. It may be said that periodicity is a law of nature;—we know that the planets have their periods of revolution; that plants have their periods of germination, development, and decay; in fact, that all organic and inorganic matter has this great law written upon every atom of their being. But the question is, has disease, dysentery for example, the law of periodicity? Is there any law regulating scarlatina or intermittent fever?

Will some brother please enlighten me on this subject?

HEALTH AND DISEASE.

BY CHARLES F. TAYLOR, M.D., OF NEW-YORK.

THE professional mind of all schools seems to be more or less practically possessed with the idea that disease is an *entity*, and is to be exorcised by boluses or globules, potions or poten-

cies, as though it were a distinct and independent existence. Practically this idea seems to be the main-spring of the modes of the different schools of medicine. The truths of physiology and the conditions called pathological are all equally well understood by educated physicians; but still it seems to be the most difficult thing in the world—so easily are habits formed in ignorance perpetuated even under the light of greater knowledge—to remember what we know when we come to the practical business of medical treatment. Medical practice, at the present day, is no more what it should be, in order to correspond to the lights of science we have to guide us, than for Liebig or Dumas to forget the laws of chemistry already discovered, and retiring to some dark cave, hung about with pictures of imps and dragons, should, with jugglery and incantations, belabor the “elements” for the production of the philosopher’s stone, or the elixir of life, in the vain endeavor to educe chemical laws which themselves have a hundred times proved, cannot exist.

“Physiology,” according to Webster, “is the science of the functions of all the different parts or organs of animals, or plants, or, in other words, the offices which they perform in the economy of the individual.”

And health is “that state of an animal or living body in which all the parts are sound, well-organized and disposed, and in which they all perform freely their natural functions.”

And, according to the same eminent authority, disease is pronounced to be “any deviation from health in function or structure;” “any state of a living body in which the natural functions of the organs are interrupted or disturbed, either by defective or preternatural action.”

The essence of disease, then, does not seem to be so difficult to comprehend after all. If the above definitions be true, pathology is simply one of the phases or manifestations of physiology; differing from health in the ratio of the conditions causing this particular physiological manifestation. Pathology, then, is but one branch of physiology, and is the proper out-marking of physiological laws under peculiar circumstances. When we examine a diseased condition, we encounter no new laws, but simply a special manifestation of old ones. These are facts which are so apt to be forgotten that it may do

us good to run a parallel between these two points—health and disease—and endeavor to see still more clearly by what and by how much they are separated.

Suppose an acorn be planted in a fertile valley in a temperate zone with all the conditions necessary for the growth of an oak. A healthy and perfect oak will be produced. Rearing its head high in the air and striking its roots deep in the earth, the spread of its branches, the character of its foliage, the appearance of its trunk will be a type of its species, and will proclaim to the naturalist, wherever he may see it, the latitude and longitude, the elevation and climate and soil where it grew. The conditions surrounding it have been made a part of its organism. In other words, the determining causes of its physiological manifestation have made these manifestations to be in the direction which we call health.

But suppose we plant another acorn on the mountain top, where the soil is thin and sterile, the winds chilly and tempestuous, and the climate severe; at one season the soil is parched with drouth, at another deluged with rain, and steeped in moisture. Here the conditions may be just sufficiently within the limits to make the physiological phenomena of germination and growth possible. But the oak-tree will be stunted, and gnarled, and twisted, and decaying at its core, and will prematurely die! Here the physiological manifestations have been in the direction which we call disease. The determining causes have been the same in kind as in the first case, that is, the light, and air, and heat, and moisture, &c., were alike required in both cases; but these causes, differing in quality and degree, the physiological manifestation of tree-growth differed also in the same ratio in quality and degree. But whatever the quality of growth,—whether the perfect oak of the valley or the gnarled and imperfect specimen on the mountain-top, both were alike the result of the same physiological laws. And in all the gradations, from the most perfect to the feeblest manifestation of vegetative life, no new laws have been introduced, and no new capacities discovered.

This is made still more clear when we consider what is to be done to the sickly tree, in the illustration, in order to make it flourish like the one in health; that is, to cure the disease. Do we add anything to it, or take anything from it that is not

necessary to the one in health? No. We seek for nothing new, but we simply alter the conditions under which its physiological life was exhibited. Using the same kinds of vital stimuli, the light, and heat, and moisture, &c., they are so arranged that the physiological manifestations produced thereby result in health instead of disease. Remove the influences of the mountain location—that is, transplant the acorn or the young oak to the fertile valley and the disease is *cured*.

The husbandman is the scientific physician, for his constant study and aim is to surround all physiological activities, animal or vegetable, with such conditions as must favor complete development or health. Using always the same materials, he seeks by endless modification of their relations to insure the completest physiological harmony.

Health and disease, then, are not positive but relative terms. The line that separates them is wholly imaginary; we cannot tell where the one begins or the other ends. We only know the results of imperfect or improper physiological action; but that action is still physiological.

Such being the relations of health and disease, any practices that proceed essentially as though disease were a separate and independent quality which is to be charmed away by a witch's broth made from

"Eye of newt and toe of frog,
Wool of bat and tongue of dog, &c."

is certainly very far behind the light of modern science.

Let us pay a little more attention to special hygiene, seeking for those conditions under which physiological manifestations take place most perfectly under varying circumstances, and we shall be surprised to find how little else there is to do.

INHALATIONS OF IODINE AND BROMINE IN CROUP.

BY E. H. DRAKE, M.D., OF DETROIT, MICH.

HAVING used the above medicines in the treatment of croup for the last two years, with a far more decided and uniform success than I ever experienced in the use of any other reme-

dies, I have thought that it might be of some use to call the attention of the profession to the subject. Should others find the prompt and decided success, and that uniformity in their use that I have, I am certain that the "little folks" will be much benefitted, and the physician relieved of much anxiety and uncertainty. I have used them in both the inflammatory and membranous forms of the disease. I at first used the Iodine; but during the last six months have more frequently used the Bromine. It is also proper for me to mention that their use has not been confined to children, but has been found equally beneficial in laryngitis and tracheitis in adults, as also in acute and chronic inflammation of the mucous membrane of the nose and frontal sinuses. Many cases of chronic catarrh have yielded to the vapor of Iodine, that had resisted, and for a long time, other treatment. I do not say that all cases of chronic catarrh will yield to Iodine, but all in which I have used it as yet have done so. With me these "old cases of catarrh" have heretofore rarely been benefitted by treatment, and so far as I know, my want of success is not an isolated one. Perhaps I cannot better illustrate my subject than by giving in detail my treatment of a few cases.

April 26, 1860.—Was called to see Mr. T.'s child—a little fellow about seven years old. Found him suffering much with croup, and had done so for the last twenty-four hours; had given Act. and Spong. without benefit. Pulse 100, not much heat of skin, cough very croupy (is the best I can say). But from its peculiar suppressed character, I suspected membranous formation, the more so as he had hypertrophied tonsils, from which he had suffered much. On examining the throat I found my suspicions confirmed; there was quite an extensive formation on each tonsil. Prescribed Tart.-emet., 2, and Kali-bichr., 2, in solution, to be taken alternately every hour; apply water to throat externally, as hot as can be borne.

April 27.—Patient no better; slept but little, and not more than twenty minutes at a time. Omit the Tart.-emet., and give Spong. with Kali-bichr.

April 28.—Patient much the same. The exudation in the throat greater, and the mucous membrane of the nose inflamed. Give Hepar instead of Spong.

April 29.—Much the same,—breathing rather more difficult; capillary congestion perceptible in the lividity of the extremities and face. Ordered four drops of Tinct. Iodine, put into half a teacupful of boiling water, and to inhale the vapor as long as any rises, to be repeated every three hours. Kali-bich. every hour between.

April 30.—Seems better:—breathing much relieved; slept much more; each time after the inhalation would sleep quietly for half an hour. Continue treatment.

May 1.—Much improved:—cough loose, less frequent, and has quite lost its croupy character.

Under this treatment the patient rapidly recovered. The Iodine has been used in several similar cases since, and always with decided benefit. A case of acute laryngitis yielded promptly to its use, after Aconite, Hepar, Spong., and Phos. had been given with but little relief for some thirty-six hours. This case was characterized by the following symptoms: Pulse moderately full, strong, 120; much tenderness on pressure over the larynx; entire loss of voice—an effort to speak causes much pain; inability to lie down, as also to sleep, on account of the dyspnœa. The Iodine inhalation was very grateful, and gave rapid relief, so that in twelve hours after commencing its use the patient (an adult) could lie down and sleep quite comfortably; and in forty-eight hours all the alarming and distressing symptoms had disappeared—recovery rapidly ensuing. The two cases just cited are fair samples of twelve treated in like manner.

Chronic catarrh of long standing has not I think in a single instance, failed to yield to the Iodine vapor, when used for a sufficient period of time—say three or four weeks—and once or twice daily—sniffing it for about five minutes at a time.

But the most decided and satisfactory results have been experienced from inhalations of Bromine in croup, and also in the cynancha laryngea of adults. My manner of using it is to take a dram vial about half full of pure water, put in about four or five drops of Bromine—a part only of which will be dissolved, while the residue will fall to the bottom, and be taken up as fast as that already held in solution passes off by its exceeding volatility. Thus the solution may be kept of

uniform strength for twenty-four or thirty-six hours. The vial is then held to the *mouth* of the patient, so that the medicine will be inhaled through the mouth, which has seemed to answer better than when inhaled through the nose. The first few inspirations will cause some resistance on the part of small children, on account of the unpleasant sensation it produces in the throat; but by letting them take two or three, and waiting a short time, a minute or so, before renewing it, this is easily overcome. Most patients will take it while sleeping. Care should be taken to keep the mouth of the vial well closed with the finger or cork when the patient is not inhaling.

I will give two or three cases by way of illustration.

January 12th, 1861, 8 A. M.—Was called to see Mr. S.'s child, aged eighteen months. Has been suffering with croup for twenty-four hours; has taken Aconite, Spong., and Hepar without benefit. Pulse 120; skin not very hot, except at night; much restlessness during the night, with almost constant cough, and very hoarse and dry. Cold water was freely applied to the neck all night. Gave Act., 1, and Spong., 1, every hour alternately.—Nine, P. M. Not much improvement. Mother discouraged. Take Bromine inhalation once in three hours, till it excites pretty severe coughing (an effect that often follows). Act., 1, every hour between.

Jan. 13th, 9, A. M.—Little patient running around the room; “has not coughed much since four in the morning, when I gave her a good dose of that medicine.” Breathing perfectly free. Continue treatment.

Jan. 14th.—Patient had a good night—slept well, “scarcely coughed all night.” Seems quite well.

The next case I shall relate was one of most perfect severity. An older sister had died two years before with membranous croup, which increased the anxiety in the present case.

February 14th, 1861.—Was called in great haste at eleven o'clock at night, to see Mr. S.'s child, aged about twenty months. Found the family much excited; thought the child could not live till I arrived. “Had coughed croupy during the day and evening.” Given Spong. and Hepar; but about ten o'clock got suddenly worse. Had one severe struggle for breath, in which it did seem as though he must die. Little

patient is struggling much for breath; pulse frequent and hard; much heat of surface; cough very dry, sighing, and suffocating. Gave immediately Bromine by inhalation. The little fellow did not like it much at first; resisted for a short time, so that he had to be held; but after a few inspirations became more quiet. During some ten or fifteen minutes probably thirty inhalations were made, with the open vial close to his mouth, with the lips separated, during which time the breathing had become very manifestly relieved, when he vomited a large quantity of mucus, very much resembling the white of an egg; after which he went readily to sleep, breathing nearly as free as any child. I remained about half an hour, during which time he did not cough once. Left him still sleeping easily. This was one of the happiest moments of my life. Where one short hour before the most intense anxiety and fear were depicted on every face, and spoke in every act, appealing and hoping for help, now all was hope and joy; and the expression of gratitude in that mother's face, and in the tone of her "good night, doctor," was ample compensation for many a weary day of toil, vexation, and care. Patient to take an inhalation every three hours during the night, each one composed of twenty or thirty inspirations; if they excite a severe fit of coughing or vomiting a less number; and Act., 1, four drops in half a glass of water, a teaspoonful every hour between the inhalations.

Feb. 15th, 10, A. M.—Patient much better. Had a comfortable night; but little cough and no difficulty of breathing; cough slightly croupy; much less febrile excitement. Continue treatment. Did not visit the patient again; but learned that his convalescence was rapid.

March 17th, 1861.—Called hurriedly up about one o'clock at night. Found Mr. P. at my door, breathless and excited. Child had croup; thought he could not live unless relief could be obtained soon. Hurried to his residence. Found a little boy, about two years old, suffering with much dyspnoea and febrile excitement; had been coughing croupy during the day previous. Had taken Spong. and Tart.emet. Some months previous had an attack of croup not near as severe as this, which yielded to Tart.emet. after Act., Spong., and

Hepar had been used for thirty-six hours without benefit. The parents lost a child some four or five years ago with croup, under homœopathic treatment, which at present recurs vividly to their excited minds, serving much to increase their fears. The case was well calculated to excite alarm. I immediately gave the Bromine inhalation. The little fellow resisted for a short time, so as to oblige us to confine his hands, and hold his head; but after taking it at intervals for some five or ten minutes (I am not exact as to time being governed entirely by the effects) he vomited a large quantity of glairy mucus, resembling albumen; then went to sleep in a few minutes; breathing much easier. I remained about half an hour after, during which time he slept quietly; breathing much easier, so much so that all anxiety was removed. Take the inhalations every three hours, till about fifteen or twenty inspirations are taken; if cough is excited much by them, take a less number.

March 18th, 8, A. M.—Little patient much better:—slept well all night; coughed but little; breathing free; not much febrile excitement. Continue treatment.

March 19th.—Directed student to call. Says the child had a good night, and, to use the father's words, "is well to-day." I have treated some more than twenty cases with the Bromine, and all with similar results. Should it prove as successful in other hands, one of the most frightful diseases of childhood will be robbed of more than half its terrors. This is a succinct statement of a few facts;—should you deem them worthy of a place in your Journal, they are at your disposal.

A CLINICAL LECTURE.

Delivered during the Summer Course on Clinical Medicine for 1861, in the Hahnemann Medical College, Chicago, Ill.

BY R. LUDLAM, M.D.

GENTLEMEN:—Among all the various diseases referable to some perversion of the nervous functions perhaps none are more interesting than such as are characterized by a defect or loss of motive power, technically called *acinesia*; and such affections are not unfrequently met with. As a mere matter

of curiosity, independently of philanthropic considerations, one is prompted on meeting with an example of this class of infirmities, to inquire into its nature and causes, as well of the means which promise the most for its relief.

I have frequently spoken to you of the medulla spinalis as the executor of the will, which is enthroned in the encephalon. Now the nerves arising from this cord, as it is termed, are distributed both to the voluntary and the involuntary muscles, whether of the neck, the trunk, or the extremities, as well as to the integument of about nine-tenths of the whole body. You are aware that each of the thirty pairs of spinal nerves arises by two roots, an anterior and a posterior one, and that the function of these two sets of nervous filaments differ materially—the one being *motor*, the other *sensory*. According to Sir Charles Bell and other eminent authorities, the anterior spinal filaments are such as supply a stimulus to and control the muscular movements, whether under the charge of violation or not; while those which are posterior in origin are designed to regulate the sensibility of the surfaces to which they are supplied. Each variety of these nerves arises by a root from a corresponding portion of the medulla, styled its anterior and posterior columns.

In contradiction to the generally received doctrine, that the two sets of columns are the sources of or preside over the sensory-motor functions, Dr. Brown-Sequard has demonstrated this to be absolutely impossible, insisting upon it, that sensitive as well as motor impressions run to and from the brain through the central or gray matter of the cord.

If you remember that the motor nerves are distributed to the muscles under control of the will, as well as to others, and that the former derive their stimulus from that source, you will readily anticipate that the current of influence, which is to excite muscular contraction in them, must set from the brain downwards, along the spinal cord, and so outwards with the course of the nervous trunks. And this is true; while the converse prevails with the sensorial department of this system. A sensory nerve is designed to carry impressions from without inwards—from the surface to the centre of the system; the one is *efferent*, the other *afferent*. In other words, like the circulatory channels for the blood-current, the arteries

and the veins, the one conveys the tide of nerve influence from, and the other towards the central and controlling organ. The fibres of the nervous trunks of each of these two varieties of nerves are believed to pass along the length of the spinal cord, and thus to communicate directly with the brain; at least this is the doctrine in general acceptance among the older physiologists.

When you reflect that each nerve is a compound of tendrils or filaments which are enclosed in a sheath of neurillemma, and that every one of these filaments is a *bona-fide* nerve, capable of conveying impressions, whether motor or sensorial, by and for itself, and independently of all others, and that these microscopical nerves in great numbers are believed to communicate directly with the brain, through both the anterior and posterior columns of the medulla, or it may be through the central gray neurine only, you will be competent to estimate the importance of their function and the interest which their physiology and pathology have always excited in the minds of medical men.

I have offered these preparatory remarks to the appearance of a little patient before you, whose case is a very interesting one, in order that we might examine it the more intelligently, and, as a consequence, be enabled to prescribe for it the more skillfully and successfully.

CASE 1. *Paraplegia in a Child three years of age.*—Nelly B., aged three years, is a healthy-looking and interesting child, who has had the misfortune to experience a loss of power in the lower limbs. The brief history of her case, as related to me by her mother, is as follows: She was healthy in every regard from her birth until she became six months old. At that period she was seized with what appears to have been an attack of infantile remittent fever, which ran a course of some two or three weeks. Toward the close of this illness she had two convulsions, which came upon her suddenly and without premonition, were very general in character, and not more severe than many or perhaps most children are liable to have in the early months. After these spasms her mother reports a rapid convalescence from the fever, and that she soon became quite well again, with only

this single exception, that she could not voluntarily use her lower extremities. You see them hanging quite powerless. This paralysis is therefore of two and a half years' duration. The limbs are well developed, the joints perfect. Her general health is most excellent; and her mental organization, for one of such a tender age, is complete in every respect. She is indeed a very interesting child. In so far as we can ascertain there is no hereditary predisposition in her case to any form of paralysis.

Here, gentlemen, we are possessed of an excellent opportunity to study the pathology of the spinal system; and you will bear with me if I dwell at some length upon the case before you.

It is not impossible that the first patient brought to you for relief, after you shall have assumed the duties and responsibilities of the medical practitioner, will be one of this sort. Permit me therefore to indicate the more important features of the disease, which is symbolized in the person of this little child. Paraplegia is an affection characterized by a paralysis or loss of motive power in the lower half of the body. This defect may be partial or complete, and may involve a paralysis of the nerves of sensation, as well as of motion. The loss of sensorial power in a surface is termed anæsthesia—a disorder which may be either local or general, but which is a less constant symptom in paraplegia than is the palsy of the voluntary muscles. Cases of this kind frequently occur in which the functional sensibility of the integument is neither blunted nor lost, nor in any wise disordered by the abnormal state of the muscular structures. Indeed, under certain circumstances the sensational nerves of a paraplegic patient seem morbidly susceptible to the application of irritants—giving rise, by reflex action upon the spinal cord, to involuntary jerkings and contortions of the limbs, resembling in appearance an attack of chorea Sancti Viti. In some rare examples, and from similar causes, either the flexor or extensor muscles are more or less permanently contracted, giving the limb a stiff and unnatural position and appearance. Such a train of symptoms would complicate the case, and render the diagnosis very obscure. Fortunately they are more curious than fre-

quent. It is evident that there is a paralysis of the voluntary muscles in this patient's lower extremities. In regard to the nervous mechanism these limbs are as virtually separated from her body as if the professor of surgery had but just performed an amputation of them.

Let us inquire whether the sensory filaments, which should carry impressions, painful or pleasant, from the surface to the sensorium, are also palsied. We desire to know if the functions of cutaneous sensibility are in any wise impaired. If they are, we shall find that a smart pinch, or the prick of a pin, will not cause the little one to flinch or to cry. In applying this test I shall however exercise the precaution not to let her know of my intentions, or she might possibly imagine herself hurt, although incapable of feeling in either limb. This class of patients has such an insuperable dread of injury, that one must be on the look-out not to be deceived by them in the symptoms elicited on examination. There,—you see the result. It is manifest that here is no paralysis of the nerves of sensation. Her skin is as sensitive as that of either of the other children awaiting treatment in the next room. Here is no anæsthesia, general or local. This illustrates the importance of a correct physiological knowledge of the spinal system of nerves, and more especially of their origin and function as designed to preside over sensational and volitional power.

Dr. Gull* has drawn an important diagnostic distinction from the relative degree of paralysis of these two sets of nerves. In paraplegia, he says, which is dependent upon lesion of the cord, there is usually greater loss of motion than of sensation: whilst in the palsy which is due to encephalic disorder, affections of the sensibility, more or less complete, are found to constitute the prominent symptoms. A curious fact and one which characterizes a majority of cases of paraplegia, is that, although the muscles refuse to obey the call of the will, it is yet possible to excite them into involuntary contractions by tickling the sole of the foot. Thus, we have somewhere read of a paralytic patient whose leg would invo-

* Gulstonian Lectures on the Nervous System. "Medical Times," 1849, No. 495.

luntarily fly up from the scraper whenever he would scrape his shoes at the door.

Let us see if the same phenomenon may be produced in our patient, and if so, we may pause to explain its source and significance. Upon titillating the sole of her bare foot, you will observe some slight evidences of muscular contraction. The afferent, or sensory nerves convey the impressions produced by the irritant to the gray matter of the spinal cord, whence, instead of communicating through the cells of the latter with the brain, they make the circuit through this gray neurine to the efferent, or motor filaments, and a motive current is begotten which results in automatic contractions of the muscles of the limb. This is what is termed *reflex* action—the completion of the arc through the spinal cord, below and independently of the brain. From this there results what Marshall Hall styles an *eccentric* disturbance of nervous influence, and which is identical in kind with what takes place in chorea, where, for the reason that a link is lost in the chain of nervous sympathies, the power of volition to control the animal movements is either temporarily suspended or entirely lost, and the limbs are left to perform the most grotesque and unnatural movements.

The causes of this disease are numerous. Among the more frequent are various lesions of the spinal cord, as a thickening of its theca, or sheath, myelitis, concussion, a rapid cooling of the limbs, dropsy of the cord, and tumors or carious vertebræ, which press upon it and thus intercept its free circulation of nerve-force to and from the brain. Emotional causes as fear, grief, over-anxiety or mental labor, &c., may frequently produce it. Some authorities teach that certain disorders of digestion, as worms, and other irritating influences applied to the alimentary mucous membrane, are capable of originating this species of paralysis. These argue that the central nerves are connected with the ganglionic system, and thus the morbid influence is propagated at once to the sensori-volitional function of the spinal nerves, and this particular form of palsy is the result. Occasionally, but less often, the disorder has a cerebral origin. West thinks the commencement of a paraplegia in young children is seldom idiopathic, but will most fre-

quently result as symptomatic upon a disturbance of the brain which is more or less severe, but which in the majority of cases, is only slight in degree. This early affection of the brain in paraplegia is not unfrequently ushered in by convulsions, of which a single one may serve to inaugurate the attack.

How to detect the precise seat of the lesion is the question next to be answered. Mr. Copeland recommended, many years since, to pass a sponge which had been dipped in water as hot as could be borne, down the whole length of the spine, when the existence of any irritation confined to a particular spot would be shown by the patient's expressing a sense of pain, and wincing as the sponge passes over that region. Another method, applicable especially to older subjects than this one, is to press carefully upon the spinous processes of all the vertebræ in regular order until you have found the defective one, or are otherwise satisfied by the actions of the patient that you have rightly located the seat of the disorder.

Now by laying this child upon its stomach thus, we have an opportunity to examine the spine throughout its length. It is not requisite that I should press very hard upon the spinous processes in order to elicit symptoms indicative of some real affection of the vertebræ, if there be any present, which are sufficient to account for this Acinesia in the lower extremities. You will witness that my finger has touched upon the affected spot at the fourth lumbar vertebra. Here is a slight lateral curvature, in which the spinal column inclines somewhat to the left, but no marked deformity of any single vertebræ. When I press upon it even as he lies, you will observe that both limbs move slightly—the right one the more. This substantiates an item of diagnosis which it is very important to determine. Dr. Roth lays down his rule in the diagnosis of these affections, that in paraplegia resulting from paralysis of the spinal marrow, when the spine is supported, as in a lying position, the legs can be moved. If the palsy proceeds from the brain this movement of the extremities cannot be effected.

It is always important in examples of paraplegia to make inquiries concerning the bladder and rectum, in order to ascertain if their functions have been in any manner interrupted.

Paralysis of the sphincters vesicæ and ani is not an unfrequent accompaniment of palsy of the lower extremities. "Madam, does your child pass its water naturally?" Yes, sir!" "It never runs away from her without her knowing it—involuntarily?" "No, sir!" "Are her bowels regular, and does she have any trouble with her stools?" "She sometimes has a little diarrhœa, sir; but her movements are like those of my other children." "That will answer, my good woman, I am glad for your sake that it is so."

Before proceeding to the treatment there is an item worthy of remark in connection with the present case. Some of you at least are familiar with the fact, that a loss of power in a limb is very apt to be followed by an atrophy or withering of tissue in that particular member. Here nutrition suffers, for the reason that the conditions upon which the structural metamorphosis should be carried on are not complied with. It is not that the limb is removed from the necessity of a proper alimentation,—not that the plasma of the blood is deficient in nutritive materials, for other parts and organs of the body do not suffer in this regard,—but that the quota of nerve-force, which is designed to regulate and control the movements of animal, as well as of organic life, has been intercepted. For the same reason the temperature of a palsied limb will be found below the healthy standard. And thus it is that these abnormal influences act and react to the detriment of the local health. For want of nervous influence the circulation is retarded;—where the blood moves sluggishly we shall have a deficient animal temperature, and when this latter is below 98° F., the function of nutrition cannot be maintained. This child's extremities are well developed in every respect. The rotundity and plumpness of the muscles, and the size of the bones is sufficient evidence that the disease is not congenital, and also that the function of nutrition in these textures has not been materially impaired. Here is no such atrophy from a mal-assimilation of food, as is seen in examples of this kind.

TREATMENT.—If we bear in mind the considerations, physiological and pathological, which have just been offered, there will be little need or danger of confusion as respects the course of treatment proper to be adopted in the case before us. If

the paraplegia were dependent upon cerebral or spinal hæmorrhage, Trousseau would recommend the expectant method, and homœopathically, under these circumstances, we might resort to Acon., Bell., Opium, or Gelseminum. If dependent upon myelitis, *Belladonna*, *Zincum-met.* If resulting from concussion, *Hypericum-perf.*, *Arnica*. If attributable to sudden cooling of the limbs, or the effects of cold applied in any manner, *Mercurius-corr.*, *Rhus-tox.*, *Cocculus*, *Dulcamara*. If from dropsy of the cord, *Helloborus-nig.*, *Cuprum-met.*, *Zincum-met.*, *Apis-mell.* If from tumors, or carious vertebræ, mechanical or surgical means, with *Calcarea-carb.* internally. If from emotional causes, &c., *Ignatia*, *Opium*, and proper hygienic measures. If from alimentary irritation, *Arsenicum-alb.*, *Veratrum-alb.*, *Plumbum*, *Nux-vomica*, *Cina*, or *Santonine*.

From more specific indications, however, I have settled upon *Nux-vomica* as the proper remedy to be chosen under the present circumstances. If we compare the physiological symptoms of this drug with the pathological tokens of disease presented, we shall find a similarity which in some respects is really remarkable. With her scrofulous diathesis, and the spinal tenderness, I would recommend that she take *Calcarea-carb.*, along with the former remedy. Let her have one dose of *Calc.-c.*, 3, each morning, and one of *Nux-v.*, 3, at noon and at night. She should also be allowed plenty of fresh air, and a nourishing diet.

CASE 2. *Otalgia, Otitis, Otorrhœa.*—Miss V——s, a Swede, aged eighteen, presents herself to the clinique for advice, concerning an affection of the auricular organs. Her symptoms are as follows: Both the ears commenced paining her about seven months since. This pain or otalgia is at times accompanied by a tension or fullness of the organ, with a sensation as of bursting outwards, besides a thickness of hearing, which at these periods causes her to be more or less deaf. Says, that when she lies down the pillow feels hard to the head; nevertheless she sleeps pretty well at night. There is a very slight tenderness to the touch behind the external ear, and over the mastoid portion of the temporal bone, and I observe one or two minute pustules scattered here and there about the orifice

of the external meatus. With the aforesaid paroxysms of acute suffering the ears suppurate, and finally discharge spontaneously, thus affording her the most marked relief. Her hearing is always improved by the otorrhœal flow. Her health otherwise is unimpaired—menstruation regular, digestion perfect, pulse and respiration quite normal. She was not ill when this disorder was established; or, in other words, it appears to be an idiopathic affection. Has never had any of the eruptive fevers.

Otitis, or inflammation of the mucous membrane of the ear, may be deep-seated or superficial, acute or chronic. In young children it is apt to be of a scrofulous character, and for this reason is a more troublesome disease with them than in the person of adults. Scrofulous otitis indeed is one of the more common infirmities of childhood, and is usually confined to one ear, although it may affect both. Whether occurring in children or adults, this peculiar form of the disease is characterized more particularly—I might almost say pathognomonicallly—by evidences of inflammatory action in the mastoid cells of the temporal bone. The mastoid process is tender upon pressure, while the skin covering it is reddened, slightly tumefied, and may reveal a fluctuation, indicative of suppuration beneath it. Other portions of this and neighboring bones are liable to become involved, and we may as a consequence sometimes find small fragments of carious bone, mixed along with the discharge from the external meatus. The chief danger in such cases results from the possibility that these abnormal processes may advance to the internal ear—destroying its delicate ossicula through the petrous portion of the temporal bone, and finally encroach upon the brain. In the present example the inflammation has passed into a chronic form. An acute phlegmasiæ of seven months' duration is an impossibility. For this reason there is little evidence of constitutional sympathy with the diseased membrane. The general system is endowed with a wonderful faculty of accommodation, and yields to local embarrassment, which in certain particulars may become natural to it. Here we discover no other accompaniments of the disorder, excepting such as are purely local, and for the relief of which nature has established

a critical routine, which is merely palliative, not curative. There is no fever, no digestive, respiratory, circulatory, cutaneous, or catamenial disorder; but simply a local inflammation, accompanied by a purulent discharge from the external orifice in each ear. And, since the affection, so far as can be known, is not a sequel of any eruptive disease, neither complicated in a marked degree with a serofulous cachexiæ, we may pass to its

TREATMENT.—We shall find the *Mercurius-vivus* is excellently adapted to meet the more prominent indications which are presented. I recommend it in the sixth decimal attenuation, to be repeated thrice daily.

The therapeutical value of this remedy in this connection is so well established that it is unnecessary to do more than simply call your attention to it. It covers the symptoms alone, and it were superfluous therefore to alternate it with Bell. or Puls., or some other remedy designed to cover some particular indication—as, for example, to quiet the pain. *Mercurius* will effect all this, and relieve the suffering most radically. There is no question but we shall witness the happiest results from its employment. Besides this internal or constitutional means I would recommend to syringe the ears well, both morning and evening, with warm suds from castile soap. This latter is one of the most grateful and salutary washes for inflamed mucous surfaces at the internal outlets of the body, and, we apprehend, may be productive of great good in the present case. “Let us see you here again, my good woman, and we will try to make you quite well. Come to the Clinique one week from to-day.” “Yes, sir, I will come!” “Good afternoon!”

CASE 3. *Tabes Mesenterica.*—We are now, gentlemen, about to examine a case which is of no ordinary interest. The question which occurs to my own mind, in introducing it to your notice, does not concern what I shall say; but rather what I must withhold, since the hour set apart to this lecture is so limited in duration. The patient is a little child of seven months. Its mother informs me that it has been ill for a little more than six weeks. You will remark there are four teeth already presented—two in the superior, and two in the inferior

maxilla—and I find that others are advancing through the gums. The child has been reared artificially—a fact I would have you remember, for the reason that the mother's milk was not sufficient for its wants, either in quantity or quality. Its customary diet therefore has been cow's milk. Three months ago the mother removed hither from a neighboring city (St. Louis), and at that time was obliged to use the milk from another cow, since which change the infant has never enjoyed its usual health. Its appetite for food appears natural—is not greedy, nor capricious. He is fond of cold water, and will even relish a bit of ice held in his mouth. The stomach appears normal, at least it is never very irritable, since he always retains his food, and has not perhaps vomited so much as children of his age are prone to do. His bowels, however, are considerably disordered:—at times he will have a diarrhoea with thin, greenish, watery dejections, of which as many as a dozen will be passed in a day; again his bowels are bound, and one stool in twenty-four or thirty hours will afford the only evidence of alimentary disorder. The stools vary thus in character—being sometimes copious, undigested, frequent, green, and watery, and at other times scanty in amount, few in number, and very offensive, or even chalky and chylous. The abdomen is but slightly tympanitic, and no enlargement of the mesenteric glands is distinguishable by the most careful examination through its parietes. The child, as you will perceive, is very much emaciated, indeed it is little more than a skeleton, and hardly that. The mother says it was formerly plump and rosy, although never a large child. Its face is thin and haggard, and wears an expression which is altogether peculiar to such cases—one which, having once seen, you will never forget. The anxious, haggard, imploring look, with the prominent eye-balls, which glare upon you as if appealing for aid, is something quite peculiar to this disease among young children. One almost never sees them looking thus under any other circumstances. The extremities, upper and lower, are inclined to be cold, and the skin and complexion wears a bluish cast. The child is fretful, very capricious in its moods, peevish and irritable—demanding all its mother's attention during both day and night. It has cried

so much that it has become quite hoarse. The urinary function is not disordered. Mrs. M——, the parent, reports having lost one child already from “consumption of the bowels,” which, she says, was taken ill in very much the same manner as this one.

It would be simply a neglect of duty were I to fail to call your attention in the present connection to the physiological function of the mesenteric glands. It is a fundamental condition of life, that the supply and appropriation of nutritious materials be properly adjusted to the needs of the organism. And these needs are more numerous and urgent than one would at first suppose. Indeed, to go back of what we have already said, the very condition of life is death—a detritus or wearing away of its mechanism. Every single act, whether organic or animal, aye, and every thought, involves a waste of elements, which have once entered into the intimate anatomy of one or another of the bodily tissues. To meet this loss—to adjust the supply to the demand, to maintain the proper equilibrium between these two processes—is the whole design of nutrition, in the fullest and freest sense of the term. The lacteals in the villi of the intestines represent the commencement of the lymphatic system. Their first office is to absorb by endosmose, from the digestive mucous membrane, the materials designed for the growth and nourishment of the different bodily textures. Their ultimate purpose is to metamorphose albumen or albuminose into this fibrin. This is a gradual step. The lacteals convey the proteinaceous elements of the food from the bowel to the mesenteric glands. Before leaving these glands, *en route* for the circulation proper, they have been transformed into albumen again, and by the time the mass has reached the receptaculum chyli, the albumen is undergoing a change into fibrin. And this last-named transformation is the first act of vitality in the fluids. If therefore the function of the mesenteric glands be so important, if upon the proper performance of that function the first of those vital acts which are to transmute the aliment absorbed into an available contribution to the growth and sustenance of the tissues is found to depend, we may reasonably anticipate that serious consequences to the health and welfare of the organism

would certainly result from its interruption. And this we find to be the case. The essential pathology of the *tabes mesenterica* consists in a perversion of this function, whereby the food taken is not properly changed, nor properly assimilated to suit and supply the histogenetic wants of the economy; hence the emaciation, or wasting away of the structures. This is a very vulnerable point of attack, and one in which the simplest lesion may beget the most serious consequences.

The mesenteric glands, like other glands of the absorbent system, are liable to scrofulous and tuberculous degeneration. If we except those of the neck, the former are the most frequent seat of scrofulous disease. Inflammation of the mesenteric glands may result from enteritis. Indeed there is known to be so close a sympathy between the intestinal mucous membrane and the mesentery, that an exanthematous or ulcerated state of the former will certainly be accompanied by marked evidence of a kindred disorder in the mesenteric glands. This fact it is worth your while to remember, as it may account for the very considerable emaciation sometimes attendant upon muco-enteritis. Now, whether the glands in question be simply inflamed, and so disordered because of a derangement of their own nutrition, or whether they are ill because of a scrofulous or tuberculous deposition in them, you will readily understand how it is that such serious detriment to the nutritive functions is certain to result. It matters not how nourishing the aliment taken, nor how well the stomach performs its work of breaking down and dissolving it, in order that the thirsty lacteals may drink it in as a contribution towards "repairs." If, for any reason, the metamorphose which the mesenteric glands is to effect be not accomplished, the organism at large is as sure to suffer the consequences as though the heart should consent to carry on the systemic circulation of the blood, but would have nothing to do with that from its right side to the pulmonary mucous membrane and back again. Unless the first step in the vital process of transforming the nutritive fluid brought by the lacteals to these glands be taken, we cannot expect that subsequent advances in respect to its organization shall go on properly.

TREATMENT. *Calcarea-carbonica*.—As the result of abundant experience with this remedy, I am inclined to esteem it as of more value in the treatment of *tabes-mesenterica* than any other single agent in the *materia medica*. Certain it is that, in my private practice in this city, I should be very greatly at loss were I obliged to treat such a patient as the one before you without it.

Suppose we compare some of its symptoms with those presented by this case. *Calc.-carb.* is "*especially useful to the young organism*; it corresponds more than any other remedy, to diseases of the reproductive system, which are the basis of all the diseases inherent in the first age of man; it may therefore be used with especial benefit in all scrofulous diseases, or in the diseases of new-born children." It is also indicated for a whining mood, with peevishness; in difficult and tedious dentition, as well as in disorders of the alimentary mucous membrane arising from improper ingesta. You are, perhaps, aware, that it has a kind of traditional reputation as of great value in dentition, since it is supposed to be capable of shortening that process, and hastening the teeth through the gums. For most disturbances of the alimentary function arising from this source, and especially if they have become chronic in nature, the *Calc.-carb.* is an invaluable remedy.

The characteristic stools which indicate the *Calc.-carb.* are furnished by this case. Undigested stool which is rather loose. Whitish stool. Alternations of diarrhœa with a slight constipation for a day or two. Chronic disposition to looseness of the bowels and diarrhœa; diarrhœa of phthisical patients, and of scrofulous children during dentition. But, we shall find it is adapted to the atrophy of tissue which is so prominent a symptom of the disease. We read: "*Calcarea* is especially useful in *scrofulosis* with the following symptoms: Incipient indolence and apathy of scrofulous children, who were formerly healthy and vigorous, and now become suddenly unable to walk, and show a distended abdomen, pale and cachectic complexion, bloated face, &c.; finally, in *atrophia miseraica*, when there is complete emaciation, the patient appearing like a mere skeleton with an old-looking wrinkled countenance. The peculiar cough, which is almost constant,

short and hacking, recurring in single paroxysms, as well as the leaden hue of the cutaneous surfaces, and the habitual coolness of the extremities, also indicate the aforesaid remedy. We, therefore, recommend the *Calcareo-carbonica*, in the third decimal trituration, to be repeated once in three hours. Hartmann never employs the *Calcareo* lower than the thirtieth attenuation, and some of my own professional friends report the most satisfactory results from it in that potency. Others prefer the sixth, while yet others would go still higher than Hartmann. I shall leave the matter of potency to your own judgment and experience, and dismiss the subject, for the present, with declaring my preference for the *Calcareo* in the lower triturations, for the simple reason of the uniform success which has followed its employment in that particular form and preparation.

One very important part of our prescription remains to be made. I have told you of the change of diet to which this little fellow was subjected by the exodus of the family from St. Louis to Chicago. From the consequences which followed this changing of one cow's milk for that of another, we are led to infer that, for some reason, that which this patient has lately been taking has not agreed with him, and may have been a chief source of the difficulty.

An atrophy of the tissues may as readily, and indeed will as certainly result from food of an improper quality, as from a deficient supply of aliment.

This child may be as literally starving while its stomach is filled to repletion at every meal with the cow's milk, as though it had scarce anything at all offered it upon which to subsist. There is no rule without its numerous exceptions regulating the choice of other than the mother's milk for the sustenance of the young child. When, therefore, this child was thriving upon the product of the first cow, it was wrong to change it for that of another. The way to keep such little fellows in any sort of health, while rearing them artificially, is to be thankful if you have found a diet which appears to suit the wants and capacity of the organism, and to adhere to it until there are some very positive indications that a change is desirable.

There are so many sources of mischief in feeding an infant the cow's milk, that one needs to be constantly on the alert lest fatal consequences should follow from these means alone. Thus, the milk of two or more cows may be mixed together, making a variable diet which would be almost certain to beget trouble. Or the milk may be taken from the animal at different periods of the day, or sometimes after it has undergone violent exercise or exposure. Age also will modify the product. It may be true that the disparity in age of the two creatures from which this child has been fed will account for some of these cachectic phenomena. Or the food itself upon which the animal lives, its habits of life, whether it be confined from the fields and incarcerated in the stall away from the sunlight, or allowed to browse upon good clover in the open air, will have considerable effect. Or the two quadrupeds may have been of different colors! You are, perhaps, familiar with the maxim that a red cow will always yield the best milk! It would be of very little service to give this child the most appropriate medicine, unless at the same time we are careful to regulate its diet also. It needs a good nourishing pabulum, and one that can be readily assimilated into the bodily textures. "It will be necessary for you, madam, to stop feeding your child with the cow's milk, and to give it instead some pap made of water, with finely-pulverized biscuit. Do you get some good Boston crackers from Mr. K.'s bakery, roll them to a fine powder, and mix with water until about as thick as a thin gruel, and sweeten then with *sugar of milk*—not common sugar—and feed this to the child until we see it here again."

The *saccharum lactis*, gentlemen, is sometimes an excellent article of diet in the digestive disorders of infancy. It appears capable of stimulating the liver to increased efficiency, and thus at one and the same time of aiding digestion, by a more copious supply of bile to the intestinal mass, and calorification also, through an increased production of the glycogenic hydrocarbons. It should be given very freely with the food, in order to produce these physiological effects.

CASE 4. *Chronic Aphonia, with Scrofulous Enlargement of the Cervical Glands.*—Mrs. H., aged twenty-five, a Swede,

is afflicted with a hoarseness which has become chronic. She comes to the Clinique for relief from this difficulty, and as some of her symptoms will be best revealed by a few questions, I shall catechise her before you. "Madam, when were you taken ill?" "A little more than four months ago, sir!" "What was the first sign of anything wrong in your health?" "I had a swelling, sir, which came here upon my neck!" "Let me look at that swelling, please;—did it ever grow very large?" "Yes, sir, it grew very fast, and became almost as big as a child's fist!" "Did it ever discharge anything?" "No, sir?" "Are there other swellings about the neck?" "Oh yes, sir! here, upon the left side of my neck there have been a great many lumps since the first one came over my throat!" "Were you hoarse before that swelling appeared?" "No, sir: not until about three weeks after it first came!" "Did the throat pain you about the time the hoarseness began?" "Yes, sir: I had sharp pains in my throat just under the lump!" "Did they disappear when you first lost your voice, or do they still continue?" "I have sometimes a sharp pain there; but it is not very often now!" "Did the hoarseness come upon you suddenly, and without warning?" "It did, sir, one day when I was talking as usual, it came all at once, and I could scarcely speak at all after that!" "Do you ever lose your voice entirely, so that it is impossible for you to speak at all?" "Sometimes it is almost, but not quite gone, sir!" "Is the hoarseness worse in damp weather?" "Always, sir!" "That will do, my good woman, I shall not oblige you to answer any more questions at this time."

In addition to these symptoms, gentlemen, Mrs. H. complains of a difficulty of deglutition, especially when taking drinks, whether they are warm or cold. It pains her to swallow anything, however, although she is not obliged to forego solid food entirely. The effort to swallow provokes a severe paroxysm of coughing and choking, which occasions her the greatest possible suffering. She also coughs badly, and is much oppressed for breath upon assuming the horizontal posture. The dysphagia came on at the same period with the aphonia. Her appetite—*id est*, her desire for a good and substantial aliment—is unimpaired, and her general health toler-

ably good. The principal swelling of which she has spoken is located just below the *pomum adamæ*, on the neck in the median line, and, according to her story, is much smaller than it once was. Indeed it has subsided into a little hard elevation, of a purplish hue, with a very small orifice, and more nearly resembles in appearance a cicatrix from a burn than anything beside. This little orifice we are told has discharged within a few days, a thin, watery fluid, in amount perhaps a teaspoonful. The enlargement of the glands upon the left side of the neck is quite marked, although they also are less prominent than they have hitherto been. This subsidence of the swelling is doubtless attributable to the topical employment of the Tincture of Iodine, which, we are told, was resorted to by the advice of another physician. We infer that it must have been the Iodine which was thus applied, for the reason of its frequent use in this manner as a discutient, and because the patient says it was something in the shape of a lotion, which occasioned an orange-yellow or brownish discoloration of the skin.

Aphonia is merely a symptomatic, never an idiopathic affection. Like a cough, a diarrhœa, or a dropsy, it is never to be looked upon as a disease *per se*. Nor is it a symptom peculiar to any one single disorder: thus, we have frequently had occasion in this Clinique to recognize it as an incidental symptom of advanced phthisis. In some cases it is a premonitory sign of apoplexy, its existence assuring the practitioner as confidently as if his eye were upon the parts, that the medulla oblongata and the cerebro-spinal organs about the base of the brain, where the vocal nerves have their origin, are already congested; or, it may succeed this disorder, because of pressure upon these parts, and a subsequent arrest of communication between the brain and those bodily members to which the nerves are distributed. In such an example the aphonia would be of *centric* origin—that is to say, attributable to a source of irritation which is directly applied to the nervous centre. Another variety of aphonia, of nervous origin, is frequently met with in females of an hysterical temperament. This is one of the most obstinate, but least dangerous forms of the disorder. Aphonia may also arise from

some local obstruction or lesion of the larynx, the fauces, the trachea, or the glottis. I have examined the parts carefully in the case before us, but can detect nothing which leads me to diagnose the difficulty as attributable to any such cause.

An occasional source of Aphonia is found to consist in the evil consequences of repelled eruptions. When driven from the surface, in peculiar habits of body, the irritation is prone to settle upon and to induce disease in the vocal organs. The case before us, I apprehend, is chargeable to the sudden resolution of the large-sized scrofulous swelling, situated in the immediate vicinity of the larynx. The iodine was doubtless designed to stimulate the lymphatics to remove the tumor, and this they have done; but as a consequence we find its location changed from an outer to an inner surface, from a position in which, although it might not improve her personal appearance, it could nevertheless occasion but little inconvenience, to one out of sight, but in which it would be certain to give rise to considerable difficulty. I do not mention this fact, gentlemen, as in any wise reflecting upon the physician who has preceded me, and who doubtless prescribed for this patient in good faith, but simply to illustrate the fact that aphonia may arise from various causes, natural and artificial, and that you will have need to take all these into account in selecting a proper treatment for it.

But, you may inquire, how is it possible to explain the dysphagia? Let me illustrate. In case of a foreign body lodged in the larynx or trachea, the afferent, or sensory nerves convey an impression to the spinal centre, at the base of the brain in notification of the accident. This impression, or sensation as it becomes, is returned by the efferent, or motor current to the organ, and a muscular dysphagia, concussion or cough, designed to dislodge it, is the almost immediate result. A tumor in the pharynx or neighboring parts, which should press upon the larynx, would be certain to produce symptoms of inability to swallow, with aphonia, &c.

Now, the metastasis of which we have spoken may beget such a morbid irritability of the larynx that the mere effect of deglutition shall produce precisely the same effect, through reflex action, as if some obstruction really existed in the upper

part of the pharynx itself. If we suppose this patient's larynx to be in that morbid condition, as an indirect result of the serofulous inflammations, we can readily comprehend that she would be likely to suffer with every attempt at the deglutition, it may be either of fluids or of solids, or perhaps of both. A peculiar feature of this case, and one which corroborates our hypothesis, is, that immediately after sleeping, and before she shall attempt to speak, she can drink with impunity; but at no other time is she exempt from suffering upon attempting to swallow liquids.

TREATMENT.—Four days since my brother, Dr. E. M. P. Ludlam, prescribed *Silicea*, 3d dec. trituration, for this patient. She reports herself as somewhat improved by its use. This remedy is well adapted to the relief of the inturvescence of the glands of the neck, and consequently also to sequelæ, growing out of their sudden translation to an internal surface or organ. The only change which I would recommend is to give *Phosphorus*, 3, in alternation with *Silicea*. Let her take a single dose of *Silicea* every morning, and one of *Phosphorus*, 3, at noon, and another at evening—one dose of the former, and two of the latter daily. The success attending the employment of *Phosphorus* in aphonia is most conspicuous. It appears especially indicated also in a cough, which occurs while eating or drinking, or when sitting or lying down.

Reviews and Bibliographical Notices.

1. *Uterine Diseases, and their Treatment.* By J. DAVIES, M. D., of Chicago, Ill.

PLATED with success and animated with the genius of Hahnemann, the homœopathist of an earlier day marched with the semblance of triumph across the threshold of the sick and the dying, flinging his golden censors, filled with infinitesimals, for the restoration of health and mitigation of the maladies, which long had defied the inhuman and poisonous experiments

of the sons of Galen. None among the suffering of earth had received more barbarous treatment and had been subject to unpleasanter methods of investigation of her diseases than woman. It was therefore natural, that she should welcome the physician who expressed disgust and opposition to the old mode of diagnosis and therapeutics. Taking Croseiro as his model, the homœopath then professed unlimited faith in a law of cure which had but just been announced, and all that he required to know of a case were the mere symptoms, in order to prescribe accurately according to "*Similia Similibus*," &c. Presuming that his acceptance of the law implied a therapeutics of subjective symptoms, he advocated this method of diagnosis of disease, and especially of those pertaining to the uterus. Consequently he did not always succeed in the treatment of uterine diseases, which had their origin and pathology in something more than subjective signs.

MEANS OF DIAGNOSIS.

The Speculum.—The symptomatologist repudiates the idea that this instrument is to be most relied upon in the examination of uterine troubles, and asserts that constitutional symptoms alone are to be our guide in arriving at a correct diagnosis of diseases peculiar to females, whether of an organic or functional nature, whilst the more scientific accoucheur affirms that in the majority of uterine cases it is to be considered of incalculable value. Another class, more sanctimonious than the rest, object to it upon religious grounds; for further particulars, see Meigs' work on "Diseases of the Os and Cervix." There is no doubt that it has its uses and abuses; but in the hands of a gentleman and duly qualified obstetrician it aids more than any other means in communicating at once the actual condition of the parts diseased. Much has been said of the different forms of metrosopes, and their points of superiority contrasted by eminent accoucheurs; some recommending the bivalved, the quadravalved, or cylindrical, according to the peculiar preferences of each writer upon the subject. For all practical purposes the cylindrical or bivalved speculum is the most useful, and, if made of ivory instead of glass, is less liable to accident.

The Position.—The best adapted position is that of placing the patient upon her back, with the head and shoulders somewhat lower than the rest of the body, drawing forward the hips to the edge of the bed, and flexing the thighs upon the abdomen—separate the limbs. Then, with a sheet thrown over the body, carefully conceal her person, and introduce under the covering the speculum well lubricated. With the two first fingers of the left hand separate the labia majora, and further proceed to introduce the speculum by a forward and backward movement at first; then with a downward and backward movement, until the cervix (which is usually inclined towards the rectum) is engaged within the orifice of the instrument. Dr. Bedford recommends the room to be darkened, and a lighted lamp to be used. Dr. Meigs thinks that a chromitized light, emanating from the internal glazed surface of the speculum ordinarily used, is apt to mislead the eye in detecting the true color. The light of the sun undoubtedly is preferable to artificial light in such examinations, and in practice does away with the forbidding sensations that a darkened room and flaming light are disposed to create in the minds of patients and friends. A suitable forceps is now to be used, to apply some soft material to the diseased surface—such as sponge or lint. The offensive exudation being detached, an injection of castile soap and water cleanses the parts, and now the pathological condition of the os and cervix uteri is distinctly recognized. There is but

litt'e difficulty remaining to diagnose and prescribe appropriate remedial measures in non-specific disease.

The Touch.—This is another, and sometimes the only mode that should be resorted to in examinations of the diseased os-uteri; for what therapeutic benefit would result from a speculum examination in carcinomatous disease of this organ? None whatever;—whilst in induration or congestion, or deep ulceration, we can readily detect disease and sequelæ displacements, and the pain that is felt when cancer or other malignant form of suffering is located there. To the accoucheur the "*tactus eruditus*" is as serviceable as the sense of touch to the artist. If highly cultivated it will amply repay him, and spare the patient much suffering. It might be truly stated, that unless it is cultivated, it will be better to abstain from examinations per vaginam altogether.

The Character of the Discharge.—Pathologically considered, as well as relatively, it is a symptom of exceeding value, and decides the nature and seat of the disease, and to the allopathist dictates the routine use of injections, astringents, escharotics, and probably depletion; whilst to the homœopathists it propounds the question: Are there any remedies which, if administered to the healthy female organism, will produce a similar morbid pathology of the os and cervix-uteri to that which gives rise to this follicular discharge? Its chemical constituents, odor, and quality refer us to its specific or non-specific origin. If it be thick, cream-colored, and fœtid, mixed or unmixed with blood, copious and constant in staining the linen, structural disease might be inferred. Leucorrhœa having these characteristic signs is albuminous and alkaline in reaction; flowing as it does from the inflamed and over-excited glands within the cervix, it differs materially from that which proceeds from the mucous membrane of the vagina, which is acid in reaction, thin, and white in color—possessing no fetid odor.

Microscoposy has done much to extend our knowledge of the peculiar constituents of the several discharges from the genito-urinary organs, and it is to Dr. Tyler Smith and his assistants that we are more especially indebted for the minute examinations of the mucous membranes of the vagina and cervical neck. They report that the mucous membrane of the vagina and cervical neck, although lined with pavement epithelium scales, have few if any mucous follicles, and that there are more mucous follicles scattered over the surface of the mucous membrane of the cervical canal than was formerly supposed, notwithstanding it is covered with cylindrical epithelium scales. This follicular structure is beautifully illustrated by Dr. Tyler Smith; and a valuable addition is made to our obstetrical knowledge in his anatomical description of this follicular structure, which, previous to his investigation, was quite a desideratum. The chemic-physiological character of the discharge was first prominently brought before the profession by M. Donné and Dr. Whitehead, and stated to be of aropy, mucous secretion, alkaline, and remaining transparent in the cervical canal; and on passing out through the vagina it mingles with the acid secretion of this canal, its albumen readily coagulates, and is changed into a white, creamy fluid.

After having investigated leucorrhœa by the microscope, and chemically tested it, in order to further our knowledge of its qualities, and confirm our diagnosis of its pathology, we are still in doubt as to its cause. Whether it is a physiological or vital, a local or constitutional cause? Whether it is the cause of lesions or the effect of lesions, and consequently a disease itself, or a symptom of chronic or acute inflammation? The old doctrine of pathology of uterine discharges was that of attributing every discharge from the genito-urinary organs, of whatever character, purulent or bloody,

to a mere reflex action of constitutional states of the body, ignoring entirely local diseases of these parts. The new doctrine, as expounded by Dr. Tyler Smith, is, that in maintaining the important part played by the cervical secretions in inducing morbid conditions of the os-uteri, he does not wish to be understood as saying that they are the only causes of these conditions. What he brings forward as a new theory is, that in the majority of cases in which leucorrhœa is present, in combination with non-malignant disease of the os and cervix, the morbidly active condition of the cervical glands is the *primary and essential disorder*. A still newer and more rational view of the primary and essential disorder is that expressed by Dr. James Henry Bennett, which is that the existence of inflammation is necessary to produce morbid secretion, and endow it with acrid irritating properties, as in nasal secretions, fluxes, and leucorrhœa. To the candid patient student of this vexed question there can be no doubt that this discharge is nothing in itself but a symptom of change of structure on hypersecretion of the cervical glands, a product of inflammation of the os or cervix uteri, induced by mechanical or congestive states peculiar to women at the menstrual periods, and during coitus, pregnancy, and parturition, as well as from eruptive diseases and congenital idiosyncrasies.

In the *physique* of those patients suffering with deep ulceration of the os and cervix uteri there are observed unmistakable signs of organic disease. The countenance is pale and care-worn, the lips almost bloodless, and the eyes languid and expressionless; there is a flabby condition of the muscular tissue, and an impoverished state of the blood-vessels; pain is often complained of in the back, down the thighs, or in the temples or occiput, accompanied with a sense of lassitude and indifference to life. The anæmic condition of the system is marked in the expression of countenance, which is dejected and feeble; in the state of the nervous system, which is imperfectly nourished and supplied; in the peculiar languid gait which characterizes such patients—moving along as though they took but little interest in the things around them; and in the voice, which betrays a timid, frequently an hysterical tone. The reverse of this portrait can scarcely be conceived by one who has not formerly known them, when youth and health bloomed on their cheeks, sparkled with animation that was indicative of normal tonicity, and bounded with a circulation rich in vital power. Now we have the shrivelled skin, the dissatisfied expression of countenance, the weariness and languor, that is truly significant of uterine ulceration, which sooner or later will sap the very foundations of domestic happiness and private life.

Scrofulous ulceration affecting the os-uteri, arising as it does from a scrofulous habit of body, differs somewhat from the other forms of ulceration of this part, to be described hereafter. It has a distinct pathology, and requires a special class of remedies. When examined with the speculum there is observed on the os-uteri externum, more conspicuous on the posterior surface, a patch of softer granulations, paler and more inveterate in character than those arising from other dyscrasies. The follicular structure is more or less completely destroyed; the os-tincæ presents a pale red color, copiously exuding an ichorous, offensive discharge. The granulations assume in many instances the shape of aphthæ, herpes, or eczematous forms, and the tissue involved, possessing the lowest grade of vitality, does not appear to be very sensitive to the touch. From its inveterate character, its offensive albuminous discharge, and the peculiar form it presents, it has been classified by some accoucheurs among the specific forms of ulceration affecting these parts; but, as it is not produced by any infection or specific virus directly in contact with the healthful organism, and chemically alter-

ing the normal constituents of the circulation, as is the case with mercury or syphilis, it cannot with scientific propriety be thus named or treated.

TREATMENT.—The leading obstetricians of the dominant practice merely allude to this form of ulceration as being different from other forms of disease affecting the uterus, but amenable to the same general remedies employed in the treatment of these complaints—such as blood-letting, purgatives, rest, baths, Argentinum-nit., Potassa-fusa, and Potassa cum calce, together with Proto-iod., Merc., Iron, and tonics, &c , &c. This generalizing, empirical method is of course characteristic of the school, and concedes a meagreness of therapeutics in this class of diseases truly significant. In reference to this last remedy, Potassa cum calce, which is a purely local remedy, it was employed first by M. Gendrin, in La Pitié, Paris, and afterwards brought more distinctly before the profession by Dr. Bennett, of London, as a specific application in ulceration of the os and cervix uteri, arising from scrofula, cachexy, or syphilis, where the ulceration was of a deep and inveterate character, similar to what we are now reviewing. It bid fair to immortalize M. Gendrin and Bennett, as the hypophosphates were to immortalize Dr. Churchill; but alas for specific empiricism, it has lost its charm and its sting too—experience having testified that in scrofulous ulceration of the uterus it is a doubtful and worthless remedy.

Dr. West, recently deceased, contended that constitutional treatment alone was all that was requisite in this form of disease. Notwithstanding he was boldly contradicted, he advocated this mode of treatment on the day of his death in contradistinction to the theories of the most popular writers upon this subject.

By Bennett, these local remedies are described as vitality-modifying-agents, the *modus operandi* of which is to substitute healthy, reparative manageable inflammation for that in existence, which is unhealthy, destructive, and unmanageable. This mode of expressing the *rationale* of these remedies coincides with the views entertained by some practitioners in our own school of medicine who use these escharotics for destroying morbid structure according to the law "*Similia Similibus Curantur.*" Take for example, Dr. Marcy's exposition of the *modus operandi* of this treatment of ulceration of the os and cervix. On page 94 of the N. A. J. Hom., for Aug., 1856, he states that "Reasoning from analogy, it might be inferred that remedial-vitality-modifying-agents should also be conveyed, either through the circulation or directly to diseased parts, in order that impressions may be produced which will result in health. If it be the object so to modify the vitality of morbidly affected tissues by specific drugs, as to arrest morbid degenerations, and substitute in their place healthy medicinal actions, it can be a matter of little importance whether we bring them in contact with disordered parts through the stomach, endemically, through the veins, or by direct applications. It is manifestly the office of the homœopathic physician to operate directly upon parts diseased, and so to alter the vital conditions of such parts, that the *vis medicatrix nature*, which is the actual curer of all maladies, may be able to accomplish the requisite curative reactions. In diseases the recuperative forces of the organism struggle to restore the impaired vitality, by causing, in affected localities, increased determination of blood, increased heat, increased sensitiveness, in a word, *inflammations*. If the morbid influence be slight, nature alone removes the difficulty; but when the acting cause is more serious, the disease makes progress, destructive lesions occur, and the patient steadily sinks, notwithstanding the kindly efforts of the *vis-vitæ*, unless a drug impression is made which changes the morbid to a *healthy* action. This is our platform. This is our interpretation of the ideas of Hahnemann, both with regard to the essential nature of disease and a curative law.

"In all cases, therefore, of ulceration of the os and cervix-uteri, which resist treatment by internal remedies and the other means which have been enumerated, we are in the habit of cauterizing the ulcers with the Nitrate of Silver. These applications we repeat every four, six, or eight days according to circumstances, until the ulcers assume a healthy appearance, and the healing process becomes satisfactory. Nor is it in ulcerations alone that Nitrate of Silver applications are homœopathic, for abrasions, with destruction of the epithelium, and granulations of the uterine os and cervix may be produced by applications of the solid nitrate in health, as well as cured by similar applications when they exist as morbid phenomena."

Dr. Madden pursues the same train of argument in favor of the use of caustics and quotes from the *Austrian Journal* to prove the homœopathicity of these agents by stating that, if a patient of irritable habit, in whom there is great sensibility of the nervous system, submits to applications of Nitrate of Silver, it will produce sudden enlargement and induration of the cervix. Professor Simpson's experiments with this substance, in a pulverized form, demonstrate likewise that it sympathetically affects the ovary while acting upon the uterus locally—which phenomena occurred in a young girl upon whom he experimented to restore the menses—who died a few days afterwards from other causes. Upon autopsical examination, a graffian vesicle had been developed and ruptured, in a similar manner to that which occurs at the regular period.

Taking the evidence of the most distinguished professor of obstetrics in the dominant school of medicine, and the experience of one of our most practical accoucheurs (Dr. Madden), together with the philosophical deductions of one of our ablest and most lucid writers and thinkers (Dr. Marcy) upon this subject, as well as every-day observation and practice, we cannot but concur with these facts although it might seem difficult to elaborate from any caustic agent a scientific pathogenesis to aid us in recording the details of any one of these agents. That they are specifics in surgery, when applied locally, there can be no doubt, and to be sure of this is the most practical reason why we should use them, hence, in the treatment of scrofulous ulceration of the uterus it is well, occasionally, to make use of the solid Nitrate of Silver, or other caustics, to the diseased surface in order to stimulate the vital forces to recuperative action. Scanzonni's method of treatment, particularly his recommendation of injections of Castile soap and water previous to drying well the surface and applying the Nitrate, should be especially remembered. The routine system of merely detaching the secretions and then applying the caustic is not sufficient. The part should be well and carefully cleansed before using it.

Another remedy to be applied locally in this form is Iodine. Ten drops of the tincture to half an ounce of water, applied with a camel's-hair pencil, about every five days, proves equally as specific in this form of scrofulous ulceration as it does when used internally. The nature of this ulceration being of a chronic, indolent type, judicious hygienic measures are to be attended to strictly. A plentiful supply of pure air, wholesome food, such as well-baked bread, properly cooked animal food, the pure juices of meat, fresh butter, new milk, and eggs. Water to be the only beverage at dinner, allowing the patient to use chocolate for breakfast or supper. Hip-baths, and vaginal injections of cold water, once a day, with a gentle shower-bath, three times a week, taking care that moderate exercise is resorted to after bathing and every day when it is favorable weather. The best stimulants and tonics in this, as well as in the cachectic form, are baths, pure air, exercise, and wholesome food. This is to be part of the constitutional treatment. Internal remedies are to be the other.

It is only by recognizing the antipsoric theory of Hahnemann that we can prescribe successfully in these cases. This theory is confirmed by allopathic experience and practice, by the most strenuous opponents of specifics, as proof of which we refer you to the remedies they employ in these cases,—viz., the Salts of Silver, Potash, Iodine, Iron, Sulphur, Lime, Charcoal, and others, which have an especial affinity for diseased structures caused by this dyscrasia. Let any one read Hahnemann's "Chronic Diseases," or his "Materia Medica Pura," and they will readily perceive that his provings of these agents correspond to the symptoms peculiar to scrofulous patients suffering from disease of the uterus or any other part of the body, and that from these remedies we might logically anticipate the most favorable curative results.

It would be impossible, with our limited knowledge of drugs adapted to the scrofulous diathesis, to say which of all the specifics enumerated by Hahnemann is to be most relied upon in cases of uterine scrofula. Still we can with propriety select the following as corresponding most nearly to the phenomena of disease as it develops in this habit of body—viz.: Calc., Iodine, Conium, Kali-hydriodicum, Kali-carb., Sulphur, Proto-iod., Mercury, Sarsaparilla, Sepia, &c. These might be deemed specifics, if any remedies are in this dyscrasia. They produce a marked curative effect when administered for the train of symptoms that disease of the os and cervix uteri manifests constitutionally.

The Cachectic Ulceration of the Uterus.—This diseased condition of the os and cervix differs somewhat from the former. The scrofulous is marked by tubercular deposit in the glandular system, and requires less active local treatment, and more persistent constitutional treatment. The cachectic is indicative of mercurial or syphilitic taint, or a combination of both, and requires a less active medication and greater perseverance in hygienic measures. This form corresponds to Dr. Leadam's second type, which is described as extending over the os, confined to one side, and passing within the cervix, which has become patulous; the lips of the os are the seat of inflammation, which is rendered tumid, everted, and tender on pressure. The follicles are hypertrophied and filled with muco-purulent matter. Sometimes the ulcers extend into the uterus itself. If the speculum is used there will be observed clustering upon one lip—generally the posterior—small ulcers, having the appearance of being pricked with a pin. These assume a phagedenic form, and in spreading over the lip, destroy it. They are said to be of a malignant type. That appearance of ulceration which most distinctly characterizes the cachectic, is when the os uteri is fissured, or affected with rhagades. The part is tender, raw, and irregular, looking, when it is seen through the speculum, as though the epithelium had been torn off without any further loss of substance—presenting a redder hue than the surrounding membrane.

TREATMENT.—Locally a similar course of treatment to the scrofulous is employed. Castile soap and water to cleanse and stimulate to healthful action, with the use of Nit.-arg. applications about every five days. Constitutionally, Nit.-acid, Hepar-sulph., Aurum-muriaticum, Lycopodium, Thuja, Carb.-animal., China, Cicuta, Helonin, Ferrum, and Iodide of Potassium will be found the most homœopathic to the anæmic condition associated with this form of uterine disease. *Adjuvants:* The shower-bath two or three times a week, and an occasional sitz-bath. The diet should consist of a liberal supply of milk, eggs, beef, wine, and bread, also a due amount of vegetables in season. Lemon-juice is the most preferable beverage to allay the thirst occasioned by the loss of nervous force and animal heat. As before stated, exercise in the open air, accompanied by enliven-

ing society and pure morals, has a very salutary effect upon the debilitated constitution.

In either of the forms of ulceration above named it is very essential that sexual intercourse be prohibited to a very great extent, and if practicable, altogether, while the patient is under treatment.

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2. *Consanguinity: A Treatise on the Physical, Intellectual, and Moral Degenerations of the Human Race, and upon the Causes which Produce these Morbid Varieties.* By DR. MOREL, First Physician to the Asylum for Lunatics at Saint Jean, Dept. of the "Seine Inferieure." Paris, pp. 700.
 3. *The Sources of Health and Disease in Communities; Or, Elementary Views of Hygiene, illustrating its Importance to Legislators, Heads of Families, &c.* By HENRY BELLINAYE, Esq., &c. Boston, pp. 160.
 4. *On the Transmission from Parent to Offspring of Some Forms of Disease, and of Morbid Taints and Tendencies.* By JAMES WHITEHEAD, M. D., &c. London. 8vo., pp. 432. 1857.
 5. *The Races of Man: A Fragment.* By ROBERT KNOX, M. D., Lecturer on Anatomy, &c. London, 1850. pp. 479.

"Were there no changes in the environment," says Herbert Spencer, "but such as the organism had adapted changes to meet, and were it never to fail in the efficiency with which it met them, there would be eternal existence and universal knowledge. Death by natural decay occurs because in old age the relation between the integrating and disintegrating processes going on in the organism gradually falls out of correspondence with the relation between oxygen and food in the environment, and eventually the disintegrating process gets so far in advance that the organism becomes unfit to act. Death from disease arises either *when the organism is congenitally defective in its power to balance the ordinary external actions by the ordinary internal actions*, or when there has taken place some unusual external action, to which there was no answering internal action. Death from accident implies some neighboring mechanical changes, whose antecedents are either unobserved from lack of attention, or are so intricate in their dependencies that their consequences can not be foreseen. In each of these cases the relations in the organism fail in their adjustment to the relations in the environment. Manifestly, if to every outer co-existence and sequence by which it was ever in any degree affected, the organism presented an answering process or act, the simultaneous changes would be indefinitely numerous and complex, and the successive ones endless; the correspondence would be the greatest conceivable, and the life the highest conceivable, both in degree and length."—"Principles of Psychology," London, 1855, pp. 383.

The lesson which the inhabitants of our unhappy planet have been studying for a few thousand years has been resolved into a close inspection

of the phenomena presented by the functions of the living organism, in a struggle with the agencies which are perpetually toiling to bring about death and putrefaction. Among these phenomena a conspicuous place seems now to be due to those which are with scientific certainty traced to original inherited predisposition to disease, which "arises when *the organism is congenitally defective in its power to balance the ordinary external actions by the ordinary internal actions.*" In concentrating our vision upon this branch of scientific research we at once find that it immediately rami-fies into a wide range of subjects, many of which are deliberately discussed by the authors referred to at the head of this article. At present we restrict our attention to some striking results of modern investigation on the single topic of

Consanguinity: Its Degenerating Influence on the Health and Happiness of the Human Race.

The influence of marriage between near relatives has long been known to produce a lowering effect on human health. By the law of Moses marriages between relations were forbidden as far as the third degree. In Sparta and Athens marriages between relations of the second degree were at an early period permitted by law. But Socrates, reasoning on physiological grounds, raised his voice against a practice which he believed to be prejudicial to the healthy propagation of the race. The Roman laws prohibited marriages between all relatives to the third degree; and even, though less determinedly, between those of the fourth degree. Saint Augustine, Gregory the Great, and the Council of Trent also interdicted marriages between relations of the second degree. In protestant countries the marriage of relations beyond the second degree is in general not forbidden. In countries in which facility of union between near relatives exists, the opportunity to observe the effects of this kind of marriages is sufficiently extensive.—*L'Union Medicale*, 1856.

The usual effects of the marriage of near relatives are thus enumerated by Dr Rilliet, of Geneva ("On Diseases of Children," and in a paper addressed to the Academy):—1. Absence of conception. 2. Delay of conception. 3. Imperfect conception (abortions). 4. Incomplete products of conception (monstrosities). 5. Children with imperfect physical and moral constitution. 6. Children especially liable to diseases of the nervous system, in the following order of frequency: Epilepsy, imbecility or idiocy, deaf-dumbness, paralysis, various cerebral disorders. 7. Children, which, if they live beyond early infancy, as less able than others to resist disease and death. The health of the family of the married persons and of these individuals themselves exercises a certain influence on the degree and kind of depression of the vital force in their children. It is probable that all the deviations from the laws just laid down are due to the health of the predecessors, as well as to the dynamic conditions in which the relatives are at the time of procreation. Thus it is incontestible,—1. That all the children in a family *may* escape the effect of consanguinity; but this is rare. 2. That in one family some may be attacked. Thus they are not *all* epileptic, deaf and dumb, paralytic, or scrofulous; but they are dangerously influenced. For example, there may be observed in one family an epileptic, an imbecile, a child only physically and morally retarded, and another who will sink rapidly under a disease which any other child would have resisted. In another family there will be two idiots or imbeciles, and two healthy children. In a third there will be one child with congenital paralysis, and several only scrofulous, &c. If certain families appear entirely

to escape the action of consanguinity, it is to be feared that its direful effects will be manifested in succeeding generations, ending in the annihilation of the family. (Rilliet, *Brit. & For. Med. Chir. Rev.*, Oct., 1856.)

It has been remarked that the union of individuals of different races improves the strength and vigor of their posterity, and "intermarriage between near relatives tends to degeneracy, physical as well as moral. Some tribes still inhabit the earth among whom this practice prevails; 'but sterility and dwarfish growth of children are common among them.' Similar results are noticed in catholic countries where dispensations are granted for marriages within the degrees prescribed by the Hebrew law-giver. In ancient history, as in the age of the Ptolemies, the same things are observed. In modern Europe, towards the latter days of the Feudal System, a class of barons would only marry amongst their own kindred; as a consequence 'sterility struck them.' In the earlier periods of nobility accessions were constantly being made to that rank by intermarriages with bold soldiers." More recently, by their exclusive intermarriages within a narrow circle, a large proportion of the distinguished families have ceased to exist. (Bellinaye, "On the Sources of Health and Disease.")

A chief justice of England has declared that "the history of families and the entailments of property are, like man himself, perishable and fleeting;" and that the great names of Mowbray and Mortimer have disappeared from history. And "where," he inquires, "is one that is more than all and greater than all—where is Plantagenet? They are all entombed in the urns and sepulchres of mortality." (Sir W. Jones' "Reports," 101, Charles I.)

"We might now point," says Bellinaye, "to the present aristocracy of some parts of Europe, among whom this exclusive pride and constant marriage of caste have degenerated their race from one of the finest in Europe to one of the most puny in size and intellect. We might fairly ascribe to the same cause the imbecibility which has been so fatal to some former dynasties. Certainly, if the laws of nations, in consecrating the great and useful principle of legitimacy, had prohibited the alliance of marriage of princes in any near degree of relationship to each other, they would have infused into it a principle of self-preservation. Now differences of religion and political tenets often confine royal marriages within a destructive sphere."

Gragner has explained how it is that some children escape and others are afflicted; and Dr. Wm. Bird Powell has published in England views of high interest in his "Studies of Temperaments." Giron de Buzarignes has made very numerous experiments upon animals. Dr. Lucas* cites a number of instances of the pernicious effects of consanguinity among the wild beasts enclosed in parks, in most of our domestic species, from the horse to the pigeon. Agronomists and physiologists alike—Priniceps, John Sebright, Sinclair, Giron, De Houdeville, &c., all agree that inbreeding succeeds badly, and that, if persisted in, species, race, health, *fecundity*, *viability*, all are extinguished. Under this system, to which Blackwell gave a short-lived fame, the races thus created disappeared almost as soon as formed. Thus was lost one of the oldest studs of horses that England possessed, and magnificent races of other animals. History attests the same results among mankind. Aristocrasies reduced to intermarriage, are extinguished, as Niebuhr demonstrates, in the same manner as the breeds of inferior animals, and after passing through the sad degrees of inferiority, madness, dementia, and imbecibility. Esquirol, Spurzheim, Ellis, &c, adduce consanguinity as the reason why insanity is so frequent

* "De L'Hérédité," Vol. II., p. 905.

and hereditary among the great families of the English, French, and Spanish nobility.* Deaf muteness in humbler families seems to own the same origin.

In a note read at the Academy by M. le Dr. Ménière, † upon the ætiology of congenital deaf-muteness, we remark the following passages: Among the causes of deaf-muteness one which plays an important part is marriage between relatives—the *consanguinity of the two parents*. The church had so well understood the inconveniences attaching to unions of this kind, that in the interest of the human species, she long refused her consecration to marriages contracted between blood relations of any degree whatever. She has relaxed this wise and severe rule, now that she is obliged to ratify what the state and civil law permit." The author regrets the consequences of this license, because he finds in it the chief cause of the deterioration of races; whereas crossing is the first condition of improvement, not only in the species, but for families and individuals. Marriages between blood-relatives are never met with more frequently than in localities where the deaf and dumb are born in greatest numbers. It is in the midst of isolated populations, where for a long time families have been allied, as in the Canton of Berne, for example, that the degradation of the human species is observed in all its ugliness—the bastardy, not of individuals, but of the race; there reign cretinism, idiocy, deaf-muteness from birth.—*Gaz. Heb.*, May 2, 1856.

A few facts from history will be sufficient to answer the aristocratic boast that the common extinction of noble families is to be attributed to the unusual number of deaths in battle in the service of their country. In 1583 the council of Berne accorded rights of *bourgeoisie* to 387 families. It was a fatal gift. Within two centuries 279 of those families died out. Of 34 marriages 28 were between cousins of the first degree, and 6 between cousins of the second degree. Of the 34 instances 7 were without children. The other 27 marriages produced 191 children; of the whole number died shortly after birth 58, of which phthisis destroyed 15, water on the brain 1, convulsions 8. Of the remaining 133 children, that advanced to adult age, there were habitually sickly, unsound constitution, 32; deformed or afflicted by more or less grave constitutional diseases, 47; of these last 23 were scrofulous, 4 epileptic, 2 of unsound mind, 2 mutes, 2 idiots, 2 deformed, 5 affected with albinism, 6 with weak eyes, and 1 with chorea. Of 9 no account was obtained. Only one-fifth of the whole 191 children are described as apparently healthy and sound. How many of these were truly so? The seeds of hereditary constitutional diseases are slow to germinate. Some are only developed to the extent observed in men of "cramped energies, limited power of endurance, special points of weakness, and compelled observances of self denial." Recent researches have brought to light a vast population of afflicted people of Britain, suffering from idiocy, paralysis, epilepsy, rachitis, and scrofula, and these people live to leave behind them "a population" which, like that seen by Dante in the "Inferno," "bewails its birth, its existence, and its offspring."

* Paybonnieux and Joupet

† Physician in chief to the great asylum and school of deaf mutes in Paris

6. *Annual Address.* Delivered before the Illinois State Homœopathic Association, 1861. By L. FRATT, M. D.; and *Valedictory of J. T. SHIRLEY*, retiring President.

THE above address, by one of the most talented members of the homœopathic profession in the West, is far better than the majority of medical annual addresses. Besides its terse Saxon style, the tone of the address is such as we might expect from a self-sacrificing, humane physician, who works and studies not for *self* only, but for the good of humanity.

In the valedictory Dr. Shirley gives in language, which we here quote, a brief history of the Association :

“But five and a half years ago this Association was organized in Peoria ; although our number in attendance has been comparatively small, chiefly because members could not leave their practice (which is peculiar) in the care of other physicians. Yet our Association has ever manifested a talent and zeal, which has commended it to others of our brethren, both at home and abroad. In England, in Germany, in France, and some of the chief cities of the fatherlands, our Association in Illinois is known and honored. With little exception our annual meetings have been pleasant and profitable ; and now, while retrospecting the past, and seeing the present, we may hope for nothing less than a bright and successful future.”

It is to be hoped that every state, county, and city homœopathic association may enjoy the same favorable prospects. We should exert ourselves to keep up these local organizations. They are productive, if properly managed, of very great benefit to the physician, and especially for the young and inexperienced, who may learn much from older members.

7. *On Æsculus Hippocastanum.* By H. M. PAINE, M. D.

THIS is a reprint in pamphlet form of the proving of that remedy, which appeared in the NORTH AMERICAN JOURNAL for August, 1861.

We have never used this variety of Æsculus, but for many years have prescribed its analogue, the Æsculus glabra (Ohioensis) with excellent results in many diseases, particularly affections of the liver, stomach, vertigo, hæmorrhoids, and for some typhoid symptoms.

8. *Address on the Past and Present Condition of Homœopathy, and the Duties of its Practitioners.* By WM. H. WATSON, M. D.

THIS admirable address was delivered at the late meeting of the New-York State Homœopathic Medical Society. It embraces important statistical information, not readily accessible, and collated with remarkable care : also a brief outline of the origin and present position of homœopathy. It is published in pamphlet form, on good paper, with good type, by our good printer, Henry Ludwig ; and is admirably adapted for general perusal, and should be placed in the hands of both friends and enemies of our system. No better document could be distributed among the people.

We are informed that it can be procured at \$3. per 100, of H. M. Paine, Clinton, Oneida Co., N.-Y.

HALK.

General Record of Medical Science.

From l'Art Medicale.

THE *Medical Gazette of Lyons* asks of us an explanation;—we willingly give it, and particularly because the honorable *Lyonnaise Journal*, in accordance with a system of tactics (whose loyalty, if not whose object, escapes us), generally neglects to accord the facility of response to its adversaries. To this custom we do not subscribe; and, as is well known, the *l'Art Medicale* never refuses its hospitable pages even to the detractions of its adversaries. We give below the complaint made against us in the *Medical Gazette of Lyons*, of the 16th of October last:

"A simple Question to Homœopaths.—We profess to know the respect due to all mysteries, and are not desirous to enter the lists in the desperate contest sustained by homœopathy in its natural alliance with popular stupidity, against common sense and true medicine. We ask, however, for an explanation. The disciples of Hahnemann persist in denouncing the takers of observations. Indeed, in order that there may be no doubt upon this point, the *l'Art Medicale* has recently, in the beautifully scientific style that is so peculiarly its own, denominated as 'the most hypocritical and vilest of cabals that of the observationists.' But, recrimination apart, how must we understand these gentlemen? If they be upholders of the system of observation, is it wise in them to bring to light so much bitterness? Do they chance to know of any other mode of acquiring medical knowledge than that by observation? Are they possessed of any other plan of utilizing the fruits of experience, and of transmitting them to posterity, other than the taking of observations?"

The editor of the *Gazette* commences by recourse to an unnecessary subterfuge. He well knows that we are not what he understands by homœopaths, and he affects towards us this ambiguous qualification. He perfectly understands that we have never ignored any of the legitimate truths of science, and that upon our banner is inscribed "progress." He is not ignorant of the fact that we see in the works of Hahnemann not a general doctrine of medicine, not a reform applicable to all therapeia, but simply one of the formulas of symptomatic medicine, which at the same time imposes upon us the duty of establishing the value, and obstinately defending the truth of the formula so insolently denied by the scepticism, ignorance, and willful misrepresentation of the professional sluggards of the day. M. Diday, I repeat, knows all this well. What then is to be thought of his assiduity in ringing the changes upon his readers at our expense—of his uncivil interrogations, and his attempt to shut us out from the field of science, and take away our title of physician? The *Medical Gazette of Lyons* is guilty of a manifest equivocation when it pretends to class us among the opponents of observation, because forsooth our

unwillingness to partake of his infatuation for the *observationists*. This last word, 'tis true, is not in the dictionary of the Academy, but we hasten to say that it does not emanate from us. For a half century it has been consecrated by a man of recognized authority; and we may be permitted to express surprise that the writings of this distinguished physician are not better known, at least at Lyons;—we allude to Dr. Prunelle, who in 1816 warred against the sect of observationists, whom he resisted as the offshoot of the perverted taste and bad philosophy of the day. Since his time this leprosy has infested the field of observation. But this is not all:—if the neologism of Prunelle has a sufficiently ancient date and sufficient patronage, it also eminently possesses perspicuity, and leaves no pretext in the least for confusion. There is no one so ignorant of the conventionalities of language as not to perceive at once the difference between the terms observationist and observer; and since the *Gazette* is pleased to ignore it, we would say to M. Diday, in his unwillingness to recognize the distinction between observationism and observation :

To the semblance of the truth you homage render,
Of its feeble nothingness the staunch defender;
Sincerity with artifice prone to commingle,
With honesty, its counterfeit presentment, jingle,
The shadow for the substance blindly follow,
And to the purer coin, prefer the spurious and hollow.

Observation is undoubtedly the soul of medicine; but by the side of those who pursue it noiselessly and advantageously, and of whom it may be said, "no cabal have they to serve, no intrigue to pursue." There is a sect of false observers who hasten to climb the shortest ladder to credit and profitable dignities. These are the hypocrites that the *l'Art Medicale* purposes to unmask; so much the worse for the simpletons who expose themselves by their own grimaces, and who are offended at our searching sincerity. It shall not be our fault if they mistake our language. Respect for all generous convictions, liberty for all scientific discussions,—such is our wish. But a legitimate defence against fomenters of intrigues and cabals,—such is our right. This sect who ruthlessly appropriate the title of observers, and with it all the avenues of science, for the purpose of proscribing at their leisure the truths which they fear, will finally be convinced of their own insufficiency and deceit. What have they not done against the pyretological doctrines of Broussais, against the medical reform of Hahnemann, against the doctrines which it is the mission of *l'Art Medicale* to proclaim. Every time an opportunity has offered to put to the proof this boasted talent for observation, and to decide by patient and laborious investigation any controverted question in the great book of nature, these self-satisfied intriguants answer only by persecution and abuse,—veritable scourges of the science, whose cause they would end in compromising, if it remained in their hands, and who have many times betrayed under pretext of it. We sincerely hope that hereafter M. Diday will deign to comprehend that our supreme contempt for

these tricksters and charlatans—in a word, for these observasionists—is readily reconciled with the sincere esteem in which we hold observation and its faithful chroniclers. One more word; the Gazette speaks of the desperate contest which homœopathy sustains with *true medicine*. What is *true medicine*? Is it the medicine of M. Diday? Is it the medicine of Piorry or Bouillaud? Is it the iatrochemistry of M. Poggiale, or the broth-meat of M. Trousseau? Is it not rather the medicine of which, at the last academic discussion, Prof. Malgaigne said that it was “A mass of the contradictory theories of all times?” Alas! the Gazette would do well in the cause of *true medicine* to partake of the modesty of its humble sister the Medical Review of Paris. “What are we,” cries the latest Girour, “that we should sit in critical judgment upon what should be? Where is our criterion for truth in error? Where is our doctrine, our school, our faculty, our science—in a word, to judge of what that should be which is called medicine?” Here is the true truth at last!—Be not so boastful of your treasure, M. Diday:—

If you 'd have a market for your treasure,
Be sure you make it cheap,
Or else you 'll fail to catch the public pleasure.

JULES DAVASSE.

PRACTICAL REMARKS, BY DR. GROSS, OF PRUSSIA.

(From Altschul's *Prager Monatschrift*.)

Mrs. Ludwig, mother of three children, suffered since three days with toothache on the right side, up to the temple, aggravated by lying on the affected side, by cold applications, sometimes ameliorated by cold drinks; in the beginning some difficulty of swallowing. Puls., 200, produced amendment with copious mucous secretion from the right nostril and windpipe. But our patient suffered also with prolapsus uteri, aggravated by bending down and especially in going upstairs. She menstruates freely, and when taking a cold bath; when they are done, her courses reappear. She got Rhus, 200, and in three weeks she was perfectly restored.

Relationships of remedies are useful as landmarks for such cases where clinical experience is wanting. Thus Cannabis might be useful in *erethismus cordis*, where Bellad., and Opium are indicated.

A causal nexus between Bright's disease and organic disease of the heart is interesting to us, inasmuch as the same remedies cover both diseases. Ars., Aur., Cannab., Colch., Kali., Nitr-ac., Zinc., Phosph., Arg-nitr., and perhaps Calc.

In ophthalmia intermittens, usually caused by neuralgia ciliaris, Ars., Bell., China, Coloc., and perhaps Ipec. are useful.

In little children the quantity of fat under the chin is in a direct ratio to the future development and strength of the muscles (similar to the effects of Ars.). In the advanced age of manhood the development of fat and muscles is in inverted ratio (similar to the effects of Ferrum.)

To beer-drinkers, who wish to abstain from that beverage, Arsen. must be a very good remedy.

PARTIAL DEAFNESS. FROM DR. DOBRELAERE, OF BRUGES.

(From *L'Homœopathie Belge*, 1860.)

A young man of eighteen years, suffered with partial deafness, with running from and buzzing in the ears. A sea-voyage aggravated the malady. Difficulty of speech and stammering was present, and tonsils and the whole buccal cavity covered with mucous secretion. Merc-sol. A few days afterwards the secretion from the ears diminished and became more fluid. He could hear the tick of a watch at a distance of three inches.

A month after, local faradization was applied, and unexpectedly the left ear, where he was formerly perfectly deaf, got better now at once, so that he could clearly hear the tick at a distance of four inches. For a whole month now faradization and the internal use of *Staphysag.* was continued. The ringing diminished steadily; the running ceased by degrees; and the distance in hearing increased; from his ear runs a black thick cerumen—a clear curative indication. Our patient was perfectly restored to health and hearing.

RHEUMATISM. BY DR. LOW OF ZALUZ.

J. H., aged fifty, middle stature, apoplectic habit, greatly inclined to Rheuma, caught cold in consequence of a thorough wetting. Strong fever with heavy chills, followed by heat and great thirst then tearing pains in left upper arm, seated in the axle-joint, and radiating from there over the shoulder-blade towards the spinal column. Pulse small, but very quick—140 to 155; stupefaction and perfect immobility; face purple; position on back only possible. Acon., 20, in water, a spoonful every half hour.

Next morning the same status with severe pain in the regio cordis. Auscultation gave strong friction sound, percussion dull, anxiety, short respiration, strong palpitation of the heart, pulse rapid, cough dry; the case therefore worse, and yet only Aconite could help. Patient received two drops of Acon., 2d dil., in a teaspoonful of water, one every half hour. Towards evening amelioration; during the night some sleep with drenching perspiration. Morning, Acon. every four hours, and in forty-eight hours all pains and other symptoms were gone, except some stitching tearing, for which he took Bry., 24, in six spoonfuls of water, a dose every six hours. This finished the cure.

REMARKS UPON PSEUDO-MEMBRANOUS OPHTHALMIA. BY BOUISSON.

During an epidemic of diphtheritic affections in the year 1858 the author met with three well-marked instances of this disease. In two the inflammation was confined to the margin of the lids, and particularly the angles of the eye; in the third the ocular diphtheria was general,—vision lost from the beginning of the malady, and the young

subject succumbed with symptoms of complex eruptive fever, coinciding with the ocular affection. M. Courty likewise observed many cases of this kind during the same epidemic; the commencement of the disease was marked by a very intense and general conjunctivitis, with acute pain, periorbital irradiations, redness of the lids, with violet border, thick mucous or muco-purulent secretion, tumefaction of the lids, presenting a characteristic redness, and sometimes giving rise in children to acute ectropion. The false membrane is sometimes whitish, cheesy, and decomposed into grumous spots, more or less isolated, but meeting particularly at the angles of the eye, readily reforming themselves, and not producing general opacity of the cornea; sometimes they resemble the plastic depositions of croup and of diphtheritic angina. This layer of grayish and fibrinous aspect, more or less dry upon its outer aspect, sometimes presents a certain adhesiveness; but most generally it is soft and infiltrated with pus, or liquid mucus, and at other times irregular and villous, it is occasionally very adherent and difficult to detach, and again may be removed by entire layers. The artificial detachment of the false membrane is very painful and occasions a slight discharge of blood; the subjacent conjunctival surface is rough and unequal, the cornea of a grayish yellow. After this operation the patient experiences some relief, but another plastic layer is soon reproduced, until the general and local morbid predisposition is removed, or the cornea becomes ulcerated, softened, and the eye voids its contents, vision is almost irrevocably lost, particularly in adults; when the affection is intense, and when the eye is not evacuated, there are formed staphyloma, secondary granulations, oculo-palpebral adhesions, corneal opacity, &c. &c.

ACYCLIA, IRIDEREMIA, AND CONGENITAL HEMIPHAKIA. BY
VON AMMON.

Congenital acyclia was observed by the author in an old élève of the institute for the young blind at Dresden; the ciliary ligament was completely wanting, the choroid terminated immediately in the iris, Schlemm's canal did not exist. The sclerotic was thin, the cornea small and flattened, the posterior face of the corpus vitreosum and retina presented numerous folds and the central artery of the retina was obliterated, the globe of the eye had however the volume of the adult globe. Complete irideremia is rare. M. Van Ammon publishes two cases in which there was entire absence of the iris; in the first, that of a fetus of seven months, born dead, the iris and ciliary ligament were wanting; the ciliary border of the choroid was applied to the union of the cornea and sclerotic. The second instance was observed in a calf nearly at term, the iris was wanting, but there existed a rudimentary ciliary ligament; the lens was applied to the cornea, and the ciliary processes slightly developed; congenital her-

niphakia, is a species of cataract which the author found in the eyes of a calf and a sheep, the posterior disc of the lens alone existed—this was an arrest of development dating from the earliest period of fetal life.

J. A. C.

HEMERALOPIA CONSEQUENT UPON SCURVY. BY RIZET.

In an excellent memoir upon the remote results of scurvy, the author, (a distinguished surgeon in the French army,) devotes the following lines to the etiology of this strange affection. "A few navy surgeons have already indicated this disease as preceding or accompanying scurvy, but no one has, as I am aware, yet described it as resulting more or less, or remotely from this epidemic. Upon reference to my notes, I found that hemeralopia was frequent among the men of the first and second battallions of the Third Zouaves; then but four months after our return from the Crimea, we campaigned in the mountains of Babords (Kalylie) in July and August, 1856.—Every day one or two cases of hemeralopia presented themselves at our visit; not one of them belonged to the third battallion, which was composed of soldiers who had never quitted the African soil. Here we cannot ascribe the cause to heat; for it had exercised its influence upon the whole column of the expedition, composed not only of Zouaves, but of several regiments coming from France. Again in this country there was no inconvenience felt from the elevation of the temperature—for it was only where we descended upon the plains that we were at all incommoded by that. Nor could it be owing to reflection from burning sand, for at this period of the year the mountains are covered with the most luxuriant vegetation, and with fruits and flowers in abundance. At Compeigne (December, '56.) three hemeralopic cases demanded our care; all were old Cremeans belonging to the Fourth African Chasseurs; and at this time two of them had upon their lower extremities visible traces of scorbutic ecchymoses. At the camp at Chalons (September, 1857) the same hemeralopia exhibited itself in the soldiers of the Infantry of the guard, composed of men coming from the Crimean regiments. We observed eleven cases among the sappers of the line, nine of whom had had scurvy. Three new cases appeared among the Chasseurs of the guard,—not one in all the rest of the Cavalry; our medical associates, who had not, like ourselves, followed the thread of the disease, attributed it to the unhealthy nature of the campaign; this we cannot admit after having pursued its general manifestations from its inception to its extinction. Since the end of the campaign (Oct. 18, 1857) we have seen no more hemeralopia in the regiment; now eighteen months since the epidemic declared itself by this symptom.

J. A. C.

INTERMITTENT CONJUNCTIVITIS. BY MARINETTI.

(From *Gaz. Degli Oculi di Genova*, Feb., 1860.)

A Professor of the University of Génes was suddenly seized about the middle of June, 1855, with sharp pain in the right eye; next day conjunctiva, red and swollen, oculo-palpebral injection, increased for three days; then began to decline, and in the seventh day was at an end, except slight redness of the palpebral conjunction. During three successive years, the patient had similar attacks of the same duration, and recurring periodically every fifteen days. Disease passed from one eye to the other, and resisted all remedies, local and general. M. Marinetti advised sea-bathing, country air, sulphur-water, exercise, &c.; simple astringents made the foundation of the local cure, the effect of which was slow, but decisive. J. A. C.

SYPHILITIC PARALYSIS OF THE COMMON OCULO-MOTOR NERVE.

In the *Moniteur des Hospitiaux*, of September, 1858, we find reports of two cases of this affection cured by *Mercurius Hydriodicum*, after a treatment of five weeks.

THE PATHOLOGICAL ANATOMY OF CATARACT. BY DR. FÖRSTER.

The dissection of seventy-two eyes affected with commencing cataract, and taken from individuals of from fifty-four to eighty-seven years, has enabled me to prove that so-called senile cataract rarely begins at the centre of the lens, and more rarely still in the most superficial cortical layers; its habitual seat is the crystalline layer that immediately covers the lens proper. In order to make apparent the origin of the obscurity, the lens should be placed in a medium whose index of refraction differs less than that of atmospheric air, from the index of refraction of the lenticular substance. I have constantly employed the vitreous body, and I keep the lens plunged in the hyaline substance between plates of glass united by gum-lac. Some lenses presented a central opacity in the form of a wounded disc, of brownish-yellow, whose semi-diameter nearly equalled the half of the radius of the lens; this disc encroached closely upon the transparent crystalline substance, and its color was deeper at the centre than upon the borders, its dimensions were inferior to those of the lens; it was formed of two layers—the one external, thinner and lighter in color, enveloped the thick and more opaque central body, the internal layer of the central cataract is thicker in its equatorial region, and scattered over with small white spots, which give it a nebulous appearance. In one of the eyes I found a hyaloid membrane of new formation between the capsule and corpus vitreosum, in the hyaloid fossa. The development of senile cataract occurs, according to my observations

in the following manner: the lens at first undergoes a yellowish transformation, perfectly transparent, and which encroaches upon the transparent cortical layers. The demarcation of these two tints is generally more marked at the inferior lenticular region; at the same time that the difference of coloration appears, the substance of the lens becomes obscured. The commencing opacity is always situated at the surface of the lens; it begins at two sides of its equator, and is developed at the expense of the cortical substance. It affects four principal forms: *First*, Simple striæ, short and narrow, of whitish color, and radiating around the lenticular equator; they look brown under the microscope; sometimes they form multiple columns. *Second*. White and thin nebulæ, remaining isolated, or extending and uniting with one and the other face of the equatorial region; they appear granular and brownish to the microscope. This form presents also the transition from the preceding. *Third*. Of white striæ, which groove the lenticular meridian, like the striæ of umbelliferous fruits; they are thicker at the equatorial region, and unite at the poles of the lens. Their dimensions are very variable. *Fourth*. Opacities which we have above described, coming from the nebulosities whose contour is undefined; they form a girdle which envelops the equatorial region of the lens. Under the microscope they appear composed of minute drops disposed in many layers. The opacities of striated form, of which we have spoken, continue to be developed; they approach nearer and nearer the surface of the lens, and end by affecting the superficies of the lens. The nebulæ are developed by extending more and more towards the poles of the lens, and their opacity augments. The development of the great meridional striæ is especially rapid, and speedily invades the whole cortical substance. The lens loses its transparence only when the cortical cataract is already advanced; its opacity is nearly always diffused, and without definite form. In a few cases only have I met simple striæ, and very fine, which corresponded in their direction to the crystalline fibres; once only were there two extensive clariform opacities, invading several layers of the lenticular tissue. Finally, when the whole periphery of the lens is enveloped in opacity, a new opacity develops itself in the external cortical layer, so that the intermediate cortical layer remains transparent for a longer period. This is seen in examining cataracts in the living eye. The type forms which we have described, present numerous variations in particular cases. Von Ammon has indicated opacities in the form of nebulæ, under the name of arcus senilis of the crystalline capsule. Stellweg thinks this a mere cadaveric phenomenon;—senile observations of the lens are very frequent. In thirty bodies of subjects, aged from fifty-four to eighty-seven years, they were wanting in only eight; in twenty instances they affected both eyes.

J. A. C.

EXOPHTHALMIA, WITH HYPERTROPHY OF THE THYROID BODY, AND ORGANIC DISEASE OF THE HEART, COMMUNICATED BY DR. PRAEL.

Exophthalmia is not rare in conditions of this kind. The example cited by Dr. Prael merits attention, however, as regards the course pursued by the affection. A man of dark-brown complexion, blue eyes, aged fifty, married, without children and domestic, was attacked in his twentieth year with palpitation. During convalescence from a mucous fever, a remarkable projection of the right eye supervened, accompanied with increased cardiac palpitation, and development of the thyroid body. The exophthalmia did not remain always the same,—it appeared to be regulated by the state of the general health. In December, 1849, the patient became thin; he frequently complained of rheumatic pains in the eye and cheek; he was attacked intermediately with bronchial catarrh, during the course of which the right eye was more prominent than ever; the left also became so prominent that it could not be closed. Three weeks before death the cornea of the right eye became infiltrated in consequence of a bleeding which the patient had insisted upon, contrary to the advice of his physician;—instead of becoming ulcerated and perforated, the infiltrated cornea became horny and dry; this phenomena was accompanied by a caseiform conjunctival secretion, of a grayish-yellow color;—the same phenomena occurred to the left eye. The patient lost his sight completely several hours before death.

Autopsy.—Hypertrophy of the thyroid body, extending into the thoracic cavity; its right lobe enveloped the trachea, and presented a cartilaginous degeneration; cornea broad, particularly in the left lower region. Hypertrophy of the left portion of the heart; transformation of the bicuspid valve into a resisting ring of atheromatous degeneration. The aorta considerably contracted from its origin to its descending portion, from the same atheromatous deposition. The interior of the eyes presented no alterations,—their volume was diminished, and the cornea and sclerotica were horny and dry. Brain softened in many places,—its development below the natural standard.

In a note annexed to the above case the author mentions nine cases of exophthalmia:—vision was disordered in the beginning in only one case; the disease attacked both eyes in some of them; again the right alone—but never the left alone. In two cases there was no affection of the heart; no goitre, but well-marked anæmia. Hypertrophy of the thyroid existed in all others; and in four of them was complicated with organic disease of the heart. One alone was a male. In all these cases there was manifest hydrohæmia, coming from different causes; hence the disease may be denominated anæmic ophthalmia.

J. A. C.

Materia Medica.

Pathogenetic Characteristics of Drugs.

BY J. S. DOUGLASS, M. D.

INDIAN HEMP.

FRAGMENTARY NOTES. *Its Anæsthetic Properties.*—The name haschisch, by which the active resin of the Hemp is generally known to us, is the Moorish word for plant. Thus the hemp would be *the plant—par eminence*, as among the people of Paraguay, the male is *yerba*. Herodotus tells us that the Scythians, who made garments from the fibre of the *Xavvaßis*, cast its seed on hot stones, and used their aromatic vapor as a bath, the enjoyment of which drew from them cries of exultation.* Hemp in the Arabic tongue is Kinnub, whence the Dutch Kinnub or Hinnup; the German Hanf comes between this and *Canape* in the orthography of the middle ages. The Arabs also call the Hemp by epithets appreciative of its psychical virtues—such as the grass of faqueers, the leaf of illusion; for them too, as for the Indian, it is the “increaser of pleasure,” the “cementer of friendship,” the “laughter mover,” also the causer of a reeling gait, for so it acts on some people. In the “Kon-Kin-I-Tong,” a compilation of ancient and modern medicines, published in China at the beginning of the sixteenth century, M. S. Julien finds the following passage:

“If the complaint is situated in parts upon which the needle, the moxa, or liquid medicaments cannot produce any action—for instance, in the bone, stomach, or intestines—there may be given to the patient a preparation of *Ma-yo*, and in a very short time he becomes so insensible that he seems intoxicated, or deprived of life. Then, according as the case may be, the operations are performed of amputations, &c., and the cause of the malady is removed. After some days the patient is restored to health, without having felt during the operation the least pain.”

This is the same use to which Mr. O’Shaughnessy has learned to apply the Churrus of Hindostap. Mr. Urquhart, in that most charming and instructive book of travel, “The Pillars of Hercules,” has the following notice of Hemp:

“Its proper name in Morocco is Shazar. I was led to take an interest in the plant from the following circumstance: A lady, suffering from spasms arising from an affection of the spine, had obtained some years ago a small portion of the Hemp resin. When all other narcotics had failed, it afforded her almost miraculous relief. The Hemp of England had been tried in vain.”

At Tangier I observed a diminutive pipe, about the size of a thimble. I asked what kind of tobacco they were smoking; I was

* Melpomene, LXXIV.

answered, *kef* (literally enjoyment); it was the haschisch. It is also taken inwardly; either the leaves are swallowed with water after being crushed, or it is prepared and boiled with sugar, or honey and butter, like horehound—a great variety of seeds and spices entering into its composition, which varies accordingly in its effects; and this affection is called the majoun. There are several other plants employed in Morocco for producing similar effects. Among these are the surnag, which I found at Medea, and of which Marmol speaks, Vol. III., p. 4. It grows in the Atlas; also the nuts of a species of the Palma Christi, mixed with food by the natives, and whose effects last but a few hours. It is said to be used to make people speak the truth, and to discover their inward thoughts. They profess to be able to prepare the majoun, so that it may serve a man instead of clothing, for the resistance of cold. Mr. Urquhart engaged the three most noted confectioners at Rabat to try their skill against each other in preparing the majoun, which he then tried on himself and others. The first time I took it was, says he, about seven in the morning, and about in an hour and a half afterward I perceived a heaviness of the head, wandering of the mind, and apprehension that I was going to faint. I thence passed into a state of half trance, from which I awoke suddenly and much refreshed. The impression was that of wandering out of myself: I had two beings, and there were two distinct, yet concurrent trains of ideas. Images came floating before me;—not the figures of a dream, but those that seem to play before the eye when it is closed; and with those figures were strangely mixed the sounds of a guitar that was being played in the adjoining room; the sounds seemed to cluster in and pass away with the figures on the retina. The music of the wretched performance was heavenly, and seemed to proceed from a full orchestra, and to be reverberated through long halls of mountains. These figures and sounds were again connected with metaphysical reflections, which also, like the sounds, clustered themselves into trains of thought, which seemed to take form before my eyes, and weave themselves with the colors and sounds. I was following a train of reasoning; new points would occur, and concurrently there was a figure before me throwing out corresponding shoots, like a zinc tree; and then, as the moving figures reappeared, or as the sounds caught my ear, the other classes of figures came out distinctly, and danced through each other. The reasonings were long and elaborate, and though the impression of having gone through them remains, every effort has been in vain to recall them. The following scene was described by me, and taken down at the time:—A general commanding an army, and, doubting whether he should engage the enemy, consulted the oracle. The oracle answered: “Go with the fortune of Cæsar.” He gave battle, and was beaten. His king ordered his head to be cut off; but the general accused the oracle. The king cried; “The oracle is not in fault: it did not tell you that you were Cæsar. You were twice a fool to mistake its meaning, and your own worth.” The general answered, “Then is the fault his who sent a fool to command his

armies." "Nay," answered the king, "thou shalt not twist one phrase to thy benefit, and another to my loss." This scene seemed to pass before me, and in the region of Carthage, which was all familiar, though I had never been there. The general was an Abyssinian; the king a white man with a black beard.—The next time I tried it the only effect was to make me lose a night's rest (taken toward evening). The first time (taken in the morning) it had given me a double portion of sleep;—on both occasions it enormously increased my appetite. It was followed by no depression. The first time I took it at half past four, and after that a liquor glass of caraway spirits, to hasten the effect. An hour afterwards, walking on the terrace, I began to experience the effects. I did not feel cold, while those who were walking with me, and wrapped in mantles, were complaining of it.* Then came an unsteadiness of gait; not that of one who fears to fall, but of one who tries to keep down,—for I felt as if there were springs in my knees, and was reminded of the story of the man with the mechanical leg, that walked away with him. I sat down to dinner at half past six o'clock. There was a glass between me and the rest of the company, and an inch or two interposed between me and whatever I touched. What I ate and how much did not matter: the food flowed like a river through me. There was a wind going by, blowing over the table and carrying away the sounds, and I saw the words tumbling over one another over the falls. *There was a dryness of the mouth, which was not thirst.* The dryness radiated from the back of the throat, opposite the nape of the neck. It was a patch of dark blue color; the food, as it reached this point, pouring down and taking the color of the patch. I was under the impression that I described all this at the time, but was told that I would not say anything about myself, or describe what I experienced. I should have been relieved if some one present had been under the same influence. The bursts of laughter to which I gave rise were not at all pleasing, except when they were excited by any observation I made which was not connected with myself. I never lost the consciousness of what was going on:—there were always present the real objects, as well as the imaginative ones; but at times I began to doubt which was which, and then I floated in strange uncertainty. It came by fits, at, as I thought, hours of intervals, when only minutes could have elapsed.

IGNATIA.

Sensation as if a nail were pressed into the brain (*clavus*). Nux is said to cure this symptom, though it is not recorded as an effect of Nux. Headache as if something hard were pressed upon the surface of the brain, recurring in paroxysms. Pressure in the temples, sometimes with deep sleep. (*Gels.* produces a very similar effect). Headache as if the temples would be pressed out. When lying in bed on the side, furious headache as if pressing through the temples,

* The calorific action is in great measure dependent on the distribution of the vital forces by exercise.

relieved by lying on the back. Aching in one half of the head, when walking in the open air, increased by talking and reflecting. Talking aloud excites a headache as if the head would burst, going off entirely when reading to himself or writing. Pain in the outer part of the head, which is painful on feeling it.

Stinging in the throat between the acts of deglutition. Sensation in swallowing as if one swallowed over a lump, causing a crackling noise.

When going to sleep, jerks through the whole body, or in a single limb, or a single muscle. (See *Ipec.* and *Argent.*)

Simple pains caused by *Ignat.* are apt to become excessive by contact. The symptoms generally are increased by coffee, tobacco, brandy, or noise.

IPECACUANHA.

Despising every thing, and requiring others to despise every thing. Is awkward and stumbles against every thing. Is full of desires, but knows not what he desires.—The child screams and howls violently, and without interruption; thrusts his fist into his mouth, the face being pale and the body somewhat cool.

Headache as if the brain and skull were bruised, penetrating through all the bones of the skull down to the root of the tongue, with nausea. During deglutition taste in the throat as of rancid oil.

Sensation as if the stomach were hanging down relaxed, with loss of appetite.

Gripping pinching in the abdomen as if one were grasping with the hands, in such a manner as if every finger were spread out, and a sharp impression were made into the intestines with every finger (see *Bell.*); the pain is alleviated by rest, but excited to the highest pitch by motion.

Fermented diarrhœic stools. Stool covered with red, bloody mucus.

Suffocative cough,—the child becoming quite stiff and blue in the face. Convulsive evening cough.—Expectoration having a repulsive metallic taste. Cough exciting an inclination to vomit, without nausea.

Spasmodic asthma, with violent contraction of the throat and chest, and a peculiar kind of panting sound. Contractions of the chest, with short, panting breathing; she had to gasp for air at an open window, with pale face, scarcely perceptible pulse, and danger of suffocation. (Compare *Sulph. Lob. Cic. Ratan, &c.*)

Sleep with the eyes half open. When she is about to fall asleep, she has shocks in all the limbs. (See *Arg. Ignat.*)

The body of the child is stretched stiff. Rigid stretching of the whole body, followed by spasmodic jerking of the arms towards each other.

IODINE.

Excessive anxiety after having performed some manual labor, going off when sitting. Excessive kind of impatience,—she is running

about all the time, and never sits down or sleeps at night. (See Aur. Sulph. and Sulph.-ac.)

Dilatation of the pupil, with constant motion of the eye-balls. Sight looks dimmer, and more distant. The glands on the inside of the cheeks are intensely painful, as though he had sharp vinegar in the mouth. Ulceration in the mouth,—redness, distension of the gums, which stand off from the teeth, with slight bleeding, and small ash-colored, painful ulcers, with profuse fetid ptyalism.

Tormenting constriction of the throat, greatly impeding deglutition. Pain in the œsophagus, increased by pressure. Inflammation and ulcers of the œsophagus.

Copious discharge from the bowels of a watery, foamish, whitish mucus.

Dark, yellow-green urine (yellow-green, Bovista.) Tension and swelling of the neck before the menses.—Increase of the mammæ, and decrease of the goitre. Great decrease and dwindling of the mammæ.

Blue red, furunculous nodosities in the skin of both mammæ, of the size of a hazle-nut, with dry, black points at the tips.

Subsultus tendinum of the feet. Acrid sweat of the feet, corroding the skin.

Extremely troublesome pulsations in all the large arterial trunks. General emaciation, sometimes sudden and extreme.

KALI-BICHROMICUM.

Ulcerations with indurated edges, and smarting pain on the mucous surface of both lips.

Singing and pricking pains in the tongue. (See Arum.) Tongue thickly coated with a brown patch on the surface, and the papillæ long. Tongue smooth, red, and cracked, in dysentery. Excavated cicatrix on the roof of the mouth, from which a slough, separated seven months ago;—no pain until the separation of the slough; the sore took six months to heal.

The uvula and tonsils became red, swelled, and painful, and finally ulcerated, and were suspected by a surgeon to be syphilitic. Long continued erythematous blush of the fauces and soft palate, varying in hue from a dark to a bright red, occasionally of a copper color.

Periodic constipation every six months. A dysenteric attack lasting three weeks. Frequent and bloody motions, with gnawing pain at the navel, followed by ineffectual straining; tongue smooth, red, and cracked.

Cough with transparent, dirty, slate-colored sputa. Loud wheezing cough for five minutes at a time, with retching and expectoration of tough mucus, so viscid that it can be drawn in strings down to the feet. Dyspnœa and dry cough for six weeks, followed by expectoration of dark gray mucus, of the consistence of white of egg, with soreness and oppression of chest.

Pain in the back, striking through the sternum, with cough and expectoration of tough black mucus.

Solid eruption, like measles, over the whole body. Eruptions on the face, and over the whole body, like small-pox, which die away without bursting. Eruption over the whole body of pustules, the size of peas, with a small, black slough in the centre, on an inflamed base. Eruption on the legs and thighs of reddish, hard knots, from the size of a pin's head to that of a split pea, with a depressed, dark scurf in the centre, with an inflamed base.

Boil-like elevation, which turned into a large ulcer with dark centre and overhanging edges. Redness, swelling, and itching in a spot on the wrist; then great pain; after some time, matter formed and broke the skin, and continued to ooze out for two or three months, then healed, leaving a cicatrix depressed as if scooped out. Itching of the fore-arms and hands, then intolerable pain and formation of numerous ulcers, from which above a dozen nearly solid masses of matter fell on striking the arm firmly, leaving the ulcers clean, dry cavities, which slowly filled up and healed. In the seat of a scratch exposed to the chromic solution, swelling and irregular ulcers covered with a scab, painful on pressure, dry,—this continued for months, and a hard knot, moveable, is felt under the skin with an ulcerated spot like a corn; this gradually hardens and is covered with a white skin, and remains so for months. After redness and swelling of the finger, with some throbbing pain, an ulcer formed over the joint of the fore-finger, with white, overhanging edges, and dark, gangrenous central point; the skin and cellular tissue moveable as if separated from their attachments. The ulcers caused by this potent drug vary in size from that of a pea to that of a half-dollar; they are generally dry, of an oval form, with overhanging edges, inflamed, bright red areola, hardened base, moveable on the subjacent tissues, with a blackish spot in the centre. Sores in parts exposed to the solution, which pierced deeper and deeper with extending laterally, till they sometimes made their way through the hand or arm altogether. Hands completely covered with depressed cicatrices which look as if they had been pinched out with a wadding-cutter.

The gastric pains are relieved after eating, and the rheumatic pains re-appear. When the gastric symptoms reach to any height the rheumatic pains subside.

Pathological Anatomy.—The air-passages were constantly lined with a thick, ropy, muco-purulent fluid when death was delayed beyond several days. In some instances the trachea was lined with a complete false membrane. The epiglottis, rima glottidis, trachea, and bronchia were at different times all deeply injected.

In this connection it may be well to place together the other drugs analogous in their action upon the respiratory mucous membrane, especially the production of false membrane.

In Bromine we find violent inflammation of the larynx and trachea, with exudation of coagulable lymph which obstructs, almost entirely,

the air-passages, (in a pigeon.) In the pathological anatomy of ammonium-caust., we find: considerable redness of the Schneiderian membrane, which is covered with an albuminous membrane. The posterior surface of the epiglottis and the entrance of the rima glottidis are very red and covered with a pseudo-membrane. Considerable redness of the whole trachea and bronchia, covered, here and there, with membranous layers. In sulphuric-acid we have: Mucous membrane of the trachea and bronchial tubes much inflamed. Epiglottis covered with a thick layer of false membranes of a deep scarlet-red color, intensely inflamed, but not corroded. Ulceration of the larynx and trachea.

Beyond these I do not find any unequivocal production of false membrane in the air-passages, in the pathogenesis of any other drugs. Teste indeed says that Ipecac. and all its analogues in his grouping—viz: Puls., Nux, Ars., Chel., Icd., Cham., Phos., Felix., Tart., Sil., Dulc., Bry., Spong., Zinc., Ignat., Bell., and Ant.—are capable of producing, each in its own degree, not only the general symptoms of croup, but even the pseudo-membranous exudation, which constitutes the pathognomonic sign of croup. He thinks he has seen Ipec. remove inflammation attended with this exudation. But we are not aware on what authority the production of the false membrane by these several drugs is predicated.

SANTONINE.

From *Art Medica*, by DR. F. GABALDA.

Santonine is a crystallizable, fusible, volatile substance, separable from the terminal flowers of the *artemesia-santonica* (cina, *semen-contra*). It was discovered in 1830, by M. Kahler, of Dusseldorf, in the oily residue of the ethereal extract of the *semen-contra*. It seems to be the active principle of the cyantheræ, of which the terminal forms the medicine known under the name of *semen-contra*, or at least it possesses the same vermifuge properties. The Santonine has a savor decidedly bitter, but which is not perceived until after it has been kept in the mouth for some moments, which is doubtless due to its slight degree of solubility. This circumstance is favorable to the therapeutic use of Santonine, and has given it preference over the *semen-contra* itself, of which the taste, highly unpleasant, renders its employment very difficult in the ordinary allopathic doses. The medicinal activity of the Santonine has been doubted. I attribute to it however the phenomena developed in the following case, where it was given in the usual dose.

The child F. B., aged four and a half years, had been affected for several days with light febrile paroxysms; it complained at the same time of colics, which lasted only a few moments. It had sunken eyes, with pallor around the nose and lips,—symptoms suggesting a verminose affection; and dragees of Santonine were administered by advice of a physician. No effect was observed after the first dose,

administered in the evening. Another was given at eight the next morning. About two hours after the child complained, refused food, and asked to go to bed. Its skin was soon burning; it was very restless, with convulsive movements of the limbs and facial muscles, and frequent calls to urinate. Towards eleven I was called in, and found violent fever, with great frequency of pulse and dry burning heat of the skin; face puffy; eyes glowing; look fixed; convulsive movements of the muscles of the face, and particularly of the lips and eye-lids, succeeding at very close intervals; some convulsive movements of the limbs, seldomer than those of the face; great agitation; wandering delirium. From time to time the child slept a few moments without the preceding phenomena disappearing; then he would wake up suddenly, expressing an urgent desire to urinate,—a few drops only were voided each time. I also noted in the short intervals of somnolence that the teeth were ground together, and the eye-lids kept half open. I prescribed a potion of Aconite, 6, in water, a spoonful every half hour.

At three o'clock I saw the child again. The scene was changed, for it was sunk in a comatose sleep. The agitation and all accompanying symptoms had gradually diminished, and within the past hour, had been replaced by the most complete calm, and by a sleep so deep as to alarm the parents as much as the first symptoms had done. The fever had sensibly diminished, and this re-assured me. I consequently recommended them quietly to await the child's natural waking. This took place about five, P. M., and was followed by a notable depression. When I saw the child again at seven, there was very little febrile tendency, and the skin was moist. There was no more restlessness, no spasms, delirium, nor frequent micturition. The child was gay and asked to eat. A few moments before my arrival it had a normal stool, and presented no trace of worms. After taking a little broth, it went to sleep again, had a good night, and from that time had no symptoms, such as had characterized its previous indisposition. Those which had led to the administration of the Santonine likewise disappeared, but without the child's having passed any worms. The symptoms precited may all have been observed, although isolatedly, as consequent on the irritation of worms; we do not from this cause alone find them grouped as in the case before us. Moreover nothing similar occurred here, either before or after the period during which the Santonine may be presumed to have acted. The development of the group of symptoms commences two hours after exhibition of the second dose; it gradually increases, then diminishes in intensity, and finally ceases, not to reappear,—the cause which had produced it having exhausted its action, and not having been renewed. These symptoms belong to the pathogenesis of Cina, as Hahnemann has traced it in his *Materia Medica*—viz.: "Heat and flushed or puffy face, bluish pallor around the nose and mouth, agitation, delirium, wakefulness, and insurmountable somnolence in succession; epileptiform convulsions, palpitations of the eye-brows,

dysphagia, partial spasmodic movements of the limbs, and cramps; dilatations of the pupils, and troubles of sight; frequent desire to urinate," &c., &c. This analogy shows that Cina or the Semen-contra is not merely a vermifuge, but that it exerts also a homœopathic action against the morbid state which results from the presence of worms; and it is daily observed to dissipate the symptoms for which it was exhibited, either in massive doses or infinitesimals, without having determined the expulsion of any worms.

Certain singular phenomena have been observed after the administration of Santonine. In the session of the Academie des Sciences, August 9th, 1855, Mr. Flourens called attention to some observations of Mr. Martini's, concerning the influence of Santonine upon the sight. Those who made use of it saw all objects *green* after the lapse of a few minutes. This effect lasted all day with some persons; with others, it disappeared during five or six minutes, then returned. Mr. Martini, rejecting the hypothesis of a transient coloration of the blood-serum, advances that of a molecular action on the retina, by which the tension and vibratory reaction of its nervous molecules are changed under the impression of the luminous rays.

Dr. Leroy (D'Etiolles) in the session of Aug. 23, mentions that Santonine colors the urine green. Mr. Mialhe, in the session of September 6th, 1858, says that for two years past he has remarked the changes of color in the urine after taking Santonine, and that alkalies cause in it a characteristic deep orange-red reaction. When Santonine is treated with certain oxydating agents, especially with boiling nitric acid, it yields a product which gives to water a greenish yellow color, analogous to that which urine assumes after the exhibition of Santonine, and which, like this, gives the deep orange-red reaction to alkalies. Mr. Mialhe concludes that Santonine undergoes oxydation in the blood, like other organic substances, and thus yields a new product, which, penetrating the colorless humors of the eye, determines the phenomena of coloration. The eye thus affected usually sees objects greenish yellow, at other times in complementary colors, which is to be attributed to a consecutive nervous sensation. No one has ascertained, however, that the humors of the eye are really colored at all by the action of Santonine.

ACTION OF THE EXTRACT OF NUX-VOMICA AND ITS ANALOGUES ON THE ANIMAL ECONOMY, BY MM. MARTIN-MAGRON AND BUISSON.

[Condensed from M. Brown Sequard's *Journal de la Physiologie, &c.*]

Recapitulation of Experiments.

Magendie (what he says of the Upas is applicable to Nux-vomica):

1. Eight drops of upas, diluted with water, were injected into the pleura of a strong dog; immediately we forced a stem of whalebone along the entire length of the vertebral canal. By a fortunate chance, the whole of the spinal marrow followed the whalebone when we

withdrew it from the vertebral canal. The animal was thus pithed. No sign of contraction was manifested, although the circulation was still very sensible ten minutes after the destruction of the cord.

2. Injecting upas, as before, into the peritoneum of another dog, we awaited the production of tetanus. When it was very decided, we forced our whalebone from the first vertebra of the neck down the canal, gradually. When it reached the dorsal region, the tetanus had ceased in the anterior limbs, while it was still very manifest in the posterior; from the latter it disappeared only when the whalebone had reached the caudal extremity of the vertebral canal. These two experiments demonstrate the intervention of the cord in the production of convulsions.

3. Eight drops of Upas, diluted as before, was injected into the cervical portion of the vertebral canal. Almost immediately an extremely intense tetanic rigidity seized upon the anterior limbs, and persisted more than six minutes, with surprising reduplications of energy. During all this time the hinder-paws remained flexible and seemed to be in no respect influenced by the Upas, until towards the end of the sixth minute, when they began to contract and participated in the general stiffness. By the tenth minute, rigidity had ceased in the fore-limbs, while still very perceptible in the hind-limbs for a little while longer.

4. After enervating a powerful water-spaniel, we made a transverse section of the vertebral canal and the spinal cord towards the lumbar region. We injected six drops of Upas into the lumbo-sacral part of the canal; in consequence the hind-limbs became stiff, and they alone during ten minutes presented the effects of the action of Upas. Towards the eleventh minute, some contractions were observed in the fore-limbs, but not very decided.

5. In another experiment—having first injected the Upas into the lumbar part of the vertebral canal—the tetanus of the hind-limbs followed; the fore-limbs remaining unaffected. After some minutes, the Upas was injected upon the cervical region of the cord, and the pectoral limbs were immediately contracted. These experiments have been successfully repeated by Müller, Segalas, and a great many other physiologists, who agreed with Magendie in considering that they proved the direct action of Upas upon the nervous centre. The first modification which this conclusion underwent was by the following experiment of Stannius, published in the "Archives of Müller," in 1837.

6. Stannius divided in the abdominal region the whole spinal cord of a frog, cutting all the posterior roots of that part of the cord which lay back of the section, and after this operation, poisoning the animal with Strychnine. No convulsion was then produced in the posterior half. Stannius concluded that not the cord directly, but the nerves of sensation were acted upon by Strichnine. This conclusion was, ten years after, adopted by M. Cl. Bernard, who sustained it by the following experiments.

7. Laying bare the spinal cord in its whole extent upon a large frog; I divided upon the right side all the posterior roots of the spinal nerves (sensory roots), leaving intact the anterior roots (motor roots). Then I poisoned the frog with the alcoholic extract of *Nux-vomica*, introduced into the muscular flesh of the leg. How great was my surprise on observing, twenty minutes after, the left side violently convulsed while the right side remained flaccid and motionless!

8. In a second experiment, differing from the first only by omitting the precited section of the posterior roots, the whole body of the animal became convulsed after fifteen minutes.

9. In a third experiment, varied only by the section of the posterior roots on the left side, the limbs of the same side became flaccid and motionless, while those of the opposite side were agitated with violent convulsions. These experiments have been repeated by me a great number of times. The conclusions to which they lead are: First, Strychnine acts *primarily upon the peripheric extremities of the nerves of sensibility*. These nerves next transport their excitement to the posterior column of the spinal cord, which in its turn, reacts upon the motor nerves to determine convulsions. Second, In this relation, Strychnine only exaggerates the *reflex movements* of the spinal cord. Third, In *cutting the nerves of sensibility*, as they enter the cord, the action of Strychnine on the nerves of motion is prevented. By the same operation, the accomplishment of the reflex movements is also prevented. This idea, as we see, is identical with the precited view of Stannius, except that whereas Stannius seems to have supposed that section of the posterior roots prevented the poisoning of the cord by Strychnine, M. Cl. Bernard teaches, that, if before administering Strychnine, all the posterior roots of the spinal nerves be cut, which it is easy to do upon frogs, *the poisoning will still take place*, but without presenting any convulsions, for Mr. Bernard distinguishes in the poisoning by Strychnine two periods, the first, of excitement and convulsion; the second, of paralysis; and only the second exists when the posterior roots are cut.

10. If, instead of cutting them all, three, two, or even one be left intact, convulsions are produced, as when they are all intact, and the tetanus is general. *This fact shows that the irritative lesion, as by Strychnine, of one posterior root is transmitted through the cord to all the other roots; thus the poisoning which acts upon the peripheric portion of the sensitive system, having once reached the cord, is transmitted to all the motor roots.* These views, first presented to the Société Philomatique, on June 26, 1847, were resumed by M. Cl. Bernard as above cited, in his "*Leçons sur les effets des Substances toxiques et médicamenteuses*," in 1856, page 388. They are resumed page 386 in the phrases:

"Strychnine produces convulsions by exaggerating the sensibility of certain parts.

"Strychnine acts specially upon the sensory nerves, the functions of which it over-excites; and page 359:

"The cord is a sort of common reservoir, in which the sensory nerves are lost and blended. Thus the impression made upon them is generalized in the cord, and tends to spread to all the motor nerves." P. 388.

M. Bernard seems to have left out of view the experiments and critical conclusions of Van Deen, who, in 1839, repeated the experiments of Stannius, and who found that :

11. "Although neither touch nor other modes of irritation provoke tetanoid phenomena in the hind legs of a frog, when Strychnine has been applied after section of the spinal cord in the region of the third vertebra, and removal of all the posterior roots of the nerves below this section; yet when the animal is seized with the hand, slightly shaken, thrown upon the ground, or in any other way impressed with shock or commotion, the purely *tetanic* movements will be seen very distinctly in the said hind legs.

12. "Moreover, I have even cut in a frog all the posterior roots, comprising the nerves of the hind legs from the region of the third vertebra; then I have cut the body in two at the point where I had commenced the division of the posterior roots, and I have applied a little Strychnine to the transverse cut of the spinal cord of the posterior half of the frog. This done, I have left it in repose for some moments, after which, upon receiving a commotion, it continued to manifest *tetanic* movements."

From the numerous experiments, of which this is one example, Van Deen concluded against receiving the interpretation of Stannius, seeing that tetanic convulsions did occur even after the section of the posterior roots. He confirmed the general doctrine of Majendie as to direct action of the poison upon the spinal centre, leaving it for other experiments to complete the analysis of its *modus operandi*.

13. Van Deen proceeded to open the belly of a frog in its lower part, to detach all the intestines from the inguinal region, to destroy all the blood-vessels, and leave in sight only the bones, muscles, and nerves of the uninjured hind legs. He opened the vertebral canal in front, in the region of the third vertebra, so that the anterior columns could be severed completely, and next he carefully destroyed all the blood-vessels communicating between the anterior and posterior parts of the body, whether within the vertebral cavity or outside of it, in the muscles, &c., so that absolutely nothing was left to unite the fore and hind quarters of the body, except the posterior columns of the cord and their vertebral case. This preparation completed, he placed in the frog's mouth one or two drops of a concentrated solution of *Acetate of Strychnine*. In a few minutes he observed tetanus in the fore-quarters, and up to, not below the section of the anterior columns of the cord. When, after the subsidence of these tetanic cramps, the hind feet were touched, ever so gently, *reflex* motions occurred in the hind parts, and *tetanus* in the fore parts. If the fore-feet, or any other parts in front of the section, were irritated in any manner, there was *tetanus* in this part, but no movement in the hind limbs.

PHYSIOLOGY OF THE SPINAL CORD BY VAN DEEN. P. 53.)— It is probable that only a weak dose of Strychnine was here employed, for Van Deen cites other cases in which, after a *complete* section of the cord, the poison, given in considerable doses, had transuded from the part in relation with the circulation, to that from which the blood was cut off. [The experiments of which the foregoing is an example, modify the doctrine of M. Cl. Bernard concerning the “generalization of sensorial excitement through the cord, in which the posterior roots lose themselves,” but we observe that, while the hind-quarters isolated, except through the posterior columns of the cord, manifest no tetanic excitement, yet their impressibility to ordinary stimuli is increased and their reflex movements more easily manifested.]

This distinction between actual excitement and increased excitability was developed by Marshall Hall, before the Academy of Sciences, on June 14, 1847, in his comparative analysis of the actions of Strychnine and of electricity. He showed that while electricity excites the whole nervous system; Strychnine is limited to *augmenting the excitability of the cord*, not dispensing with the necessity of another and distinct excitant in order to the production of tetanus.

14. His mode of avoiding the contact of secondary excitants was to remove the peripheric expansion of the sensorial nervous system by flaying the fore or hind-quarters, alternately, after having severed the spinal axis below the occiput. When this was done, the flayed limbs, previously tetanized, became suddenly limber and could not again be excited even by pinching the origin of their incident excitomotor nerves at the same time with their flesh, yet any peripheric excitement of the parts not flayed, was instantly shared and manifested by rigidity in the flayed parts.

15. Marshall Hall showed moreover that, if after the administration of Strychnine in poisonous doses, every source of excitement were removed from frogs, no convulsions took place, and if the dose were not excessive, the animal would, after a time, resume its normal state. But the conclusions drawn from the flaying of certain parts of the body are invalidated to a certain extent by the counter-experiments of Dr. F. Bonnefin* who showed

16. That, if the frog were vigorous and the skin removed gently, so as not to twitch and lacerate the nervous fibrils, tetanus would occur energetically upon exciting the denuded parts. M. Brown-Sequard communicated to the Society of Biology, Aug. 25, 1849, the following experiments and conclusions.

17. If the aorta be tied a little above its terminal bifurcation in a frog, so that the hind limbs shall receive no more blood, and the animal then be poisoned with Strychnine by the mouth, the ordinary signs of this poisoning quickly occur in the fore limbs.

* A distinguished pupil of M. Brown-Sequard. See his “Inaugural Thesis,” Aug. 29, 1851.

18. If, on the contrary, before poisoning a frog, its spine be divided at the origin of the nerves of the fore-legs, and all the arterial branches, from the aorta to the rachis, be also divided, no signs of poisoning supervene in the hind limbs, while they manifest the usual reflex actions during half an hour or more in the summer time, and about two hours in the winter season. In the first experiment the sensorial periphery of the hind limbs receives no Strychnine, while the cord does receive it, we see the production of tetanic phenomena in the hind limbs. In the second experiment, the portion of the cord severed from the brain, receives no Strychnine, while the sensorial periphery of the hind limbs does receive it, and yet no tetanic phenomena are manifested. Wherefore, M. B. Sequard concludes, in contradiction with the views of M. Cl. Bernard, precited, that the primary action of Strychnine is upon the spinal cord and not upon the sensory nerves. M. F. Bonnefin remarks in his *Thesis* precited, that the absence of convulsions in an animal poisoned by Strychnine, after the section of the posterior roots, is just as well explained upon the hypothesis that the poison augments the *excitability* of the cord, as upon that of its action upon the sensorial periphery. In completing the physiological history of this subject, it must suffice to mention, *First*, A work of M. Kœlliker, in "Virchow's Archives;" cited in the *Gaz. Méd.*, Jan. 16, 1858, in which he states his conclusions that the nerves of sensation experience no alteration, and that tetanus is due, on the one side to excitants of the sensory nerves, on the other to excitements of the spinal cord proceeding from the brain. The views of Mr. Harley concerning the intermediary action of the blood upon the cord have been discussed in our first memoir. In our own experiments, which follow, we have sought the definitive solution of two points in the problem before us: *First*, Whether convulsions can be produced without the poison being placed in relation with the extremities; *Second*, Whether the poison can be placed in relation with the extremities without causing convulsions. In the fourth precited experiment of M. Cl. Bernard, No. 10 of the Series, the whole sensorial periphery of the fore-part of the body was placed in relation with the poison, and that part of the cord which holds under its dependence the hind limbs, communicates freely with that part which received the poisoned nerves.

19. We have repeated this experiment with the following modification: We have laid bare the lower part of the cord up to two millimetres above the origin of the lumbar nerves; there we divided it transversely, and then passed a sharp blade along the sides of the cord from the origin of the nerves in question up to the level of the section, so as to destroy all the roots existing in this part. We afterwards tied the aorta at four millimetres above its bifurcation. At noon, we injected into the fore-leg and digestive tube of the frog a concentrated solution of the extract of *Nux-vomica*. Eight minutes after, there were slight convulsions in the fore part of the body, while reflex movements in the hind parts were a little exaggerated. At the

fifteenth minute the fore-limbs became tetanized; at the thirtieth minute pinching determined a strong convulsion in the hind limbs; and at the thirty-fifth minute they are tetanized. After leaving the animal until 3, P.M., slight convulsions were still occasioned by pinching the hind limbs.

20. In a second modification of this experiment we ligatured not only the aorta, but the whole trunk, with the exception of the lumbar nerves, and we have obtained the same result. If to these and other analogous experiments, we add those of Van Deen, who has produced tetanus by applying the solution of Strychnine upon the surface of the cord, besides those adduced in our first memoir, in which we saw tetanus produced after the application of Nux-vomica to spinal cords, deprived not only of circulation but even of blood; it will hardly be possible to question the primary action of Strychnine upon the spinal centre, and still less possible to admit with Mr. Bernard, that "*its toxic action is exerted upon the peripheric parts of the nervous system and not upon the central parts.*" As it might still, however, remain an open question, whether in the cases reported, the poison might not have acted upon the nerves of the vessels of the cord; we shall show Strychnine placed in relation with the nervous extremities of all the hind part of the body, without producing any convulsive movement. We believe M. B. Sequard to have been the first who conceived the suppression of the circulation in the posterior part of the cord while permitting the blood to penetrate into the hind limbs.

21. After having cut the cord at the origin of the nerves of the fore-limbs, and also cut all the arteries which proceed from the aorta to the cord, he has seen no convulsions in the hind limbs, after poisoning a frog with Strychnine. In our own numerous repetitions of this experiment, we have seen, although seldom, when the poison had been given in large doses, and when the frog was kept a long time under observation, tetanus produced. We have also sometimes found the circulation of the limbs interrupted and the aorta flattened. Recalling the observation of Van Deen, who has seen the poison pass by imbibition from the anterior to the posterior part of the cord, separated by a simple section; we have inclined to attribute to this cause the convulsions occurring in some of our experiments. In order to avoid this source of uncertainty, we have made on the sides of the vertebral column and outside of the sacro-lumbar mass, an incision, extending from the junction of the upper limb with the trunk to that of the lower limbs. At the point corresponding with the upper extremity of this incision, a very strong thread is passed between the aorta and the vertebral column; its two ends are drawn over the animals back, and, by means of a very tightly pulled knot, the cord and its enclosing walls were divided together. The part thus separated from the fore-quarters, being slightly raised, we tied in three bundles the vessels, which from the aorta repair to the spinal canal; then we cut these vessels between the ligature and the inferior face of the vertebræ. Thus we got at the issue of the lumbar-nerves; we passed

between these and the pelvis one of the blades of a very sharp pair of scissors and cut the bones; thus we obtained a trunk of cord completely separated from the fore-quarters, and holding to the hind quarters only by the lumbar nerves. We carefully tore away all the vessels interposed between these nerves; then we suspended the separated trunk so that it could not touch in any manner the trunk of the animal. We placed the left hind limb under the microscope, and found its circulation very active. At 4.56, P.M., the reflex movements of the hind limbs were well preserved. A solution of the extract of Nux-vom. was injected into the right fore-limb. At 4.59, P.M., the circulation goes on very well; the respiration is very frequent. At 5, P.M., convulsions, then tetanus in the fore-limbs, nothing in the hind limbs; during the tetanus no change in the circulation. At 5.9, P.M., tetanus of the fore-limbs only. Pinching determined a slight trembling in the hind limbs. On flinging down the cork on which the animal is resting, tetanic convulsions of the fore-quarters are reproduced; the hind limbs bend. At 5.20, P.M., the circulation being still very good, there were neither tetanus in the fore-quarters nor reflex movements of the hind limbs.

23. In another experiment, after the tetanus and reflex movements had ceased, we injected Strychnine into the trunk of the cord, and fifteen minutes afterwards, pinching of the hind limbs caused in them tetanic convulsions. It is generally believed that, *in consequence of the excitements which produce convulsions*, the cord is exhausted and thus loses its excitability. The two following experiments of Marshall Hall favor this view.

24. He poisoned two frogs with Strychnine, divided their spinal cord near the occiput, and placed one of them in cool water, protected from all excitement, in a pure and cool air; the next day the animal was all alive, and still affected with (the author certainly meant to have said susceptible of) tetanus. The other frog was, after the division of the spine, continually excited by passing a silver stilet over its cutaneous surface; in two minutes it became very feeble, and in five minutes it was absolutely dead.

25. M. Pélikan has seen frogs poisoned by Nux-vomica, and left to themselves, live more than fifteen days, and during all this time fall into the tetanic state under the influence of external excitement. Our own experiments confirm those of Marshall Hall and of Pélikan—the former succeeds better in summer, the latter in winter. The exhaustion occasioned by the convulsion of Strychnine seems analogous to that produced by electricity, but we reserve for a future discussion the influence of the former on the respiration and upon the motor nerves. Does Strychnine compromise the properties of the cord otherwise than by the exhaustion resulting from convulsions? M. B. Siquard has seen with us in summer frogs poisoned with Nux-vomica die without convulsions, or in consequence of very feeble convulsive movements. Did these animals die through the spinal cord or through the action of the poison on the nerves? We shall treat this question

in discussing the action of Nux-vomica on the peripheric system. Concerning the action of Strychnine upon the intellectual faculties, Majendie observes page 6, of the precited memoir, that *during all the while that the tetanus lasted, the dog preserved a perfect integrity in the action of the senses and of the brain.* The poison had been placed under the skin in this case; but in another, when the solution of Upas was injected into the carotid, the animal experienced those symptoms which always supervened when an irritant liquid is carried directly to the brain; the intellectual functions were suddenly perverted; the head was placed between the fore-paws; the animal rolled himself into a ball; it is impossible to conceive an overthrow more sudden, more general and complete of all the acts of life."—Magendie, Mem. cit., p. 13. After the thirty-eighth experiment, cited in his Memoir of 1847, Marshall Hall says: "The tetanoid state produced by Strychnine seems to be limited to the spinal system; the brain, the ganglionic system was not compromised.

M.M. Trousseau and Pidoux, in the first volume of their "Treatise on Therapeutics," p. 711, remark of the poisoning by Strychnine, that amidst the convulsions, the *intellect is not disturbed a single moment*; there are only the sensations of ringing, of sparks or flashes, of being dazzled, and a nervous excitement, analogous to hysteria." Frogs left to themselves, after having been poisoned, are remarked very rarely to execute voluntary movements. Marshall Hall thinks, this is because they fear to provoke the tetanus.

Mr. Kælliker thinks, that the brain can excite the cord to produce convulsions; we incline rather to the opinion that the convulsions, consequent upon cerebral action, are secondary, and depend upon the frictions of the skin against the parts which support the body during voluntary movements. This is still, however, an open question.

Fragmentary Proovings of the Ailanthus.

By HENRY MINTON, M. D.

From the flowers—gathered just before maturity—the leaves, bark, and woody Ailanthus—I procured a tincture by the ordinary method of maceration. I first took it myself in drop doses, every hour for twelve hours, when the confusion and pain in the head became so severe that I was forced to discontinue it for a time. Of this first trial I made no notes.

The following week I again took two drops every two hours for two days, and noted down only the distinct and decided symptoms produced, some of which continued five or six days after discontinuing the drug. I then gave it to two young men, —they each made but one trial. And their reports I have given in their own language:

May 2d, 1860, at 8½, A. M.,—I took two drops of the tinct. of Ailanthus. In twenty minutes afterwards was attacked with slight headache, accompanied with nausea and giddiness.

May 2d.—Severe darting pain through the temples, and back part of the head, with confusion of ideas. This symptom appeared in half an hour after taking the Ail. At 10 $\frac{1}{4}$, A. M., took two more drops of the tinct.

May 3d.—Thick heavy feeling in the head, figures and letters look blurred; confusion of intellect. At this time I was engaged in making out some accounts. And I found it almost impossible to add up a column correctly—having to go over it several times before getting it correct. 12 $\frac{1}{2}$ P. M., repeated the dose.

May 4th.—Had no appetite for dinner, everything tasting flat and insipid.

May 5th.—Pain with constriction or tightness of the chest—in twenty minutes.

May 6th.—Irritability of the throat with hawking up of mucous,—in two hours. 2 $\frac{1}{2}$, P. M.,—took two more drops.

May 7th.—Numbness of the left arm, and a sensation as though the fingers were asleep—after half an hour.—4 $\frac{1}{4}$, P. M.,—took two more drops of the tinct.

May 8th.—Oppression of breathing, after half an hour, 6 $\frac{1}{4}$, took two more drops of the tinct.

May 9th.—Soreness of the internal chest with pain and aching in the lungs, after half an hour. 8 $\frac{1}{4}$,—repeated the dose.

May 10th.—Soreness and pain in the lungs increased, severe pains in the head with chills followed by flushes of heat. 10 $\frac{1}{4}$ P. M.,—took two more drops.

May 11th.—Sleep disturbed and unrefreshing; tingling sensation of the left arm and hand on waking, with dull head-ache, no appetite for breakfast, tongue coated, and pasty taste in the mouth.

May 11th.—8, A. M.,—took two drops of the tincture.

May 12th.—Headache immediately set in with same confusion of intellect. 10 A. M.,—took two more drops.

May 13th.—Nausea and sickness at the stomach, with sour eructations, in half an hour. 12 M.,—took two more drops. Loathing of food.

May 14th.—Soreness of the glands of the neck with pain under the left shoulder-blade. 2 P. M.,—took two more drops.

May 15th.—Constant sharp pain through the small of the back and hips. 4 P. M.,—repeated the dose.

May 16th.—Pain in the back, head, neck and numbness still continues. 6 P. M.,—took two more drops of the tinct.

May 17th.—Numbness of the left leg with tingling, pricking pain in the foot and toes.

After discontinuing the drug the head, throat, and chest symptoms lasted for about twenty-four hours, when they gradually died away. The numbness of arm and legs, with pain in the shoulder, back, and hips, lasted four or five days.

The second prover, a young man, twenty-eight years of age, sanguine-temperament,—reports as follows:

June 6th, 1860. 5, P. M.—Took three drops of the Ailanthus tinct. In the course of half an hour felt a fullness, and somewhat of an intoxicated sensation of the brain, also a fullness in the throat, just above the sternum, and a desire to hawk up something. At 8½, P. M. I took five drops of the tinct. in solution. In fifteen minutes felt the above head symptoms return.

June 12th, 8½ A. M.—Took three drops of the tinct. In half an hour felt a fullness and burning in the brain; sneezed and experienced a sensation of cold about the eyes, and a gnawing in the chest. At 9½, took three more drops. In two hours after experienced a dull heavy head-ache, with heavy feeling in the sternal region. Between one and two a heavy frontal head-ache came on, with drowsiness; went to sleep and slept two hours. Severe pain through the temples on waking. Am subject to sick head-ache which came on and annoyed me all the afternoon and evening, with frequent eructations. There is a general feeling of fullness in the system, much soreness, irritability and prickling or tingling sensation in the skin. Heavy sleep during the night.

The third report,—if report it can be called, was made by a young man, twenty-one years of age, decidedly nervous temperament, and came to me in the following form:

NEW-YORK, July 24th, 1860.

MY DEAR DOCTOR:—Your vial of liquid with its directions was duly received. As you directed, I took one drop every hour until I had taken eight doses, and that without feeling the least unpleasant symptom, if I except a slight headache, which I did then, and do still attribute to over-exertion. Thinking perhaps homœopathic medicine would not affect a robust man like me in perfect health, and as you yourself said in your note that it would not hurt me even if I should take the whole contents of the vial, I concluded to try a larger dose, and so took. I should think, about a teaspoonful. Well, in about half an hour or less, I began to feel queer, and somewhat frightened;—a sensation of giddiness, with nausea and sickness at the stomach, came over me; cold perspiration stood out upon the skin; my fingers, in fact, my whole body began to tingle and prick; my limbs felt as though they were asleep; the figures upon the ledger began to dance up and down the columns like so many little devils; my head grew giddy. I staggered back and fell into my chair, almost unconscious. My assistant saw that something was the matter, and ran with a tumbler about half full of Bourbon, which he poured down my throat, and which I can assure you was all that saved my life; for I soon began to vomit and purge, and a sicker man than I was for about two hours you never saw, I guess. I am now, two days after the experiment, as well as common, with the exception of some headache, and a sort of a numbness of the left arm. Of what use you can make of my "*proving*," I cannot tell; but for my own part, I have come to the following conclusion: *First*, never to take one spoonful of an unknown substance when you are directed to take one drop. *Second*, that Bourbon whiskey is a good antidote for your "what is it!!" Respectfully declining to become a further martyr to your glorious calling, I remain,

Yours truly,

J. C. L.

In a letter which I received last June from Dr. Williamson, of Philadelphia, he makes mention of three cases of poisoning in little boys, from smoking the stems of the Ailanthus, like segars. The symptoms from which they suffered were: "giddiness, nausea, with retching

and some vomiting, frequent watery dejections from the bowels, which are expelled with great force, burning in the stomach and bowels, colicky and griping pains in the bowels. The giddiness and nausea lasted off and on for two or three days.

GRINDELIA, OR DONIA, AS AN ANTIDOTE FOR RHUS POISONING.

Rhus diversiloba is described by the botanists as nearly glabrous; stem scarcely climbing, with short leafy branches, leaves three to five foliate; leaflets very obtuse; in the pistillate plant slightly, in the staminate rather deeply pinnately lobed; lobes very obtuse, the incisions acute; panicles axillary, racemose; drupes sub-globose. Found in Oregon (Eaton, N. Am. Bot., 392), also in California, in woods and thickets, and on dry hill-sides. Dr. Canfield, of California, in the *Monterey Pacific Sentinel*, says: "This poison is the cause of a vast deal of misery and suffering in California; and there is scarcely ever a time in any little town or neighborhood where there are not one or more persons suffering from a cutaneous disease, which is caused by contact with the plant, or approach to it." He supposes there are in that state constantly from five hundred to one thousand persons afflicted with this disease. "To the suffering and annoyance it causes must be added the loss of much valuable time. This species of *Rhus* is usually a small shrub; but the trunk often attains the diameter of six inches, and the whole plant climbs over some large tree for support."

Of the remedies mentioned by Dr. Canfield for this species of cutaneous poisoning the principal are: Warm solution of sugar of lead, water of Ammonia, warm vinegar and water, warm decoction of the leaves of *Rhamnus oleifolius*, all of which, externally applied, may sometimes be successful. But the only remedy that has been invariably successful as an antidote to this poison is the *Grindelia hirsuta*. This plant belongs to the class syngenesia, order polygamia superflua, described by Eaton under the name of *Donia squarrosa*, and grows plentifully on the prairies of Northern Indiana, Michigan, and Illinois, as well as in California. *Generic Character*:—Involucre hemispherical, imbricate squarrose, glutinous; ray florets thirty or more (yellow); receptacle naked, deep pitted; egret consists of three or four caducous, somewhat chaffy bristles. The *donia squarrosa* has a yellow flower, appearing in August, it is perennial, herbaceous; leaves clasping, serrate; scales of the involucre filiform at the apex; squarrose revolute; whole plant viscid; height, three to four feet. The flower resembles that of a small sunflower,—they are "bright yellow in heads, one to two inches in diameter. Before flowering the unexpanded heads or buds secrete a quantity of resinous matter, white and sticky, like balsam; this is finally, after the flower expands, distributed over the petals, &c., or the flower, like varnish." The whole plant is resinous and viscid.

This remedy was formerly used by the Indians of California as a remedy for the poisoning of the skin caused by *rhus diversiloba*.

Dr. Canfield says he learned its curative powers from a lady who "was poisoned in early youth by the poison oak, and there resulted a cutaneous affection similar to 'salt rheum'—fiery, burning, insupportable,—that would not yield to remedies, or the skill of good physicians. She underwent cauterization and blistering; she took Mercury and other powerful remedies, Iodine, Sarsaparilla—all to no purpose. Her hands were covered with deep ulcers, and her wrists and arms with an eruption that tormented her day and night. Nothing relieved her." After her marriage she became the mother of healthy children. By this time it was suspected that the disease, instead of being "salt rheum," was only the effect of the poison oak; and she was induced to try the *Grindelia*, or *Donia*, above described. "A very few applications were sufficient to heal up the ulcers, and cure her entirely." Several years have now elapsed, and she has never been troubled with any subsequent cutaneous affection. "It is said, that when Fremont was here with his soldiers, they encamped on the flat below the town of Monterey, among the poison oak, and many of his men were badly poisoned. The trouble in many cases did not yield to the prescriptions of the physicians, and it was relieved only by using this remedy."

Mode of Using Grindelia for Rhus Poisoning.—"Bruise the fresh herb, and apply it over the parts affected, or boil it in a covered vessel, making a strong decoction of the fresh or dried herb, with which to wash the poisoned surfaces. Its remedial properties appear to be contained chiefly in the resin or balsam-like juice of the plant, which is particularly abundant on the surface. One application is sometimes sufficient for a cure; but, if the disease has been of long duration, several days will elapse before relief is obtained."

Miscellaneous Items.

Hahnemann Academy of Medicine.

DIPHTHERIA. BY DR. M. FRELIGH.

At a late meeting of this society Dr. Freligh said he would like to call the attention of the gentlemen present to the peculiarities (almost the distinctive characteristics) of diphtheria, and its close resemblance to the "membranous angina" or "diphtheritis" of the English, French, and American authors, more particularly to that form which is described in Wood's "Practice of Medicine;" and also to suggest those remedies the pathogenetic and curative action of which are almost a simile with the characteristics of the disease.

The disease commences with more or less lassitude; sometimes with shivering chills, some swelling, redness, and soreness of the fauces, swelling and induration of the cervical glands, and not unfrequently of the submaxillary and the parotids, with stiffness of the muscles of the neck. In a few hours after the appearance of the above symptoms (and sometimes commencing with them), the diphtheritic

exudation commences, which at first exhibits small, irregular, circumscribed, whitish, yellowish-white, buffy, or ash-colored patches, with inflamed margins, on a portion of the fauces. The patches in many instances closely resemble ulcerations, or superficial sloughs, for which, in the language of Wood, they have not been unfrequently mistaken; but microscopic observations have shown that they consist of a concrete exudation, similar to the false membrane in croup, and that the surface beneath them in many instances does not undergo any material change, or loss of substance. In severe cases the diphtheritic exudation spreads rapidly, so that in a short time from its first appearance, it will cover the entire fauces, and even extend to the larynx, trachea, throughout the ramifications of the bronchia, and to the anterior and posterior nares, attended with loss of voice, great oppression of the chest, and difficult deglutition. During the progress of the disease the secretions of the mouth become vitiated, and the breath exceedingly offensive, and a fetid, gluey, corrosive discharge from the nostrils.

The febrile symptoms, if marked together with the degree of suffering, are materially augmented in the afternoon and evening. There is marked prostration from the commencement of the attack, and a constant disposition to sinking.

The etiology of diphtheria is veiled in as much obscurity and, as indefinitely understood, as in the homogeneous combination of general causes in the production of specific contagion. Its chief anatomical character is the false membrane—diphtheritic or lymphatic exudation, deposition of coagulated lymph, or “exudation of concrete pus from a suppuration of the sub-mucous cellular tissue, not necessarily involving the fibrous,” or, as Jolly asserts (in the “*Dictionary of Medicine and Surgery*”), a deposition of colorless fibrin—the result of a hemorrhagic inflammation, occupying sometimes the nasal fossa, the velum palati, tonsils, pharynx and œsophagus, larynx, trachea, and even the divisions of the bronchia. M. Guersent says that he has seen it extend to the frontal sinuses, and M. Bretonneau once saw it on the concha of the ear. But generally its range is more circumscribed, covering the palate, tonsils, and sometimes extending to the pharynx, epiglottis, and rima-glottidis, and to the anterior and posterior nares; swelling and induration of the cervical glands, frequently the submaxillary and the parotids—the swelling and induration of the latter putting on the appearance of specific parotitis; stiffness, soreness, and contraction of the muscles of the neck. Its physiology is presented in part by the symptoms, as they are manifested by the progress of the disease.

If we compare a description of the disease as it is prevailing in the city and its vicinity at the present time, with that described by Merriman, Hall, Bell, Underwood, M. Guersent, Bretonneau, Jolly, and Wood, under the different titles of “membranous angina,” “angina membranacea,” diphtheritis, membranous croup, secondary croup, malignant sore throat, putrid sore throat, ulcerated sore throat, canker sore throat, together with a description of the epidemic which prevailed during the winter months successively of the years from 1813 to 1816 inclusive, affecting the old and young alike, and its fatality, also in many instances its seeming connection with, or at least its frequent occurrence secondary to scarlatina, we will observe, if not an identity, a very striking similitude at least, and will be lead to consider diphtheria in a different aspect than that new and rare disease which it has been represented to be by many. Then its distinctive characteristics, as set forth, are swelling and induration of the cervical glands, sometimes of the submaxillary and the parotids, rigidity of the muscles of the neck. The peculiar diphtheritic exudation, covering a part, or the entire surface of the fauces; vitiated secretion of the mouth, with foul breath; offensive fetid discharge from the nostrils (sometimes sanious and corrosive); rancido amounting in some instances to complete aphonia; great oppression of the chest; difficult deglutition; pulse quick, full, and tremulous; restlessness; aggravation of the symptoms in the evening, toward night, and marked prostration.

Permit me now to refer to the pathogenetic, curative, and toxicological properties of Antimony, Tartariatum, Mercurius-solubilis, and the local use of Argentum-nitratum, as embracing the similimum. And add that I have treated a great many cases since its first appearance among us. I have recently treated six cases of a severe and aggravated character: one, a man, naturally robust, aged twenty-

four; another, aged forty-seven, of nervo-bilious temperament; a youth of sixteen, of lymphatic temperament, the son of one of our hotel proprietors; two ladies, severally aged twenty-seven and sixty-eight; and a child aged two years, all of whom had the characteristics above-named, and all recovered under the use of the above-named remedies; and I will here remark that they have constituted my principal treatment in these cases from the first, and I have had no reason as yet to abandon their use.

Dr. Barlow expressed himself pleased with the views expressed by Dr. Freiligh, and he referred to cases where the diphtherite formation appeared on mucous surfaces remote from the air-passages; and cited one case, that he has now under treatment, that has well-defined diphtheritic exudation, covering the conjunctiva of both eyes.

On motion the Academy adjourned.

J. B. PETHERBRIDGE, *Secretary pro tem.*

Chronic Angina Tonsillaritis.

[From a Report by DR. KAFKA, of a Discussion in the German Central Vereln.]

THE second subject of debate was the chronic form of angina tonsillaritis, connected with hoarseness, as frequently observed in singers. Elwert, sen., Elb, and Kirsch detailed their practical experience on it—saying that Bell. and Merc. was most beneficial in painful swallowing and painful glandular swellings; Lach. and Apis in even erythematous appearance of the mucous membrane of the fauces; Baryt.-carb., Iod., and Calc.-iodata in chronic induration and enlargement of the tonsils; Phos., Hep., and Sulph. in dryness of the throat and difficult secretion of phlegm. Kafka affirmed that chronic *tonsillitis* is seldom complicated with hoarseness, or rather the latter is mostly either a sequel of a follicular catarrh of the fauces, where its mucous membrane appears more or less hyperæmic, and where we find on the back wall of the fauces the follicular curæ erected, dark-red, of the size about of a barley corn; or as a sequel of a croupous process on the tonsils and fauces, where we find yellow or grey points of different sizes on the tonsils and velum palati, looking like foul ulcers; or as a sequel of a diphtheritic process, where the tonsils, the arcus faucium, uvula, and the back wall are covered with a greyish, shining membrane, similar to a spider-web, rendering speaking and swallowing difficult; or as a sequel of a simple chronic catarrh of the fauces or larynx, where we observe only hyperæmia of the mucous membrane, with a morbid secretion of mucus; or as a sequel of a morbid formation of vesicles in the fauces, where we find the velum, uvula, tonsils, and hard gum covered with vesicles of the size of a papaver seed, and the mucous membrane, lying between it, looking speckled—a circumstance frequently observed with singers; or a sequel of hypertrophy of the tonsils, compressing the uvula, and diminishing the space by their size and thickness, and thus giving to the voice a nasal twang. Also dyscratic processes, especially syphilis and tuberculosis, are often the cause of chronic hoarseness; and there is also a nervous affection of the voice (nervous hoarseness), caused by spinal irritation.

Kafka names the following remedies: In chronic tonsillitis, with painfulness of the tonsils, difficulty of swallowing, hyperæmia of the mucous membrane, and prevailing sensation of dryness: Bellad., Merc., Apis, Laches. In indurated painless tonsils: Calc., Staph, Nitr.-ac., Phosph., Silic. In follicular catarrh he recommends, as the most sovereign remedy, Plumb.-acet. internally, third dilution, morning and evening; externally as a gargle, one grain to one ounce aq. dist. The external application is necessary, as the internal use alone is not sufficient to dislodge the tough phlegm, accumulating there in consequence of the inflammation of the mucous follicles, and thus diminishing greatly the power of the voice. Some physicians recommended Arg.-nitr., which remedy Kafka not only regards as useless, but also as dangerous. In the croupous form Kafka names: Merc., Hep., Iod., Sulph. In angina diphtheritica: Ars., Hep., Lach., Phosph., Spong. Clotar Müller and others have seen the Kal.-bichrom. beneficial in this

form of hoarseness. In a difficult case of angina diphtherica Kafka saw quick curative effects from luke-warm inhalations of the vapor of Phosphorus, in a tumbler filled with hot water, twenty drops of the dilution of Phosphorus, wherefrom the patient inhaled the steam through paper. Strong irritation and cough followed, ejecting the loosened pseudo-membrane. Inhalations of Iodine correspond also to these cases. In simple catarrh of the larynx or fauces: Dulc., Hep., Phosph., Puls., Sulph. In morbid formation of vesicles in the fauces, Clematis will render good service. In hypertrophy of the tonsils: Baryt.-carb.; other physicians named Calc.-iodat.; others Silic;—a cure was also reported from Sepia. Syphilitic hoarseness requires a thorough homœopathic mercurial or iodine cure; where those remedies were used already, Nitr.-ac. or Sassap. are indicated. Tuberculous hoarseness is mostly incurable, being caused by granular depositions in the larynx, or by tuberculous ulcers in the same organ. Ol.-jecor., Calc., Sulph., Phosph., Sil may be tried.

Count Cavour and Allopathic Medicine.

The foreign medical journals of all schools have paid their respects to memory of the great statesman of Italy, who recently closed his earthly life under the soothing ministrations of the bloody lancets of Italian physicians. The best view of the subject is presented by the *Monthly Homœopathic Review*, (London, July, 1861.) After referring to the ancient Roman Camillus "who recovered the standards of Rome from a foreign foe," the *Review* says: "The far greater Camillus, who has just departed this life, did this and much more. He claimed Italy for the Italians; he has made them a compact nation: he gave them national unity during his life, and he has bequeathed to them as a posthumous gift the completion of that unity in the recovery of Rome and Venetia. He attended to political economy, to silkworms, to drainage, to sub-soiling, to manufactures, to railways, to affairs of state, to his grand conception of United Italy; but he paid no attention to the reform in medicine. The strong man little thought he was to be cut down in his prime by the miserable, despicable, homicidal practice of Italian physicians to extinguish their patients *à la Sangrado*—a practice so capitally described in *Gil Blas*. But the sangradonians extinguished him—put out his glorious life contemptibly, contemptuously, no doubt honestly, according to their miserable notions. This brutal, stupid, bloody Sangradoism has happily gone out of England. That it has so gone out is not due to certain climacteric changes in the constitutions of human beings, but is due to the benign and pervading influence of homœopathy. The sanguinary practice was in full force

"In our hot youth, when George the Fourth was king."

"The queen's father was largely and repeatedly bled, and died; George the king was also largely bled, but he took stimulants and recovered; Lord Byron was bled for Miasolonghi fever, after he had been some time ill of it, and died. The improved sanitary condition of cities and towns, better food, better clothing, and the better understanding of physiology, and, above all, the doctrine and practice of Hahnemann, have nearly altogether banished the lancet from the field, though the fierce journal that so unscrupulously assails homœopaths, still retains its original name, taken from that deadly little instrument. But life may be taken by other violent means,—large doses of drugs, and over-medication generally, and the practice of poisoning the life-blood of young children with mercurial preparations, are still too much in fashion." But neither British nor American orthodox medicine is so far behind the times as that of Italy. One letter says: "Count Cavour died this morning. On Wednesday last (May 30) he received some despatches from Paris about

the Roman question, which preyed heavily upon his mind and excited him beyond measure. He drove from Parliament at three o'clock straight to his country-seat at Leri, took a long walk across the dewy meadows, and caught cold. He returned on Thursday, the blood rushing strongly to his head. The physicians, believing that it was an incipient attack of apoplexy, bled him, and within three days repeated the bleeding five times on account of the congestion. On Monday it was found to be a *typhoid fever*, or, according to others, *febris tertiana intermittens, perniciosa*. He became yesterday delirious and died at seven this morning."

The correspondent of the *London Medical Times* says: "There never was a clearer case of a man murdered by his medical attendants. Within a very short period of four or more days they attempted to cure the Count of four or five different complaints.—Congestion of the brain, typhus fever, intermittent pernicious fever, brain fever, dropsy, and lastly gout; and for all these diseases they could think of nothing but their own sovereign remedy—the lancet."

"From the official reports we may learn that Count Cavour's disease was attributed to "intense occupation, want of bodily exercise, and either too strong an appetite, or else excessive indulgence in the pleasures of his well-appointed table. Periodical bleeding has become with him, as with too many of his countrymen, a matter of necessity."

"The disease presenting an intermittent character is continually fluctuating in its degree of severity from its commencement, May 30th, to June 3, when the Count is reported to be "recovering," being "bled this evening for the sixth time. His physicians declare his illness to be a very mild form of typhus fever, without any very alarming symptoms." (The letter speaks of "cold shivering fits and slight delirium.")

"June 4.—At two this morning an attack of fever, which was preceded by a fit of shivering. At noon all these symptoms had disappeared.

"June 5.—The fever continues." At 8. 30, P. M. the physicians declared they had "hopes that their patient would pass a more quiet night."

"June 6.—Count Cavour died at seven this morning."

Calcareo-Muriatica in the Treatment of Boils and Carbuncles.

Dr. Kallenbach, sen., of Utrecht, gives in the *Neue Zeitschrift für Homöopathische Klinik*, May, 1861, his experience with this remedy, which, he says, was recommended by Rademacher in 1832. Dr. Kallenbach says, that he had been for near twenty years afflicted with boils every three or four years, which, under the use of "Arnica, Hepar, and poultices," tormented him "ten or fourteen days before the so-called core" could be extracted. On a late occasion "a boil, the size of an apple, formed in the perinæum, and after eight days," in spite of the usual remedies, he was confined to bed, and unable to move. "The formation of matter (my age being sixty-five) went on slowly, and the fluctuations were barely perceptible, so that, from past experience, I counted on another eight days' delay. Then came into my memory Rademacher's recommendation, and I began to apply a solution of Muriate of Lime, two drachms to three ounces of water. The same night was quiet and almost free from pain, whilst the two preceding ones had been so disturbed that scarce a quarter of an hour's sleep could be got at a time for pain. In twelve hours the boil opened of itself, and discharged about one-third of its volume of thin bloody pus. Under the continuance of the same application the opening closed in a few hours, and the remainder of the swelling was dispersed by resolution in a

few days, instead of passing into suppuration." On a subsequent occasion, a new boil began to form in the same spot; in eight days it had reached the size of a walnut and began to be painful. "Without waiting for the commencement of suppuration I rubbed in the above watery solution of Calc.-mur., several times in the day, and applied the compresses wet with it at night." The result was "that by forty-eight hours the swelling began to subside, and in eight days disappeared without a trace." Other cases are reported in which this treatment was equally successful.

Natural History of the Crotalus Horridus, or Rattle-Snake.

The CROTALUS (so called from the Greek *krotalon*—"a bell, rattle, or cymbal,") is a genus of serpents peculiar to America.

Description.—The head is broad, triangular, and generally flat in its entire extent; the eyes are very brilliant, and provided with a nictitating membrane; in some species of serpents the secretions of the lachrymal glands flow into the mouth as a saliva, and the animal sheds no tears. The mouth is very large; the tongue forked at the extremity; the body is robust, elongated, cylindrical, covered above with carinated scales; the tail is short, thick, cylindrical, terminating in the singular little bells which constitute the chief characteristic of this genus. These bells are described by Dr. Godman as truncated, quadrangular pyramids, received within each other in such a manner that only a third part of each is visible—the tip of every bone running within two of the bones below it. Thus they are united by a kind of ball and socket joint, moving with a rattling sound whenever the animal raises its tail. The number of rattles increases with age, an additional one appearing for each year, and being formed with the new skin, which supplies the old one thrown off at the preceding autumnal equinox. The noise they make when taken has been compared to that made by rumpled parchment, or that made by rubbing two goose quills smartly together.

Secondary Character of the Genus.—"No sternum, nor vestige of shoulder; no third eyelid nor tympanum; jaw so arranged as to permit a wide opening of the mouth; the two branches are not soldered, and can separate laterally; the tympanal bone to which they are attached is itself suspended to another bone articulated to the cranium; the two upper maxillary bones preserve also their mobility; besides the teeth of the jaws there is a double range in the palatine arches."—Good's "Animalium."

Specific Character of the Crotalus Horridus, or North American Banded Rattle-snake.—"A gland placed under the eye secretes a poison, and discharges it by a canal whose extremity opens into a duct or gutter, channelled in certain teeth of the upper jaw, called *moveable fangs*. The animal at will can conceal them in a fold of the gum; besides these, there are in the upper jaw two ranges of palatine teeth. Rattles at the extremity of the tail, as many as seven or eight, rarely ten. A small rounded pit behind each nostril."—Good.

The large rattle-snake of the United States is generally from four to six feet in length; and, where they have opportunity to grow to their full size, are as large as a man's leg. Bartram says, he has seen them as large as a man's thigh. Those we have seen are of a yellowish-brown color, and marked, (as described by Dr. Good,) throughout the whole length with transverse and irregular patches or bands of deep brown. "The rattle is placed with the broad part, perpendicular to the body, and not horizontal; and the first joint is fastened to the last vertebræ of the tail by the means of a thick muscle under it, as well as by the membranes which unite it to the

skin; all the remaining bones are so many extraneous bodies, perfectly unconnected with the tail by any other means than their curious insertion into each other."

The rattle-snake, like some other belligerent beings of a higher order, often gives threats and warnings when he does not intend to strike; but the warning is seldom regarded with indifference. Though the serpent only bites when provoked, and for the purpose of killing his prey for food, he never strikes till he is *sure of his mark*; and the woodsman, who hears the dreaded alarm-bell, holds his breath in consternation, as he does when he hears the "scalp halloo;" or sees the flash of an enemy's rifle.

The *moveable fangs* "constitute the most terrible weapons of attack met with in the animal creation. The poison-teeth are two in number, one fixed to each superior maxillary bone; when not in use, they are laid flat upon the roof of the mouth, and covered by a kind of sheath formed by the mucous membrane of the palate; but when the animal is irritated, or about to strike its prey, they are plucked up from their concealment by muscles inserted into the upper maxillary bone, and stand out like two long lancets attached to the upper jaw. Each fang is traversed by a canal, *not excavated* in the substance of the tooth, but formed by *bending the tooth upon itself*, so as to enclose a narrow channel, through which the poison flows. The canal so formed opens towards the base of the tooth by a large triangular orifice; but at the opposite extremity it terminates near the point of the fang by a narrow longitudinal fissure. The gland in which the poison is elaborated occupies the greater part of the temporal fossa, and is enclosed in a white and tendinous capsule; the substance of the organ is spongy and composed of cells, communicating with its excretory duct, by which the venom is conveyed to the opening at the base of the fang. The poison-gland is covered by a strong process of the temporal muscle, which is attached to a thin aponeurotic line. The greater portion of the fibres of this muscle take their origin from the capsule of the secreting apparatus, which they partially envelop, and then, winding round all the posterior part of the gland, and passing behind the commissure of the lips, the lower part of the muscle is firmly implanted into the lower jaw, far anterior to the angle of the mouth. The process of the temporal muscle, which thus surrounds the gland, is very thick and strong, so that it is easy to imagine with what force the poison will by this mechanism be injected into the wounds inflicted by the fangs—seeing that the same muscles which close the jaw at the same time compress the bag of venom with proportionate energy. Behind the large poison-fang in use, the capsule that encloses it generally contains the germs of several others, ready to supply its place, should the former be broken off; and in the event of such an accident, one of these supplementary teeth soon becomes consolidated with the superior maxilla, and adapted in all respects to take upon itself the terrible office of its predecessor."—Good, "*Crotalus Horridus*," p. 4.

Nostalgia—Home-sickness.

There are certain races and tribes of men in whom seems inherent strong desires of alternately going away from home and then returning to it; this latter yearning to return to their native land proceeds so far and becomes so intense that nosologists have considered it as a special form of disease, to which they have given the name *nostalgia*. The inhabitants of moun-

tainous countries have presented the world with the most striking examples of nostalgia. Thus :

"The intrepid Swiss who guards a foreign shore,
Condemned to climb his native cliffs no more,"

Remembers in a distant land the happy home of his childhood among the valleys of the Alps, and desires to return to live and die there. His mind dwells upon it with an increasing intensity till it becomes a deep-seated and inveterate disease—the "maladie de pays"—and he refuses to be comforted, as the captive Jews at Babylon "hung their harps upon the willows" and refused to sing the songs of Zion in a strange land, though that land was more beautiful than their own. The nostalgic patient "nurses his misery, augments it till it destroys his nightly repose and his daily peace, and ultimately devours, with more or less rapidity, his vital organs."

The origin of this peculiar longing of the natives of hilly countries to return to their native highlands, has been sought for in the native beauty of the scenery in which their early years were passed, "in the peculiar sense of freedom or liberty, and the feelings of exhilaration which the pure, bright, and cool atmosphere of highland countries induces, compared with the depressing effects of the lower lands. When the Scottish Highlander, far from his mountain home, hears a single strain of the Slogan, or the Swiss soldier the "Ranz des Vaches," the memories of the mist-covered cliffs, on which he was once happy, he is seized with an inexpressible desire, amounting almost to madness, to be once again and immediately at home. And the Swiss soldier, when far from the scenes of his childhood and his native cliffs,

"Perchance he hears those airs, those sweetly wild,
Which on those cliffs his youthful hours beguiled,
Melts at the long lost scenes that round him rise,
And sinks a martyr to repentant sighs."

Syphilis.

This disease was unknown to the Greek and Roman physicians, as no allusion is made to it by any of their medical authors, historians, or poets. All the modern authors who first described it, (collected by Luisinus, Astruc, and Girtanner) in the latter years of the fifteenth century, comment upon it as "morbus novus," "morbus gnotus." Peter Pinctor traces the origin of the disease to the time of the conjunction of Mars, Venus, Jupiter, and Mercury, A.D. 1483, at which time he thinks this disease must have originated; but Fulgosi dates it at October 1493; Sanchez and Hensler in 1493. Others contended that it originated in Hispaniola. It is certain, however, that it was first distinctly recognized, says Dr. Simpson, of Edinburgh, during the invasion of Italy by the victorious army of Charles VIII., of France, and it first broke out extensively at Naples, when the French took possession of that city in the spring of 1495. This army carried the disease with them to France, Switzerland, Germany, Flanders, &c. In 1497 it had reached Aberdeen, in Scotland. Six months later the new disease was made the subject of municipal regulation in Edinburgh. Infected persons were banished from the town to the sands of Leith "there to remain till God shall provide for their health." Those who took upon them the cure of the infected were banished with their patients, and if either should return to the city in violation of the edict, they were to be burned on the cheek with a branding iron. James IV., who was then king of Scotland, was much engaged in experimental researches after the philosopher's

stone, or the "quinta essentia," and was withal learned in the arts of medicine and surgery. In his practice of surgery he was more liberal than any philanthropist of our noble profession of these days. He not only bled his patients for nothing, but gave them eighteen shillings Scotch into the bargain. The record shows that his operations were not always successful. One woman with cataract was left entirely blind, for which a partial atonement was made by the usual eighteen shillings Scotch.

The experience of this king in the treatment of this disease is not recorded, but the sums of money given by him to patients affected with it are regularly set down to his credit.

Wm. Dunbar, the Scottish poet to the royal household, who preceded Burns by nearly three centuries, employed his genius in commemorating the coming in of the new plague. Gunbrecht and Brandt wrote in 1496, that the disease had already invaded France, Germany, and Britain. In 1502 the privy expense book of Elizabeth of York, Queen of Henry VII, shows that the benevolent lady paid a surgeon, for curing a certain mendicant of the French malady, the sum of twenty shillings.

Professor Simpson, from a historical review of the earliest notices of syphilis on record, arrives at the following pathological opinion:

I. "That syphilis was a species of disease new to Europe, when it first excited the attention of physicians and historians in the last years of the fifteenth century.

II. "That it is a species of disease distinct and different alike, *first*, From gonorrhœa; and, *second*, From Greek leprosy (with both of which diseases it has been occasionally confounded); for both of these maladies existed and were abundantly recognized in Britain long before the date of the introduction of syphilis.

III. "When the disease first broke out, it was regarded by physicians and the public as communicable, and constantly communicated from the infected to the healthy, by the employment of the clothes, vessels, baths, &c., used by those suffering with it, and by the slightest contact, or even breathing the same air with them. One of the gravest charges against Cardinal Wolsey, when he was arraigned before the House of Lords, in 1529, was, as given in the indictment: that 'the same Lord Cardinal, knowing himself to have the foul and contagious disease of the great pox broken out upon him in divers places of his body, came daily to Your Grace (the king), rowning in your ear, and blowing upon your most noble grace, with his perillous and infective breath, to the marvellous danger of your highness, if God, of his infinite goodness, had not better provided for your highness,'" &c., &c.

For many years after its outbreak sexual intercourse does not appear to have been suspected as the mode of its propagation; the primary affections of the several organs were not noticed as constant symptoms. Their attention was chiefly directed to the secondary symptoms, such as: The hideous eruptions on the skin, the ulcers of the throat, the exostoses, and nocturnal pains in the bones, &c. The rapidity with which it spread over Europe, led men to suppose that it travelled as an epidemic without waiting for the slow process of communication by contact. It was on the fourth of December, 1494, that the army of Charles VIII. entered Rome; they reached Naples on February 21, 1495, and evacuated the city on May 20. On the 24th, the Spanish general Cordova landed in Sicily. The battle of Fuornovo was fought on July 5. King Ferdinand returned to Naples the next day. The last remnant of the French army returned to France about the end of the following year. Within less than two years the Aberdeen edict was issued (April 23, 1497) only forty-eight days after

that of Paris, which was dated March 6. The disease soon swept off vast numbers of the dissolute princes and dignitaries of all countries. The emperor Charles V., Pope Alexander VI., kings and cardinals, princes and bishops, peers and priests, are recorded among its victims. Indeed, the manners of the dignitaries of every nominally christian country were so much worse than the masses were able to believe, that they stealthily transmitted this most loathesome of all diseases so rapidly from one city to another, that the malady itself was at first taken for a pestilential epidemic.—(*Lancet*, Feb., 1861, p. 170–172.)

Glaucoma.

TREATMENT.—This disease, previously regarded as incurable, has been treated with success by Von Græfe by the operation of *iridectomy*. J. W. Hulke, assistant surgeon to the London Ophthalmic Hospital, &c., has reported two cases thus treated. It is claimed that “the hardness of the eye-ball, the peculiar progressive contraction of the field of vision, the paralysed dilated pupil, the intense throbbing pain, the excavation of the optic nerve entrance, and the pulsation of the retinal vessels,” are consequences of “excessive tension of the eye-ball, produced by a super-abundance of fluid within it, which is probably exuded from the choroidal vessels and distends the vitreous humor.” The eye being an organized living tissue, having a locular or cellular arrangement, the distention of its loculi with a dense fluid, as serum, would give the whole tissue an unnatural rigidity and stiffness. The fluidity of the organ, which occurs later in the disease, depends upon the breaking up of its dissepiments, when it shares the atrophy which finally involves all the ocular structures.” Von Græfe long ago demonstrated a flattening of the cornea in this disease, “by comparing the size of the image which the flame of a candle forms upon the glaucomatous cornea with that which it forms upon the healthy cornea of the other eye;” it is “immediately apparent that the glaucomatous cornea furnishes the larger image, proving that its outline has a larger (flatter) curve.”

“The excavation of the optic nerve entrance” is explained in the Jacksonian prize-essay on ‘Diseases of the Retina,’ Dec. 1860.—(Archiv für Ophthalmologie.) It is there shown, “the optic nerve entrance constitutes the weakest, the most yielding point in the fundus, where the first visible effects of excessive pressure would naturally be expected.”—*Medical Times and Gazette*, Sept. 1, 1860.

Uræmia.—Uræmic Poisoning.

In Nov., 1860, Dr. Richardson read a paper on this subject before the Medical Society of London, in which the following points of interest are presented:

DIAGNOSIS.—The pupil is usually fixed in uræmia, and, in most cases, is dilated, though in one case it has been seen contracted to a pin's point. Frerichs has said that there is evidence of excess of ammonia in the breath during the acute attack, but this is not universal; for, in persons suffering from kidney disease, and in whom uræmia is a probable occurrence, the breath at the best of times is charged with ammonia to an extent greater than is normal. In these cases the lung is supplemental to the kidney, each organ trying to eliminate all it can of the accumulating poison. If such a patient takes congestion of the lung, the elimination from the lung is

suspended, and then the uræmic symptoms advance. In some examples the suspension of the secretion from the kidneys is sudden, and uræmia suddenly follows; and the breath becomes suddenly ammoniacal. Another characteristic of the coma from uræmic poisoning, as distinguished from that by poisonous doses of narcotics, is that the patient under the former will often rally and regain all his consciousness for a time, sinking again into forgetfulness, and even dying unconscious in the end. The poison may not be simply *urea*; it may be some combination of ammonia into which carbon enters, as the carbonate.

In a forensic aspect the study of uræmia is important. There have been cases, where death has been supposed to occur from very small doses of Opium or other narcotic. In such cases the cause of death may have been uræmic poisoning, and the supposed idiosyncrasies that were supposed to consist in extreme susceptibility to the deleterious action of Opium was intimately connected with renal disease.

Concussion of the Brain.

PATHOLOGY.—In concussion of the brain, as soon as the blow which strikes the skull has caused the symptoms of concussion, the physical disturbance of the brain, whatever it may be, has been produced, and the continuance of the symptoms must depend on the continuance of the structural or molecular disturbance. But the actual condition of the brain is not known, and has received no explanation. The symptoms may last from some days to as many weeks. The pathological condition of the brain, in a state of concussion, has been little understood. It can hardly be, that a long continuance of the usual symptoms of concussion can be caused by any temporary disturbance of the vascular system of the brain. It is more probable that they "depend upon something more intimately associated with the structure of the brain itself. The most appropriate physiological term for concussion of the brain is, perhaps, 'collapse' or 'shock;'" and "that the function of the part is rendered very imperfect, is evinced by the insensibility of the bruised skin and its coldness or diminished temperature." (HILTON.)

TREATMENT.—As in external bruises and shocks to parts of the surface, we rely chiefly on rest giving the best opportunity for the favorable employment of nature's own efforts, the same means are our best reliance in concussions of the brain. "Give the brain absolute rest; rely on nature's reaction," only aiding it by such homœopathic remedies as have been proved to have power to aid the reactive powers of nature. One system, long ago tried, consisted in depletion, which has been now fully abandoned; another, equally bad, more recently in fashion, consists in "hurrying on reaction by excessive stimulation with brandy or Ammonia." The brain which has been violently shocked by concussion, is "defective, if not in structure, certainly its vital endowments, and is, therefore, unequal to its ordinary duties. It recovers itself slowly; it then soon becomes fatigued from use; overstimulation leads to inflammation. The brain requires absolute rest, absence of occupation, for its complete recovery; as external parts that have suffered from severe contusion, and have apparently recovered from the immediate effect, if too early or too much used, will become painful and assume a chronic inflammatory condition, resulting in local thickening or ulceration, so that the brain, though it may not manifest its disturbance by pain, is still more liable to go into some more serious condition of disease from excitement, stimulation, or want of due rest.

Many of the chronic affections of the brain we meet with in practice, are the result of concussion, perhaps trifling, a transient *shake* of the brain, slight or severe blows, or a fall upon the head. The *immediate* effects of the shock having passed off quickly, may have almost been forgotten. A sudden bound or recoil of the brain may instantly follow railway collision: and may produce only a temporary confusion of thought, to be remembered for a short time only. But we often hear of sudden deaths following at a long interval after a concussion of the brain. We may then consider that the brain that has been subjected to concussion or bruising, is not necessarily accompanied by laceration of the brain or extravasation of blood, but as having suffered molecular disturbance in its exquisitely delicate structure, this structure having a function belonging to it, which requires molecular perfection to enable its fine endowments to be made manifest. Now, since we know that other parts of coarser texture require weeks, or even months, of rest after injuries, before their functions can be fully performed, we must not deny to the delicate texture of the brain a period of *rest* as long or longer before we again impose upon it the performance of its ordinary functions. Rest is the chief nurse employed by nature in restoring to health the body after injuries.—*Hilton, Lectures on Pain.* 1860.

Concussion of the Spinal Marrow.

A common case is thus described:—A gentleman falls, without violence, with his back upon the hard ground or soft turf. There is no mental confusion, no cerebral disturbance—he feels a transient, peculiar sensation, called pins and needles, in his hands and feet; he gets up, walks or rides home, feels little or no inconvenience, makes arrangements for the morrow; but in the morning is unable to get up, because he says, he is in pain all over; he feels sore and stiff, just as if he had been bruised, making it painful for him to move his limbs.

Now, what is the pathology of this case? It is possible that the spinal marrow, obeying the law of gravitation, may, as the body falls, precipitate itself in that direction—may fall backwards towards the arches of the vertebra, and be itself concussed in this way; or the little filaments of the sensitive and motor nerves, which are delicately attached to the spinal marrow, may for the moment be put in a state of extreme tension; because, as they pass through the inter-vertebral foramina, they are fixed there by the dura mater, and if the spinal marrow be dragged from them, the intermediate parts must necessarily be put upon the stretch, producing at the same time the “pins and needles sensation.” This patient has not caught cold, has no rheumatism; nor has he been bruised, or received any blow where the pain is felt. The stiffness he feels is not the result of *local injury*. The sensitiveness of the surface, which creates pain on being touched, and the stiffness which he experienced are the result of some structural disturbance of the motor, as well as of the sensitive nerves, or of some mischief in the interior of the spinal marrow; but the precise nature of this mischief is not always ascertainable. When the spinal marrow has been impaired by a blow, or direct force, or by a shake, or by a to-and-fro movement, as occurs in railway collisions, the spinal marrow is protected by the long and substantial textures around it; but there is still some immediate deterioration of function, and this is to be attributed to the *shock*; and the appropriate treatment will be directed according to this idea:

The first point in the treatment is the enforcement of *perfect rest*. It has been supposed that the best way to get rid of the effects of a concussion of

the brain or spinal marrow is "to walk it off." A gentleman at Epsom, had a fall upon his back from the giving away of a scaffold. When he fell, he experienced the sensation of pins and needles in his legs. He was a most energetic man, he immediately set off and ran six miles, as he said he had been before told to do. In a short time he began to have spinal marrow symptoms, which resulted in complete paraplegia, which was never cured. If he had given nature a fair opportunity by immediate and complete rest, he would no doubt have recovered. The opposite course, exercise immediately after the shock to the spinal marrow, leads to inflammation and softening of the spinal marrow, which remains incurable.

Soldiers who have suffered some spinal concussion, and have continued active exercise, without necessary rest, have experienced, on resuming ordinary duties, some little difficulty in walking. In a few days, or a week or two, the legs become feeble; there is a little jumping of the legs at night on going to sleep, some sense of coldness in the limbs, slight dullness of sensation on the surface of one or both limbs. Perhaps he is taught to be a malingerer, and is ordered by the surgeon to increase his exercise; this adds to the exhaustion of the spinal marrow, and the plan, if persevered in, leads to paraplegia, which might have been avoided by continued rest for a sufficient length of time. Some patients only recover from spinal injuries after many months, or a year or two of perfect rest. In other cases the recovery is rendered incomplete by persistent loss of sensation, or wasting of some part; and this persistent loss is supposed to be connected with some distinct defect of structure in some minute filaments, either of the spinal marrow or the nerves themselves.—*Ib.*

Scrofulous Inflammation of the Synovial Membrane of the Joints.

In joints we meet only with different examples of the connective tissues,—bone, cartilage, synovial, areolar, and fibrous tissues. A connective tissue may be said to consist of "a number of cells still retaining their nuclei, round each, or each group of which, a quantity of tissue material is collected; the quality of the tissue is derived from the consistence and constitution of the inter-cellular substance. Thus the cells of cartilage, bone, fibrous, and areolar tissue, have probably the same proteine contents, but are surrounded, the one by chondrine in a solid form, the other by lamellated bone material, the third by gelatine in a fibrillated arrangement, and so on. The function of these tissues is not vital but mechanical; the inter-cellular substance, therefore, whereon the function depends, has no vital constitution, but each district or band is dependent upon its own cell for its support. The nutrition of these tissues is kept up by the selecting and organizing quality, their repair by more abundant multiplication, their absorption by excessive generation of the cells. Thus it is that the connecting tissues are capable of repair by like material through fresh formation of cells, which, by the law of organic descent, develop similar tissues. The means of this repair are the simplest form of the inflammatory process, as we see in the union of a wound by the second intention."—BARWELL. *A scrofulous synovitis* is, in its first characteristics, not essentially distinct from another slow inflammation of that tissue,—but the difference lies in the indisposition to

further development. If there have been a breach of tissue from a wound, the gap must be filled up by cell-generation, which in such a case is called granulation. As long as the patient remains in a good state of health, the older cells—that is, those of the deeper layers of this formation—assume the fusiform shape, and become gradually changed into the fibrous material, which forms the scar; but, when the health begins to flag, the granulations do not change in that manner, but the cells remain, generally round, increased unduly, and form those large flabby exuberant growths, which require repression, caustic, or other means to stimulate them to healthy action, and to keep down their generative tendency.

On this principle we distinguish between the healthy and strumous synovitis. In the former the membrane and sub-synovial areolar tissue generate cells, which if the constitution be good, form new fibrous tissue, causing some thickening, and only to slight degree interfering with the action of the joint. In the latter cells also are generated; but, instead of making fibrous tissue, they remain in the form of spongy granulation tissue, and produce that class of disease which Sir B. Brodie has named “Morbid change of structure of the synovial membrane.”—Dr. Barwell, *Lancet*, 1860, p. 208.

TREATMENT.—We have treated several cases of this disease, in some of which we tried some of the usual local measures, long ago recommended. More recently we have relied on homœopathic treatment alone; the following is our latest experience:

An engineer, of middle age, scrofulous constitution, subject to hæmorrhage from the lungs, bleeding hæmorrhoids, scrofulous swelling and supuration of the glands in various parts of the body, and a constant sufferer from the effects of several full mercurializations in the course of his life, presented *scrofulous synovitis* of the knee-joint in the month of July, 1861. The inflammation was excited by a fall from a high bench, during which the patient attempted to save himself by lighting on his feet; but, on striking the floor, the left foot struck upon a block of wood, and the shock given by the weight of the body produced a sub-luxation of the knee. Inflammation immediately commenced in the synovial membrane of the joint, but it was of a scrofulous character; and, though painful and much swollen, there was no redness or heat of the skin. The patella was elevated by a dropsical effusion beneath it, which felt like a bag of cold water, filling and distending the cavity of the joint to a large size.

The treatment consisted only of the local application of Arnica, largely diluted, and the internal use of Arnica, third dilution, for a few days. In three or four hours the pain had chiefly ceased, when the limb was at rest. But circumstances did not permit the continuance of rest, and inflammation was necessarily renewed on every effort to use the limb. The patient, however, gradually commenced standing on it, then walking; and in two or three weeks, he was again engaged in managing the steam engine, running up and down stairs, and taking long walks, as before the injury. The inflammation of the synovial membrane has only gradually subsided, and the tumefaction seemed to be removed under the persistent use of Kali-hydriodicum, third trituration.

In all cases in which serious disease originates in trifling injuries we rely upon constitutional treatment to correct the general condition. A common error in the treatment of psoric, as well as scrofulous affections, consists in giving the *proper* remedy in *improper* doses. Neither Iodine, nor the Iodide of Potassium are specifics in *any* dose for *scrofulosis*; but they are both capable of aggravating it, and, in an attenuated form, they are highly important remedies.

Diabetes Mellitus, complicated with Piarrhæmia, or Fatty Substance in the Blood.

Dr. Coote of the Middlesex Hospital, London, on reporting one case and reviewing the authorities on this disease, concludes:—1. That piarrhæmia consists in an excess of saponifiable fat in the blood, not in the mere liberation of fat in its combinations. 2. The excess of fat in the blood may be the result: *a.* of the excessive ingestion of fat (as in piarrhæmia during digestion); or, *b.* of the diminished elimination of the same (as in hybernation and pulmonary diseases). It is not quite clear to which of these categories alcoholism belongs. It is *conceivable* that its elements may be *directly* converted into fat by deoxydation; but it seems more probable that the conversion is effected *indirectly*—the hydro-carbon of the alcohol attracting to itself the free oxygen, which would otherwise have been employed in the combination of the fats of the food, and so permitting the accumulation of the latter in the blood. 3. Fat, if directly ingested, may enter the blood with the chyle through the thoracic duct; but it is clear from the present case that it may also be elaborated in, and absorbed directly from the liver. 4. Piarrhæmia is not a *result* of diabetes mellitus, for either may exist without the other; both seem to be the consequences of the same derangement of the functions of the liver, which over-loads the blood sometimes with excess of sugar alone, sometimes an excess of sugar and fat combined. Why the liver should deal so differently in different cases, with hydro-carbons submitted to its influence, it is hard to say. It seems not improbable that sugar alone is elaborated in the first instance, and that the excess of fat is the result of de-oxidation of this substance; for the conversion of sugar into fatty substances is not only capable of being effected experimentally (as in the production of butyric acid by fermentation of sugar under the influence of caseine), but has been shown to take place in the animal economy, in the formation of wax by bees fed only on sugar (Miller's "Chemistry," Vol. III., p. 738). 5. The pathology of blood, milky from molecular albumen, must be considered as still almost wholly negative. "It is probably never an independent affection; but neither is it a mere accidental consequence of piarrhæmia. Its apparent relation to albuminuria seems to point to some organic change in the constitution of the plasma of the blood itself.—*London Lancet*, Nov., 1860, p. 411.

Tetanus.

PATHOLOGY.—No pathological changes have been noticed in the brain or spinal cord which can be said to be the cause or consequence of the disease. It has been called “functional disease of the spinal cord” for want of a better name. In *traumatic tetanus* the minute nervous twigs have been discovered diseased at the seat of the wound. Mr. Erichsen (*On Tetanus, Lancet*, Vol. I., 1859, p. 355) says: “There is in traumatic tetanus always a certain condition of the nervous system to be met with, if carefully looked for—namely, an unhealthy state of the nervous branch, or twig, running from the wound. This twig will be found implicated in some way—congested, inflamed, infiltrated; its neurilemma thickened, softened, and discolored, often for a considerable distance from the wound. I have never failed to find this when it has been carefully looked for.” In one instance (which is quite common) a cutaneous branch was found lying bare, and inflamed in the bottom of the issue-wound. The issue commences in a minute nervous twig, and by reflex action those powerful changes are effected which characterize the disease.

TREATMENT.—*Woorara* has lately been brought into notice as a remedy for tetanus. Mr. Lloyd, of St. Bartholomew’s Hospital, tried it in the case of a boy, aged ten years, attacked with trismus seven days after inflammation of the left great toe from a contusion. The genuine *Woorara* was introduced hypodermically every fifteen or twenty minutes,—beginning with one-twentieth of a grain, and gradually increasing the dose, until a grain had been injected two or three times, to six grains in all. Though the spasms were diminished, and the boy able to swallow, and the spasms did not come on after drinking; but he suffered so much from the puncturing of the skin that the treatment was discontinued, and the boy died the next day.

Among the remedies to which the cure of individual cases have been attributed are: Tobacco, Nicotine, Aconite, Atropine, Belladonna, Conium, Henbane, Cannabis-indica, Opium, Camphor, and stimulants. Dr. Williams gives a case cured by means of 110 bottles of port wine in forty-two days. Mr. Hott cured a case with two gallons of brandy in eight days. Mr. Simon cured a case at St. Thomas’ Hospital in 1858 with *Nicotine*. Patients have been cured by division of the trunk of the affected nerve high up in the limb, so as to get beyond the sphere of local irritation. This is not always practicable, and, when tried, has sometimes failed, (Mr. Ferguson, of King’s College Hospital, *Lancet*, Nov., 1860, p. 412).

Aconite.—A case at the Middlesex Hospital recovered under the care of Mr. De Morgan, treated with *Aconite*. A boy, aged fifteen, trod on a rusty nail, which pierced the thin shoe, and penetrated the ball of the foot. The nail was extracted; the wound bled but little, and healed in a few days. On the seventh day stiffness commenced in the neck and lower jaw. He entered the hospital on the seventeenth day with well-marked rigidity of the muscles of the neck and jaws; abdominal muscles tense; pain in the back and neck; sleepless for two nights; bowels natural; perspiring, pulse 80, moderately full. A hard cicatrix in the sole of the foot was excised. Strychnine in doses of one-tenth, and then of one-twentieth of a

grain was tried; but the spasms increased. There were twitchings in the thighs, great difficulty of respiration, finally severe episthotonos. On the twenty-first day of the case tincture of Aconite was given, five minims every two hours; then eight minims. This continued seven days; dose then every four hours; and next day every six hours. The diet throughout was the most nourishing that could be taken—strong beef-tea, brandy, &c.; occasional turpentine injections. The symptoms began to diminish in severity immediately after the Aconite was given, and progressed gradually, though slowly. First the general spasms and episthotonos ceased, then the convulsive twitchings of the extremities lasted for two or three days longer. By the thirty-second day he could sit at the table, and separate his teeth half an inch; ate and slept well; expression of the face almost natural. Fifty-third day,—can walk about; some stiffness still of the muscles of the jaws.—*Lancet*, Nov., 1860, p. 414.

Mr. Abernathy, having seen a man at St. Bartholomew's Hospital recover under active purging with Calomel and Jalap, from tetanus that followed a wound in the hand, from that time forward recommended in his lectures active purging with Calomel and Jalap in all cases of tetanus. But among all the cases that have since been treated in this manner it is hardly possible to refer to another successful case. And there is not at present any one agent that commands general respect among physicians,—sedatives, anti-spasmodics, counter-irritants are nearly given up as useless; amputation of the affected limb, though in an occasional case it seems to be successful, has much more generally failed. Great expectations were excited on the discovery of Chloroform, and temporary benefit has often appeared to accompany its use. It does often "allay the spasm and concomitant pain, lower the pulse to nearly its natural standard, restore the normal respiration, and recall the ordinary expression to the distorted features." Even this much is something in disease of such frightful appearance and suffering; but, "while it thus draws a temporary mask over the symptoms, it allows the under current to flow with an insidious but certain force till it reaches its crisis in death." Mr. Skey, of St. Bartholomew's Hospital, reports a case in which Chloroform reduced the pulse of 130, and the accompanying rapid breathing, and the spasmodic condition of the muscles, "to the standard of health for a period of some eighteen hours, with the single interval of about half an hour, during which time the agent was suspended, when all the symptoms instantly returned." Such cases show something of the nature of the disease, but present nothing hopeful in its treatment.

Epilepsy.

TREATMENT.—All efforts to remove this disease by reducing or "lowering measures" have failed, and modern researches have only shown that "the great desideratum in every convulsive affection is a more vigorous circulation and a purer blood, and that the remedies to be sought after will be those which bring about these changes."

Diet.—The stomach should not be overloaded; but it can never be allowed in confirmed epileptics to be entirely empty, without some risk of an attack. As a rule also stimulants of some kind are in many cases serviceable. Claret is perhaps the best of the wines, though sherry may often answer; strong wines or ales. Coffee seems better than tea,—it is better taken early in the day.

The bowels should be kept in proper condition, but only by use of appropriate homœopathic remedies,—never by use of purgatives, which greatly debilitate the spinal centres. Exercise of the right kind is beneficial; but it should never be carried far, as an approach to fatigue immediately brings on an attack. Epileptics require much rest. A review of the medical treatment will be given in the next number.

Hæmorrhoids.

TREATMENT.—*First*, consider the nature of the psoric or “miasmatic infection,” which may have originated the disease—as herpes, scrofula, sycosis, syphilis, &c. *Second*, the local symptoms of the individual case. *Third*, the functional lesions which follow in its train.

All remedies that have hitherto cured this disease are also capable of causing it. Dr. Gillett, in reviewing them, says of

Sulphur.—It corresponds with most of the symptoms of the disease:—fullness and tearing in the rectum; burning, stinging, &c., in the anus; prolapsus ani; hæmorrhoids, both blind and bleeding; constipation, diarrhœa.—*Revue Hom. du Midi*, 1849.

Calcarea-Carbonica.—Hæmorrhoids which bleed profusely, are protruded in knobs, and become painful in walking, relieved by sitting down; protrusion and forming a bunch externally, on evacuating the bowels; constipation; disposition to determination to the head, when the hæmorrhoidal flow of blood is arrested; hæmorrhage in females having menses too early and too profuse.

Kali-Carbonicum.—Constipation, owing to inactivity of the rectum; passage of the fæces difficult, owing to their bulk; the knobs bleed and swell during a stool, or when the urine is passed.

Acid Muriatic.—Prolapsus recti when urinating; swollen, blue, protuberant knobs, very painful to the touch.

Phosphorus.—Hæmorrhoids appear simultaneously with chronic relaxation of the abdomen, in which the sphincter ani is relaxed; the stools mucous, liquid, and passed involuntarily.

Acid Nitric.—Old hæmorrhoids, particularly after the abuse of Mercury, with remains of condyloma and syphilis.

Thuja.—Excrescences on the skin, or sycotic affection, remaining after the local symptoms have disappeared spontaneously, or been driven away by local means. *Characteristic Symptoms.*—Feeling of pressure on the hæmorrhoids, with compression; swollen knobs, which protrude much; tenesmus; itching, burning in the anus.

Carbo-Veg.—Constant bleeding at every stool, with burning and itching in the anus; great swelling of the tumors, and lancinating pains in the thighs.

Cauticum.—Constipation, with effectual efforts of defecation, when the knobs impede the passage of the fæces; the pains are aggravated by walking, and especially by mental labor.

Graphites.—Feeling of weight in the abdomen; chronic constipation, with hardness in the region of the liver; hard knotty stool, with discharge of mucus and blood; pains in the hæmorrhoidal knobs; prolapsus recti, without straining, as if the sphincter were paralyzed; watery leucorrhœa at the time of menstruation.

Sepia: *Its Sphere of Action*.—It operates especially on the portal system, by retarding the circulation, and causing an over-loading of the vascular system with venous blood—a plethora venosa and a state of depression.—MEYER.

Sepia.—Contracting pains in the rectum, running along the perinæum, with exudation of fluid from the anus; prolapsus recti at stool, with induration of the knobs.—GILLET. Acting primarily on the splanchnic nervous system, it induces an overloaded condition of the portal system of vessels. The blood corpuscles lose the power of separation, and, becoming reddened by oxygen, its quantity is increased and deteriorated in quality by the useless and effete corpuscles that remain behind; it becomes blackish red, like venous blood, or metallic.—Meyer, *Homœop. Viert.*, &c.

Arsenicum.—Burning pains in the knobs at night; diarrhœa and bleeding, attended with violent burning.

Gout. By MR. CANTON, of the Charing Cross Hospital.

PATHOLOGY.—Concerning the nature of the calcareous degeneration in the arteries of gouty subjects, Dr. Garrot says (“On the Nature and Treatment of Gout,” London, 1859, p. 246): “I have carefully examined those found on the valves of the heart, and the atheroma from the aorta of several gouty patients, having extensive chalk stones, but have always failed to discover the least trace of uric acid; but the tabular crystals of cholesterine were often present in such matter.” He remarks (page 510): “To consider the calcareous deposits as a proof of gouty inflammation, is altogether an error; for I have shown that in gouty subjects, with concretions of urate of soda in nearly all the joints, the deposits from the aorta were of a different character—consisting either of phosphate or carbonate of lime, or of cholesterine and fatty matter.”

Calcareous degeneration of the arteries has long ago been observed. Mr. H. Watson (“Medical Commentaries,” Vol. 1. 1782.) found, in the body of extremely gouty subjects, the thoracic aorta healthy; but this vessel in the abdomen was ossified from the diaphragm to the iliacs. Morgagni (Vol. II., p. 619.) gives the case of Cardinal Cornelli, who died in his sixty-fourth year from metastasis of gout to the heart. He was exceedingly corpulent. After death, the gall-bladder was found to contain a calculus; the right kidney contained eleven calculi, most of them of considerable magnitude. The cartilages of the trachea were hard; the aorta was somewhat dilated in the thorax, and in its course through the thorax and abdomen some ossification had taken place. Dr. Saunders, (*Edinburg Medical and Surgical Journal*, Vol. XXX., p. 267.) describes the case of a baronet, who died in his sixty-fifth year, and who been “the subject of severe paroxysms of gout and solisties for many years.” The coronary arteries of the heart were completely ossified, and the inner surface of the aorta also exhibited ossific formations in different stages. Dr. Cheyne says of one gouty subject, aged sixty years, that “the aorta was studded with steatomatous and earthy concretions.” The post-mortem examination of George IV., King of England, whose habits of life, frequent attacks of gout, great corpulence, during the latter years of his reign were matters of notoriety, revealed the effects of gout on an exten-

sive scale. It was found that the "three semilunar valves at the beginning of the aorta were ossified throughout their substance, and the inner coat of that blood-vessel presented an irregular surface and was in many parts ossified." Signed,—Henry Halford, Mathew John Tierney, Astley Paston Cooper, B. C. Brodie.—*The Times*, July 2d 1830.

CAUSES.—"Health and long life are usually blessings of the poor, not of the rich; and the fruits of temperance, rather than of luxury and excess. And, indeed, if a rich man does not in many things, live like a poor one, he will certainly be the worse for his riches; if he does not use exercise, which is the only voluntary labor; if he does not restrain appetite by choice, as the other does by necessity; if he does not practice sometimes even abstinence and fasting, which is the last extreme of want and poverty; if his cares and his troubles increase with his riches, or his passions with his pleasures, he will certainly impair in health, whilst he improves his fortunes, and lose more than he gains by the bargain; since health is the best of all human possessions, and without which the rest are not relished or kindly enjoyed."—Sir Wm. Temple's "Works," London, 1770, Vol. III., p. 278.

Meeting of the Central Society of the Homœopathic Physicians of Germany, on the 9th and 10th of August, 1861, at Leipzig.

THE meeting began under the presidency of Clotar Müller. There are about 190 members. The society possesses a capital of 6800 Prussian dollars. On the second day—Clotar Müller again in the chair—Mayer related the splendid cure of a lupus on the lower eyelid by Apis, 6. A few months afterwards lupus showed itself again on the ala nasi, but Apis was now of no avail. Kirsch remarked, that Apis is not indicated in lupus; but Apis stands in a closer relation to the eyelid, than to the nose. A free discussion on dysentery followed. Forster praised Mercurius. Sorge finds Corros. curative only in those cases of inflammatory dysentery, where the swollen gut can be felt through the integuments, and with severe pains. Patzak gives in the beginning Dulcamara and Rhus, alternately. Schweikert, in prevailing symptoms of the rectum, Aloes. Kafka remarks, that Aloes might readily cure a proctitis, but in the inflammatory state of the whole colon, Aconite is indicated at the beginning, then Mercurius, and, when ulcers form, Sulph. and Hepar-sulph. Patzak mentioned also Bellad., in the inflammatory stage, and Kirsch Acid-nit. and Veratr., according to different epidemics. This genus epidemicus was also mentioned by several others, especially Lorbacher, who found Apis effective, when Merc. entirely failed, several years ago. Meyer mentions Colocynth indicated in severe colicky pains, with little pressing on the rectum. Sorge agrees to it, mentioning the quick cure of such a case, characterized by continued desire for Coffee. In light cases of a catarrhal dysenteric epidemic of 1860, he used Cantharis effectually. Trinks praises Merc.-sol. in the inflammatory stage of dysentery, but finds Corrosivus injurious; Colocynth has colicky pains with great tenesmus; in later stages Nitri-acidum is suitable; Hepar-sulph. and Ars. in ulcerations; Colchicum is no real dysenteric remedy; Arsenic, in burning pains with great collapse and emaciation. An old chronic case, originally from East India, and not cured in England, was ameliorated by Corrosivus, but perfectly cured by Nitric-acid.—BORCHERS.

Freitag related the results of a poisoning case by Nitric-acid, and Clotar Müller found it very interesting in this case, that the mouth and pharynx

showed very little erosions, the ileum perfectly healthy, and only in the colon was a state perfectly resembling dysentery.

Trinks spoke very interestingly on scorbutus. The plastic exudations, giving a board-like hardness and the bleeding only from ulcers are to him essential differential symptoms from morbus maculosis Werlhofii. Two cases were cured by Merc. Kafka relates a stubborn case cured by an electuarium of *Carbo ligni tiliæ*. Forster cures all his cases in the Gœrlitz jail quickly and safely with hot baths. Schneider mentioned two interesting cases—one of an indurated ovary, cured by Conium, 6, and a sudden perfect loss of vision, without any pain whatever cured radically by Belladonna.

The usual dinner and mutual exchange of photographs closed this pleasant meeting, to meet next year at Nürnberg, with Dr. Grauvogl in the chair.—*Hirschel's Zeitschrift.* W. SORGE.

Pathology of Scorbutus—Scurvy. By DR. STEPHEN R. WARD,
of the Dreadnought (Seaman's) Hospital.

Although this disease has been considered as almost annihilated from modern naval service, under exceptional circumstances it occasionally occurs again, as it has in some of the recent polar expeditions. Sir L. McClintock gives a melancholy narrative of the sufferings of Lieut. Hobson, of the expedition in search of Sir John Franklin. Scurvy is still common in the merchant service, though the mortality is not now generally great. In 1859, of 172,506 seamen, who sailed from England, there were only 37 deaths from scurvy.

DIAGNOSIS.—To the practical eye the external aspect frequently reveals at once the internal derangement. There is soon a "smooth or contracted brow, the passive or acting nostril, the parted or compressed lips, the dull or brilliant eye, the many shades of color, the expression derived from mental action, intermingled with that resulting from perverted organic function." As in consumption the brilliant eye, and pale or hectic flushed face alone might reveal the story of fatal disease; in Bright's disease the puffed, waxy aspect of the victim are strongly characteristic; in pneumonia the general capillary injection of the face is almost a sufficient diagnostic; amenorrhœa revealed in the chlorotic aspect; the sufferer from ague betrays the locality of his residence by the sallow anæmic complexion and wearied look. Scurvy has also its peculiar characteristics;—the face of the patient reveals deficiency, as well as depravity of blood; it is sallow, dingy, earthy, and sometimes appears dirty; the conjunctiva is clear and transparent; the eye unusually bright, with dilated pupil, and bloodless lips; the countenance is generally passive and devoid of expression, though in severe cases expressing a sense of dread. In some cases the gums are so much enlarged that there is a visible projection of one or both cheeks. The smell of the breath is highly offensive—peculiar to this disease, but nearly resembling the smell of animal substances in a state of putrefaction. The sloughing state of the gums, when present, scarcely aggravates the offensive smell. The margins of the gums are spongy, forming a hypertrophied mass, projecting between the teeth, and much inclined to bleed; their color varies from deep red to a livid blue or black, which contrasts strongly with the pale anæmic appearance of the lips, tongue, and inside of the cheeks; the teeth are often loosened by ulceration and even sloughing of the gums; the tongue usually presents a clean surface. The patient is generally found lying on his back, his head rather depressed, as in that position the weakened heart can best do its work; the bed-clothes are sometimes elevated by the raised contracted knee. The surface of the body gives evidences of the damaged condition of blood in the

exudation of its constituents—the blood discs, the fibrin, and more rarely the serum. The colored corpuscles are extravasated in the form of small hæmorrhagic, purpuric spots, from a small point to a large pea, of a vivid claret color, or larger bruise-like stains, commonly found on the lower extremities, of a size from that of a crown-piece to that of the length of a whole limb, and commencing around cicatrices of old wounds. Effusions of fibrin take place on different parts, especially on the lower extremities—the fibrin being poured out beneath the skin, or between the tendons and bones of the knee or ankle-joints, and fixes them as in a splint; when in the popliteal space the effusion produces the characteristic contraction of the knee-joint; beneath the skin or around the muscles it makes the fleshy portion of the thigh or leg indurated, and it resists pressure as bone; on the surface of the tibia, or of other bones beneath the skin, the effusion gives rise to node-like swellings, which are often tender, and resemble those of syphilis, except in their not being accompanied with exacerbation of the pain at night. The skin is firmly adherent to the effused fibrin, cannot be pinched up, and is generally of a brownish hue, and every part in which the fibrin is effused is painful and tender. In some cases there occur passive hæmorrhages from the nose, the mouth, or intestines—seldom, if ever, from the lungs, stomach, or bladder.

A tendency to fatal syncope is a very striking feature of scurvy. Scorbutic patients, not particularly reduced in strength or emaciated, may, on a sudden over-exertion—as on rising to the erect position suddenly—sometimes fall down in a swoon, from which they do not recover. In one instance, on board the *Dreadnought*, says Dr. Ward, a man in the prime of life, in fair condition of flesh and apparent strength, “had been chatting in a loud and cheerful tone of voice, when, on suddenly rising from bed to the night stool, he fell down in a state of syncope; and before the medical attendant could reach him, he was dead.”

GENERAL SYMPTOMS.—The appetite in cases of scurvy is usually good; alvine evacuations healthy in general, though in some cases there is diarrhoea. The stomach had not been found to present any material departure from a state of health, either in specific gravity, alkalinity, acidity, or freedom from albumen. The patient is liable to be sleepless at night, but has but little disturbance of intellect. In bad cases the pulse becomes very rapid, even as high as 130 or 140 per minute. There is some heat of skin, with febrile excitement and free perspirations at night—a constitutional condition approaching to that of hectic,—and these symptoms usually indicate fibrinous effusion. In milder cases a dry and harsh skin has been given as a characteristic; emaciation not generally great, even in extreme cases.

PROGNOSIS.—Of the cases under good medical treatment not more than one in a hundred die.

PATHOLOGY.—The blood of scorbutic patients is deficient in red corpuscles, and superabounds in fibrin. The former has been found to be reduced to forty-eight parts in a thousand, and the latter increased to three times its normal quantity. A microscopical examination shows some of the blood corpuscles “shrivelled or ellipsoidal in appearance.” In a case already mentioned, of sudden and fatal syncope; the heart was found very pale and flabby; lungs healthy; some effusion of serum into the pleura, no traces of inflammation; abdominal viscera deficient in blood; corresponding to external bruises of the tibiæ, and on the inner sides of the calves, there was extensive extravasation of blood into the subcutaneous cellular tissue. Other subjects exhibit extreme anæmia and prostration, projecting ulcerated gums, ecchymosis on the surface of dependent parts, &c. In another case Mr. Bask, of the *Dreadnought*, found the belly of the gastrocnemius muscle enveloped in a sheath of fibrin, a third of an inch thick, distinctly vascular—showing

the texture to be a product of modified nutrition, becoming organized. Dr. Budd examined a scorbutic node on the tibia: "On cutting down over the tibia, he found under the fascia a small layer of coagulated blood, but no sensible extravasation of the size, and no injection of the clot. On cutting deeper the periosteum was found separated from the bone for the length of six or seven inches by solid fibrinous effusion, or clot of chocolate color, and a line or two in thickness. On the periosteal and osteal surfaces of this clot there was a slight extravasation of the size, but the clot itself was beautifully injected." The periosteum was itself thickened and infiltrated with blood, and when gently stripped from the clot, many vessels in form of threads were seen to pass from one to the other, some of them filled with size; some vessels were also seen filled with size coming from the clot and entering the bone. Dr. Budd found also ecchymosis in the peritoneum, and in the mucous and muscular coats of the intestinal canal. Dissection reveals little after death that was not equally manifest during life.

To the Readers of the United States Journal of Homœopathy.

Circumstances connected with the editorial management of the North American Journal of Homœopathy have presented the opportunity to consolidate the two quarterly Journals which have hitherto represented homœopathy in this country. In future the two quarterlies, merged in one, will be published under the title of THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY, which will be, what it purports to be, a *homœopathic periodical*. It will be the unwavering defender of the doctrines of progressive homœopathy; but shall not fail to take advantage of all the discoveries and improvements in the collateral sciences.

N. B.—All communications, books, and periodicals, as well as all matters pertaining to the business concerns of the JOURNAL, should be addressed to the publisher, William Radde, 800 Broadway, New-York.

Medical Colleges.

The homœopathic medical colleges have resumed their annual labors; and we shall be able in a future number to present interesting summaries of the results of the session's operations in the different schools of the East, as well as the West. We have secured the co-operation of able editorial collaborators in each of the medical colleges, as well as in the principal American cities and villages.

Note to the Article on Uranium.

NOTE.—Since writing the article "On Nitrate of Uranium in Diabetes," (see page 274 of this present Number of the JOURNAL) the following, relative to the use of Nitrate of Uranium, has been communicated to me by Dr. A. E. Small, of Chicago:

"I have used the Nitrate of Uranium in one case of diabetes mellitus with the following result. At the time I administered the remedy the young man was passing twenty pints of urine every twenty-four hours. The remedy was given in the third attenuation, morning and evening. And in the course of ten days under its use, the quantity of the secretion diminished very greatly, and ultimately to two and a half pints in twenty-four hours, in which state the patient was blessed with a rapid recuperation for a time; but subsequently he suffered a relapse, and very soon after died. I have used the remedy in several cases of *enuresis* with decided good effect."

I have now under treatment two cases of diabetes, in which this remedy is the only one used. One patient is taking the second trituration, the other the sixth dilution;—both are steadily improving. The urinary secretion lessens every day, and the general health improves in direct ratio.

October 10, 1861.

HALE.

INDEX TO VOLUME II.

- Æsculus Hippocastanum*, on. By Dr. Paine, 642.
- Ailanthus*, Proving of. By Dr. Minton, 668.
- Alley, Dr. J. T. :
 On Dynamics, and the Laws governing their Action, 95.
 On Theory of Cure, 289.
- Amenorrhœa. By Dr. M. Freligh, 15
- American Institute of Homœopathy, 457
- Anatomy of Regions. By Dr. W. T. Helmuth, 78.
- An Hour with Past Generations. By Dr. Peterson, 567.
- Aorta, Acute Inflammation of. By Dr. Tessier, 268.
- Aorta, Chronic Inflammation of. By Dr. Tessier, 275.
- Apis Mellifica* as a Remedial Agent. By Dr. Blœde, 371.
- Asthma, Pathology of, 543.
- Beakley, Dr. J., Valedictory Address, 428.
- Bladder, Foreign Substances in. By Dr. Minton, 163.
- Blœde, Dr., Clinical Contributions, 119
 " " On *Apis Mellifica*, 375.
- Bond-Street Homœopathic Dispensary, 458.
- Bromine in Croup. By Dr. Patin, 405
- Brain, Concussion of. By Dr. Samson, 600.
- Calcarea Muristica* in Boils and Carbuncles, 676.
- Camphor, Clinical Uses of. By Dr. Morgan, 498.
- Calendula* in Surgery. By Dr. Helmuth, 484.
- Carbuncles and Boils, 676.
- Carmichael, Trans. Nutritive System of Nerves, 393, 522.
- Caries, &c. By Dr. Hunt, 310.
- Cavour, Count, killed by Allopathic Treatment, 675.
- Central Homœopathic Dispensary, 459.
- Central Society of Homœopaths of Germany, 691.
- Chancre. By Dr. Helmuth, 469.
- Chlorosis. By Dr. Murrell, 257.
- Cholera Infantum*, Illinois Medical Association, 191.
- Chorea. By Dr. Blœde, 120.
- Circulation, Theory of. By Mrs. Emma Willard, 133.
- Circulation. By Dr. Minton, 356.
- Clematis Erecta*. By Dr. Desterne, 43.
- Cleveland Homœopathic Medical College, 455.
- Clinique Homœopathique, 154.
- Clinical Lectures. By Dr. Ludlam, 611.
- Clinical Instruction in Germany and France. By M. Gallavardin, 156.
- Clinical Cases. By Dr. Cate, 279. By Dr. Douglass, 363. By Dr. Richards, 491.
- Coca, 649.
- Connecticut Homœopathic Society, 554
- Consanguinity. Review, 638.
- Croup, Bromine in, 405. Aconite in. By Dr. W. E. Payne, 520.
- Curare as an Antidote to Strychnine, 532.
- Crotalus Horridus* in Yellow Fever. By Dr. Neidhard, 178.
- Crotalus Horridus*, Natural History of, 677.
- Cure, Theory of. By Dr. Alley, 289.
- Copaiba*, 203.
- Curvature of the Spine. By Dr. Ch. F. Taylor, 183.
- Dake, Dr. J. P., On the Homœopathic Law, 233.
- Davasse, Dr. J., On *Galium Album*, 535.
- Davies, Dr. J., On Uterine Diseases, 172, 631.
- Death, Causes of, in Poisoning, 406.
- Des Guidi, Count. Petition to the French Emperor, 153.
- Delirium Tremens. By Dr. Cate, 287.
- Desterne, Dr. *Clematis Erecta*, 43.
- Diabetes Mellitus, Diagnosis of, 547.
- Diphtheria. Illinois Medical Association, 192.
- Doses, Size of. By Dr. Dake, 242.
- Drinking, Complaints caused by, 119.
- Diphtheria, Pathological Anatomy of. By Dr. Helmuth, 336.
- Diphtheria. By Dr. Trinka, 504.

- Diphtheria, Connecticut Homœopathic Society on, 551.
- Dynamics, and their Laws. By Dr. Alley, 95.
- Douglas, Dr. J. S. :
 Pathogenetic Characteristics of Drugs, 224, 461, 561, 652.
 Clinical Contributions, 363.
 Fragments, 218.
- Drummond, Dr., Homœopathy among Allopaths, 440.
- Electro-Physiology. By Dr. Garrett, 455.
- Electrical Theory, 159.
- Epilepsy, Galium Album in, 535.
- Epileptiform Convulsions. By Dr. T. S. Verdi, 387.
- Erving, Dr. J. F., On Puerperal Fever, 382.
- Escallier, Dr., On Herpetic Glossitis, 410.
- Favus, Editorial, 437.
- Foramen Ovale open in an Adult. By Dr. Ogle, 403.
- Fragments. By Dr. Douglas, 218.
- Freeman, Dr. Alfred, Obituary Notice of, 460.
- Freligh, Dr. M., On Amenorrhœa, 15.
 " " On Diphtheria, 672.
- Fullgraff, Dr. O., Bond-Street Dispensary, 458.
- Galium Album in Epilepsy, 535.
- German Central Verein, Discussion by, 544.
- Glossitis, Herpetic, 410.
- Gout, Note on, 690.
- Gross, Dr., Remarks by, 645.
- Gunshot Wounds. By Dr. Helmuth, 487.
- Hæmorrhoids, 689.
- Hale, Dr. E. M., Nitrate of Uranium in Diabetes, 584.
- Hahnemann Academy of Medicine, 672.
- Hahnemann, Dissertation on. By Dr. J. H. Henry, 575.
- Health and Disease. By Dr. Taylor, 603.
- Heart Disease, Semeiotics of. By Dr. Torrey, 24.
- Heart Disease. By Dr. Bløde, 129.
- Heart, Organic Affections of, and Digestive Derangements, 534.
- Heart, Foramen Ovale open, 403.
- Helmuth, Dr. Wm. T. :
 On Anatomy of Regions, 78.
 Introductory by, 186.
 Pathological Anatomy of Diphtheria, 336.
 On Chancre, 469.
- Helmuth, Dr. Wm. T. :
 On Calendula, 484.
 Valedictory Address, 441.
- Henry, Dr. J. H., On Hahnemann, 575.
- Herpetic Glossitis. By Dr. Escallier, 410.
- Hahnemann Medical Society of New-York, 194, 452.
- Homœopathy among the Allopaths. By Dr. Drummond, 440.
- Homœopathy and Allopathy, 199.
- Homœopathy in Relation to Surgery, 204.
- Homœopathic Law—Its Universality and Requirements. By Dr. Dake, 233.
- Homœopathie Belgé, Cases from, 646.
- Homœopathic Medical Society of Oneida County, 195.
- Homœopathic Medical Laws of New-York, 195, 187.
- Homœopathic Medical Society, Illinois State, 189.
- Homœopathic Medical Society, Connecticut, 554.
- Homœopathic Medical College of Missouri, 186.
- Hunt, Dr. F. W., On the Pathogenetic Powers of Mercury, 1.
- Hunt, Dr. F. W., On Phosphor-Necrosis, 302.
- Homœopathy, Petition in Favor of, to the French Emperor, 153.
- Homœopaths Visiting List, 182.
- Hoffman, Dr. E. :
 On Modes of Vaccination, 329.
 On Suicidal Monomania, 503.
- Hydrocele. By Dr. Helot.
- Hysern, Dr., Address by, 197.
- Illinois State Homœopathic Association, 188.
- Illinois State Homœopathic Association, Sixth Annual Meeting of, 551.
- Illinois State Homœopathic Association, Annual Address, 642.
- Indian Hemp, Dr. Douglas on, 652.
- Infantile Remittent Fever, Illinois Medical Association, 190.
- Intermittent Fever, Discussion on, 544.
- Iodine and Bromine in Croup, Dr. Drake, 606.
- L'Art Médicale, Article from, 643.
- Laryngitis. By Dr. Jas. H. Ward, 58.
- Law or Order governing Disease. By Dr. Temple, 602.
- Le Mat, Dr., A Convert to Homœopathy, 493.
- Lilienthal, Dr. S., Cases treated by, 579

- Lilienthal, Dr. S. :
 Case by, 389.
 Case of Metro-peritonitis, 391.
- Ludlam, Dr. R., Clinical Lecture, 611.
- Mal Cadneus. By Dr. T. S. Verdi, 387.
- Marey, Dr., On Pulse and Vascular Sounds, 529.
- Materia Medica, Mode of Studying it. By Dr. H. C. Preston, 46.
- Materia Medica, Homœopathic. By Dr. Dake, 237.
- Materia Medica, Homœopathic. By Dr. Barbier, 408.
- Mercury, Pathogenetic Effects and Powers of. By Dr. Hunt, 1.
- Minton, Dr. :
 On Ailanthus, 668.
 On Foreign Substances in the Bladder, 163.
 Willardian Theory of Circulation, 356.
- Missouri Hom. Med. College, 453, 455.
- Michigan State Prison, 459.
- Monomania, Suicidal. By Dr. Hoffman, 503.
- Moore, Dr. Thos., Valedictory Address, 484.
- Morgan, Dr. J. C. :
 On Whooping Cough, 378.
 Clinical Contributions, 378.
- Monthly Homœopathic Review, Notice of, 454.
- Movement Cure, Ambrose Pare on, 409.
 " " Theory and Practice of. By Dr. Ch. Taylor, 188.
- Moonshine versus Rationalism. By Dr. Pearson, 590.
- Murrell, Dr. W. S., On Chlorosis, 257.
- Mycrosporion (Parasites), 435.
- Neidhard, Dr. C., On Crotalus Horridus in Yellow Fever, 178.
- Nitrate of Uranium in Diabetes. By Dr. Hale, 584.
- Nervous System. By Dr. Samuel, 393.
- New-York Homœopathic Medical College, 456.
- New-York County Homœopathic Medical Society, 456.
- New-York Hom. Dispensary, 458.
- Northern Hom. Dispensary, 566. Cases treated at, 579.
- Nutritive System of Nerves, Principles of. By Dr. Samuel, translated by Dr. Carmichael, 393, 522.
- Nux-Vomica and its Analogues, Action of. By Magron and Buisson, 660.
- Optic Nerve and Retina, Anæmia, 417.
- Orthodox Medicine on the Gulf Stream of Progress. Editorial, 210.
- Parasitic Vegetables on the Human Skin. Review, Editorial, 435.
- Pare, Ambrose, on Movement, 409.
- Parseval, Dr., On Homœopathy and Allopathy, 199.
- Past and Present Position of Homœopathy. By Dr. Wm. H. Watson, 542.
- Pathogenetic Characteristics of Drugs. By Dr. Douglas, 224, 461, 561.
- Payne, Dr. Wm. E., On Aconite in Croup, 520.
- Pearson, Dr. C., Moonshine versus Rationalism, 590.
- Perverted Sensation. By Dr. Ch. F. Taylor, 151.
- Peters, Dr. J. C., Notice of his Renunciation of Homœopathy, 566.
- Peterson, Dr., An Hour with Past Generations, 567.
- Phosphor Necrosis. By Dr. Hunt, 303.
- Physical Culture, Principles of. By Dr. Taylor, 67.
- Poisoning, Causes of Death in, 406.
- Porriago, 437.
- Posology. By Dr. Dake, 242.
- Practical Remarks. By Dr. Gross, 645.
 " " from Foreign Homœopathic Periodicals, 449.
- Pratt, Dr. L., Address by, 642.
- Preston, Dr. H. C., On the Materia Medica, 46.
- Psoric Diseases, Dr. Wolf's New Work on, 165.
- Puerperal Fever, Dr. Wilson on, 85.
 " Peritonitis, 382.
- Proving of Drugs, Uniformity of. By Drs. Wells and Paine, 494.
- Pulse and Vascular Sounds. By Dr. Marey, 529.
- Rationalism. By Dr. J. T. Temple, 111.
- Renunciation of Homœopathy, Notice of, 556.
- Respiratory Organs, Diseases of. By Dr. J. H. Ward, 57.
- Respiration, Theory of Circulation by. By Mrs. Emma Willard, 133.
- Richards, Dr. G. W., Cases, 491.
- Samson, Dr. Chas. M. :
 On Fibroid Tumors of the Uterus, 250.
 On Concussion of the Brain, 600.
- Samuel, Dr., History of the Nutritive Nervous System, 392.
- Sand Baths of the East, 550.
- Sanitary Reform, Reviews on, 419.

- Santonine. By Dr. Gabalda, 658.
 Scanzoni on Diseases of Women, 537.
 Scorbutus, Pathology of, 692.
 Secale Cornutum, 496.
 Shirley, Dr. J. T., Address by, 642.
 Sims, Dr., Tonsil and Uvula Scissors.
 By Dr. Helmuth, 487.
 Spain, Homœopathy in, 197.
 Spinal Affection after Diphtheria. By
 Dr. Trinks, 508, 515.
 Spinal Marrow, Concussion of, 683.
 Strychnine as an Antidote to Curare,
 532.
 St. Louis Medical Society, 447.
 Suicidal Monomania. By Dr. Hoff-
 mann, 503.
 Sycosis, Dr. Wolf on, 167.
 Syphilis, Note on, 678.
 Synovitis, Note on, 684.
 Taylor, Dr. C. F. :
 On Principles of Physical Culture,
 67, 315.
 Case of Perverted Sensation, 151.
 Theory and Practice of the Move-
 ment Cure, 183.
 Health and Disease, 608.
 Temple, Dr. J. T. :
 On Rationalism, 111.
 On Expulsion of Dr. Walker from
 the St. Louis Med. Society, 447.
 On the Law and Order governing
 Disease, 602.
 Tessier, Dr. J. P., On Inflammation of
 the Aorta, 268.
 Triplets, Case of. By Dr. Lilienthal, 389.
 Theory of Cure. By Dr. Alley, 289.
 Thuja, Dr. Wolf on, 168.
 Thunderbolts, 445.
 Tinea, 435.
 Tonsils, Chronic Angina of, 674.
 Torrey, Dr., On Heart Disease, 24.
 Traumatism, Case of, 154.
 Trinks, Dr., Clinical Observations, 507.
 Tumors of the Uterus. By Dr. Sam-
 son, 250.
 Turpentine, 201.
 Typhoid Fever. By Dr. Cate, 279.
 United States Journal of Homœopathy,
 to Readers of the, 694.
 Uræmic Poisoning, Note on, 681.
 Uterine Diseases, and their Treatment.
 By Dr. Davies, 631, 172.
 Uterine Inflammation. By Dr. Dou-
 glas, 863.
 Uterus, Fibroid Tumors of the. By
 Dr. Samson, 250.
 Vaccination, Modes of Performing. By
 Dr. Hoffman, 329.
 Venereal Vegetations, Dr. Williamson
 on, 208.
 Valedictory Address. By Dr. J. Beak-
 ley, 428. By Dr. Thos. Moore, 484.
 By Dr. Wm. Tod Helmuth, 441.
 Verdi, Dr. T. S., On Epileptiform
 Convulsions, 387.
 Visiting List, Homœopathist's. By
 H. Minton, 182.
 Walker, Dr. G. S., His Defence before
 the St. Louis Medical Society, 447.
 Ward, Dr. J. H., On Diseases of the
 Respiratory Organs, 57.
 Warner, Dr. N., Obituary Notice of, 217.
 Watson, Dr. W. H., Address by, 642.
 Wells and Paine, Drs., On Drug Pro-
 vings, 494.
 Western Homœopathic College, 455.
 Whooping Cough, Dr. Morgan on, 378.
 Willard, Mrs. Emma, On Theory of
 Circulation, 133.
 Willardian Theory of Circulation. By
 Dr. Minton, 356.
 Williamson, Dr. W. :
 On Puerperal Fever, 35.
 On Venereal Vegetations, 208.
 Women, Diseases of. By Dr. Scan-
 zoni, 537.
 Wolf, Dr., New Work on Psoric Dis-
 eases, 165.
 Yellow Fever, Dr. Neidhard on. Cro-
 talus Horridus in, 178.

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